Rethinking Social Work's Role in Public Assistance

Julie Cooper Altman  
*Adelphi University*

Gertrude Schaffner Goldberg  
*Adelphi University*

Follow this and additional works at: https://scholarworks.wmich.edu/jssw

Part of the Social Welfare Commons, and the Social Work Commons

**Recommended Citation**  
Available at: https://scholarworks.wmich.edu/jssw/vol35/iss4/5
Rethinking Social Work’s Role in Public Assistance

JULIE COOPER ALTMAN
GERTRUDE SCHAFFNER GOLDBERG
Adelphi University
School of Social Work

This article presents an argument for revisiting social work’s relationship to public assistance in the wake of 10 years of welfare reform. Three case studies drawn from a mixed-method study of the quality of life of former TANF recipients illustrate the range, depth and complexity of the needs of persons while they are on the welfare rolls, transitioning off and living without cash relief. The article briefly traces the history of social work’s commitment to and provision of social services for this population and argues that it may be time to revisit the profession’s role in public assistance. In light of history and a review of welfare “leaver” studies and the authors’ research, the article suggests interventions that could improve service to the poor, both on and off cash relief. The role of social work in advocating for changes in welfare policy, program and practice contexts is also discussed.

Key words: public assistance, quality of life, TANF, advocacy

Social work is no stranger to public assistance, although we have been estranged from it from time to time in our history. Our predecessors in the Charity Organization Society (COS) began as welfare reformers in the last decades of the nineteenth century, attempting to reduce dependence on public relief and to provide interpersonal service that would mitigate the
personal inadequacies thought to cause the need for assistance. After the passage of the Social Security Act of 1935, when government assumed responsibility for public assistance, social workers willingly relinquished the relief role. Already in the 1920s, caseworkers in the New York Charity Organization Society were emphasizing "service only" over relief and preferring to concentrate on "emotional problems formerly submerged beneath health, economic and other difficulties" (Charity Organization Society, 1927-1928, p. 24).

At the end of the 1930s, social workers not only willingly relinquished the relief role that they had been forced to re-emphasize during the Great Depression but, to a very considerable extent, gave up services to the poor as well, particularly those who were economically dependent. In this article we provide some later examples of the relationship between social work services and relief, give examples of the need to rethink social work's role in public assistance that are drawn from our own research and that of others, and conclude with some suggestions for social services in this post-welfare-reform era.

Literature Review

During the post-Depression decades, social workers were said to have "disengaged" from the poor, serving instead a clientele more responsive to the particular brand of social casework that predominated in the 1940s and 1950s (Cloward & Epstein, 1965). In making their judgment of disengagement, Richard Cloward and Irwin Epstein drew heavily on a report of patterns of services in family casework agencies (Beck, 1962) that found agencies tended to refer lower-income clients to public agencies rather than to provide ongoing services to them. The Community Service Society of New York, one of the outstanding family service agencies in the country at the time, took the position that "emphasis in the direct service programs not be placed on the disadvantaged family but on the family likely to respond to casework treatment" (Community Service Society of New York, 1960; Goldberg, 1980).

Social work's brief re-engagement with relief came in two forms in the 1960s. The 1962 Amendments to the Social Security Act—the social services amendments—provided
federal funds to the states for professional training of public assistance workers on the premise that such social work services could reduce "chronic dependency" (Steiner, 1971; Axinn & Stern, 2004). For reasons unrelated to the social service experiments, relief rolls exploded in the years following enactment of the 1962 amendments (Piven & Cloward, 1993; Goldberg & Collins, 2001). Whereas the 1960s began with a policy to increase social work services in public assistance agencies, it ended with a government decision to discontinue the social service approach. In 1969, federal regulations ordered the separation of money payments from social services, a decision approved by the National Association of Social Workers (Axinn & Stern, 2004) which wrote at the time:

1. Service, when offered within the context of eligibility investigation, tends to become a condition for obtaining financial assistance....

2. There is no reason to assume that financial need, in itself, necessarily calls for the provision of services. (NASW, 1967)

Writing between the passage of the 1962 amendments and the decision to separate money payments and services, McEntire and Haworth held that "the fundamental logic of combining social services with public assistance" included the idea that "people who must depend on this 'last resort' source of income are reduced to that extremity by some personal or familial defects..." (1967, p. 24).

The nation's latest bout with welfare reform has passed its first decade. Though it has spawned much research on both its effect and its effectiveness, the results of its impact are at best mixed. Numerous studies have reported that, at most, about 60 percent of welfare leavers are working (Parrot & Sherman, 2006; Bernstein & Greenberg, 2001; Jindal & Winstead, 2002; Moffit, 2002; Sawhill, 2001), leaving a substantial minority without work. According to the Urban Institute (2006), one in five former welfare recipients lacked cash welfare or disability benefits, a job, or a working spouse in 2002 and could not even be tracked by the system because they were not receiving assistance. There are roughly one million poor single mothers—
with two million children—in an average month who fall into this “no work, no welfare” group (Parrott & Sherman, 2006). For those former recipients who are employed, wages tend to be low, in the range of $6–$8 an hour (Loprest & Zedlewski, 2006; Bernstein & Greenberg, 2001; Acker, Morgen, & Gonzales, 2002).

Evidence suggests that numerous factors impact the capacity of former and current recipients to get and keep their jobs, let alone maintain themselves and their families. In addition to the availability of employment and the level of wages, these include mental health (Lee, 2005; Stromwall, 2002), substance abuse (Nam, 2005; Dunlap, Golub, & Johnson, 2003), emotional well-being (Sullivan, 2005), interpersonal and community violence (Kennedy, 2006), physical health (Nam, 2005; Seefeldt & Orzol, 2005), public transportation (Nam, 2005), child care (Teitler, Reichman, & Nepomnyaschy, 2004) and other persistent personal and family challenges (Seefeldt & Orzol, 2005). Nonetheless, 60% or more of former welfare recipients think they are better off than when they were on welfare (Eberhard & Moon, 2000; U. S. Department of Health and Human Services, 2006; Rockefeller Institute of New York, 2002), a finding that reflects the fact that quality of life is about more than income or economic security (Sen, 1999).

A number of these findings have implications for social work practice and for some rethinking of our relationship to public assistance. In this article, we illustrate the need for services to current and former recipients by providing excerpts from three case studies, part of the authors’ larger mixed method study of 100 persons who left the welfare rolls in a suburban New York county between 1999 and 2001. Following presentation of the case studies, we identify some of the social work interventions that could ease this transition from welfare to work and help these families to maintain independence from cash relief or perhaps contribute to decisions to exempt vulnerable families from work requirements and time limits. In drawing inferences from these findings and other welfare reform studies, we are cognizant of the history of the profession’s relationship to relief and of what social work services can and cannot do.
Methods

The study from which these cases were excerpted used an exploratory, sequential, mixed method research design to assess the quality of life of 100 former assistance recipients in one suburban northeast county. Qualitative research methods were used first to explore the experiences of 12 former recipients in depth.

The 12 women who participated in the intensive interviews were randomly drawn from former public assistance clients who had been off the rolls less than 30 months. The interviews with the three women whose cases are reported here illustrate the range, depth and complexity of the problems experienced by persons in this and the larger sample.

Following Institutional Review Board (IRB) approval, participants’ informed consent was obtained. Interviews were then conducted by one or both of the principal investigators (authors). Eleven were completed in the homes of the participants and one was completed at a neutral site. Based on an interview guide, the sessions were conducted as purposeful conversations, led primarily by the former recipients, and were tape-recorded. Interviews and observational field notes were then transcribed. Interview participants received a $30 stipend for their participation.

The goal of the interview was to understand participants’ perceptions of their present quality of life, their experience in the public assistance system and their experience since leaving and their knowledge of, access to and use of support services, resources and benefits during their transition off welfare.

Qualitative interview data were analyzed according to the protocol of Glaser and Strauss (1999). The findings presented here represent instrumental use of the case study approach (Creswell, 2002; Stake, 2000). They were drawn as selective examples to represent the themes generated from analysis of the study’s qualitative data.

Findings: Three Case Studies

Ms. A.—"I'm going to get my caboose back on track ..."

Ms. A., off cash public assistance for three years, may best
typify the extreme vulnerability of some former public assistance clients. The interviewer’s field notes describe what she encountered after Ms. A. greeted her:

She opens the door and I immediately smell a sharp, foul odor. Hundreds of loaves of bread and boxes of cakes, cookies, etc. lie on the stairs going up. She asks if I know anyone who could use it, as it is surplus from a food pantry she sometimes volunteers at. We go upstairs and she apologizes for the mess, explaining that she’s having a very bad time right now and it’s not usually this messy. She tells me to turn left into the kitchen, through three rooms that reek of the terrible odor of animal feces. I observe half-eaten food strewn about, dirty clothes and other things piled high. I try not to look about; I feel embarrassed...

An obese African-American woman of 41, Ms. A. has never married; she has a high school diploma. Things began to unravel several months ago when Ms. A. went off her psychotropic medication, had one of her three children removed for residential treatment, got in a fight with her boss and lost her job. Her hope and intent were to find another job, but there are limits to her ability to do so.

Ms. A. receives Medicaid, food stamps, Low Income Rental Assistance (Section 8) and, while employed, the Earned Income Tax Credit. Still with her in this household are her seven-year-old son and her 18-year-old daughter, recently home after being in state custody through a PINS petition for truancy. Her seven year old son, born with significant birth defects, has learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD), is on medication and is receiving supportive services from a local family service agency. Ms. A.’s 15-year-old son was recently removed from her care due to his “crazy behavior.”

Ms. A. herself has a history of mental illness and substance abuse. Once addicted to crack cocaine, she has been clean for 18 months. Diagnosed with depression several years ago after attempting suicide, she was being treated with Prozac when, inexplicably, she stopped taking it. She had been managing her household on cash from her job until she was fired. Ms. A.
was working at a local elementary school 25 hours per week, making $7.49 an hour, with no fringe benefits (making an annual salary, based on a 40-week year, of $7,490). Although Section 8 pays Ms. A's housing bill, she is still responsible for mounting utility charges and part of her food costs. In addition, $1,500 of her "tax money" (EITC) was recently recouped because she was overpaid when her child was in state custody.

Despite its minimal financial rewards, Ms. A. is very positive about working and supporting herself:

I feel proud, I feel better about myself...my children see me going to work everyday and we are not waiting for the welfare check or for the money to come on the benefit card...it is still a good feeling that this is my paycheck.

Ms. A. received her last paycheck from her job the day before the interview. However, Ms. A. is determined not to go back to the county for help:

...because they [sigh] look down on you when you go on, you know, when you go on. They, I know...if...I guess they make you feel that they are better than you are or...that because of your past mistakes, or whatever, you know, that is why you have to come crawling back for help.

When asked what she thinks of recent attempts to reform welfare, Ms. A. replied:

The welfare reform, that's cruel. As far as I'm concerned, it's cruel. Like I said, you are going to take a woman with six children, very little education and tell her she has to work. You know, she could be fighting more than, like, you know, substance abuse. Um, depression, you know, the way I am, you know, it could be, or you know, her child might be, you know, an unmanageable child, she might have a couple of unmanageable children, whatever, but to tell this woman that she has to get off of social services, her time is up, she has to get a job...it doesn't make any sense. It's cruel to me, it really is. And the children will really, really suffer.
What she is really saying is that this has been her experience. When asked what she sees as the key to self-sufficiency, Ms. A. noted:

People really need to know what services are available to them... It took me years of being on public assistance, um, after years of being on public assistance to find out one of the services that I really needed for my family was available but I didn’t know about it. People need to know... I’m just wondering, is there any possible way for them to make, for these agencies to let people know what services are available?

Still, despite the many things that seem to be crashing all around her, Ms. A., remains determined, “...you know, but I’m going to get my caboose on track and it’ll be all right. I’ll get things back together.” Her metaphor is striking, suggesting that she sees herself being pulled along at the end of the train, devoid of self-determination or efficacy.

This case highlights the need both to rethink the goals of welfare reform and revisit the historic splitting of public assistance and social services provision. Ms. A. had many needs for social services before leaving public assistance that were exacerbated by the strain of the forced transition and that illustrate both the ethical and fiscal deficiencies of welfare reform. Ms. A.’s case suggests a number of service interventions.

She and her children could benefit from intensive homemaker services to help her not only manage the filth and disarray of her current home environment, but to prepare her to manage the household on her own in the future. Help with financial management of the household is also needed. Ms. A. is clearly in dire need of psychosocial support to manage the treatment of her severe clinical depression. Engaging her in a community mode of mental health treatment such as the clubhouse model would be particularly attractive to someone with her history and needs. Helping Ms. A. to maintain her nascent drug-free lifestyle would also be important, and supporting her efforts to remain drug free is an essential part of the cycle of long-term change. Finally, while her two sons are currently receiving treatment for their own emotional and behavioral
issues, it is naïve to think that either child-focused agency is serving the psychosocial needs of Ms. A. Complementary services tailored to meet her needs as a parent are called for, such as parent support and education, child behavior management and related family life skill development.

Ms. B.—“I’m going to have to have them the rest of my life…”

Ms. B. perhaps best exemplifies someone who may not be in as great crisis as Ms. A. but who will probably always need significant formal and informal support to survive off cash assistance. A 41-year-old African-American woman, she graciously accepted the interviewer’s request to speak with her. Following are excerpts from the researcher’s field notes:

The street is full of poor quality, older, single family dwellings. All the yards are mostly dirt, and there is significant garbage/litter about... The house is neat, but the spare furnishings are worn. Drawers are missing, seat cushions torn. The rug in the living room is very filthy. She invites me to come on in and sit down...

In this household reside Ms. B. and her two daughters, ages 15 and 16. Her third child, a son, also 16, lives in a group home due to “acting silly.” She later reported that a series of school suspensions and delinquent charges led to his removal from her custody over one year ago.

Ms. B. had been on public assistance from the time her 15-year-old was born until about three years ago, when her earnings exceeded the limit for assistance. At the time of the interview, Ms. B. worked as a school monitor/aide at a nearby elementary school, six hours a day, five days a week, 44 weeks a year, making $7.91 an hour with no benefits and no pay for two months during the summer when school is out (for an annual income of $10,451), more than 25 percent below the poverty level for the three people currently in her home. She has a significant job history, having worked at numerous low-paying, part-time jobs.

Ms. B.’s household expenses include $161 monthly for her three bedroom Section 8 rental housing, monthly payments for water, electricity, phone, cable, any uncovered medical
expenses (she recently had to pay $14 for a special bottle of cough syrup) and food to supplement her food stamp allotment ($97 monthly). She continues to receive Medicaid for her daughters and herself. However, she was not aware of the Earned Income Tax Credit, and when asked, replied that DSS had not told her about this benefit that, with her supporting two dependent children, could add as much as 40 percent to her income. Owning no car, she either rides with a friend or walks to work. She uses a nearby food pantry on a regular basis.

Throughout the interview, Ms. B. expressed weariness and looked depressed. She is obese and reported herself to be in poor health overall. She suffers from high blood pressure and speaks with a slight impediment, the effect of an untreated hearing impairment. Overall, she gave the impression of being beaten down by the demands of her life, though proud of what she is daily able to accomplish:

Well, hem, as far as things going, well, I’m struggling. I am. Because my boyfriend died. I was with him, and he was helping me out...paying the bills together, dividing them, but he got sick and was in a nursing home, and he died back in August. So now it’s just one income coming in, and it’s really hard...just trying to get out of here and get the kids out of here for school, you know it’s a lot. But I’ve been doing the best I can... I have to do what I have to do, you know, I don’t have no money left after I pay everything, but hey, at least my bills are paid.

Despite discontent with her occupation and her paycheck, Ms. B. likes working and is determined to be off public assistance: “…I like what I do. I like everybody there I work with. I’ve been there five years, so I got the hang of everybody; all the kids know me...Like I said I don’t want to be on public assistance all my life.”

Ms. B. reflected on her work and career aspirations at one point, but then quickly downplayed the likelihood of her ever achieving more than what she now has:

I’ve had section 8 for a way long time...but it’s not like
I’m going to be on it forever. You know that’s why I have to go out and go to school and do something so I can get a trade you know, go to college or something...I want to make something better, but...you got to have at least two years of college...and it’s far from here; there’s no bus.

When the interviewer suggested that perhaps a car would be key in helping her get the transportation she needed to get to college and moving ahead, Ms. B. hesitated: “Yeah. They’ve come up to me now; I’ll see the car for $200. I say, ‘Oh my God, $200!’ I ain’t got it...and you gotta have your license, the insurance and a lot of things....”

Ms. B. has had a serious hearing problem most of her life, remedied recently with two hearing aids. “I should have went and had my ears done years ago. I just had these done...if I take these out I can’t hear nothing. If I don’t want to hear...I turn them off. But I’m going to have them the rest of my life.” This passage seems a metaphor for Ms. B.’s life—her dependence on public assistance and ongoing need for other formal help. At times, she can make less or more use of them, but without them, she would be in desperate straits.

Ms. B.’s case highlights the need to rethink the mission and structure of public assistance as we now know it. Significant concrete needs stand in the way of Ms. B.’s longer-term self-sufficiency, and burgeoning psychosocial needs could upset the fragile balance of work and family life she has worked to achieve. Ms. B. needs a car or a shift in residences that would allow her to tap into educational and social service resources that could help her realize her goals for a better life. She has no equity in a home; rising crime in her community impacts her quality of life; she barely has sufficient furnishings to get by. Worse, she was not even aware of the EITC to which she is entitled. Her emotional need to resolve issues of loss and grief related to her partner’s recent death are starting to overwhelm her. Her son’s school suspensions and delinquency highlight her need for understanding her child’s problems, for increased parenting resources and skills. Thousands of persons like Mrs. B. are trying to manage the realities of welfare reform, and had she been provided with some of the services she needs.
while on welfare, she would be better able to leave the rolls. Providing social services to ease the transition would be resources well spent.

Ms. C.—"I feel like I'm kind of stuck... I feel like I can do more and do better."

Ms. C. is a former public assistance recipient who seems likely to succeed in remaining independent of cash assistance. Off the rolls for six months, due to sanctions imposed when she refused work activities (because she was already employed), Ms. C. believes that higher education is her key to economic security. However, there's a "catch-22." Due to her good employment history, DSS will not help her to get the education that could help her to secure a better job and more income.

Ms. C. is a 37-year-old African American woman. Never married and the parent of one teenage daughter, she has a GED and is currently studying a health care specialty at a local community college. She and her daughter reside in a Section 8 apartment for which she pays $410 a month. Her daughter's father pays child support when he is working, which is from time to time. She is ineligible for Medicaid and has applied for Child Health Plus for her daughter but has not heard whether she's accepted. Working in the health care field, in medical records at a large medical center, she makes $7.50 an hour, 30 hours per week ($11,700 annually, if she works 52 weeks and even so, just about 10 percent below the poverty level). Expenses include her monthly rent, utilities, food and a credit card balance. Ms. C. chose not to receive medical insurance from her employer because she could not afford her contribution. Since leaving public assistance she got behind in rent and other bills, is about to have utilities cut off and thinks she might be using a food pantry, soup kitchen or other forms of charity soon. Ms. C. admits that things are "very difficult" right now: "How am I going to make it? I'm going from check to check and still find myself short! Do I pay my cable? Do I pay my phone? Do I pay... that kind of thing!"

Ms. C. recently re-applied for assistance, hoping desperately for food stamps, at least. She spoke of the difficulty with the "transition":
They told me that there was a transition period...but I never saw that transition period. Felt like it just went right to...I didn’t get the full transitional benefits; the only thing they kept me on was the medical coverage because they wanted to wait the three months, and I don’t even take the medical coverage at work because I can’t afford it...I was paying $199 for rent when I was on public assistance, now I’m paying $410! That’s a big dramatic jump...

When asked how she was making ends meet, Ms. C. replied, “I’m not...”:

I was already late last month, so...I didn’t pay my rent until April 30th, so I’m paying rent and then I’m paying late charges on top of it. So it’s becoming like these last couple of months—this month and last—have been traumatic.

Ms. C. relies a great deal on her parents for emotional, and sometimes financial support, regretting having let them down years ago by quitting high school. Despite having only a GED, Ms. C. has an extensive job history, working mostly as a paraprofessional for social service organizations, but, she says, “I could just kick myself for never having gone to college right out of high school.” She finds her work history works against her in the long run and is desperate for education for a career:

I feel like I’m kind of stuck, you know, I’m looking at it right now that I’m trying not to get depressed over it because it could be worse. Where you don’t have a place to live and you know, but I’m kind of stuck because I’m trying to decide whether I go back to school or do I do the part-time job and just work to pay rent pretty much...I feel like I can do more and do better...I want to feel that I’m doing something worthwhile, and I don’t feel like that fetching records, because that’s pretty much what I’m doing—it doesn’t take any skill whatsoever to do that job, and it kind of hurts.

What helped Ms. C. most in her transition was a mentor, a woman formerly on public assistance herself who offered her
concrete and emotional assistance, "If I just need to vent, I can call her; she's there."

Ms. C. is a good example of the need for social workers to advocate for investment of resources for capable and motivated welfare "leavers." Ms. C. wants education and professional training to sustain her and her daughter for the long term. Since leaving public assistance, her rent has more than doubled, and her income has increased just enough to keep her from qualifying for Medicaid but not enough to pay her portion of employer-provided health insurance. She could become depressed or relapse into substance abuse as she faces possibly her most challenging life stage with an adolescent daughter, overwhelming debt and a dead-end job. Ms. C. needs and wants professional intervention.

Discussion: Implications for Social Work

These case studies and other research on welfare reform point to the need for social work to revisit its commitment to the poor, both those working and those on welfare. Two types of implications for social work are considered: advocacy for and with economically disadvantaged families and direct services for families receiving public assistance and making and sustaining—where professionally indicated—the transition from welfare to work. By no means exhaustive, our suggestions center around improving conditions of the working poor: encouraging occupational mobility based on realistic educational and vocational expectations; facilitating access to benefits and services that supplement wages and support families in the workplace; delivering public assistance while maintaining client self respect and encouraging self-esteem; and providing services to present and former welfare recipients with such problems as mental illness and substance abuse.

Reforming Welfare Reform

In revisiting social work's historic roots and focusing its vision for the future, we urge the profession to reconsider welfare reform in its current incarnation. As many in the profession have recognized, both in opposing the policies of the Personal Responsibility and Work Opportunity Reconciliation
Act of 1996 and in advocating improvement in it, it is not enough to view the goal as simply reducing welfare rolls or to focus on the ever elusive notion of “self-sufficiency” (Hawkins, 2005; Pearce, 2004; Goldberg & Collins, 2001). The time is ripe for innovative, expansive ideas of what welfare reform should come to mean and of what role we as social workers can play in meeting our ethical obligations to the most beleaguered populations. We urge more professional dialogue on the goals of public assistance in this country and our commitment to the poor. Should building clients’ capacities for economic independence be the goal of public assistance? Should it be its only goal? What would policies and structures that support preventively-oriented, professionally staffed, family-based public assistance look like?

We disagree with former Health and Human Services Secretary Donna Shalala that “any job is better than welfare” (Cherry, 2007). Yet, despite the many problems faced by the working and near-working poor, the experience of employment itself can have important social rewards (Edin & Lein, 1997; Newman, 2001; Cherry, 2007). In our study, although they wanted more socially and economically rewarding work, all three women, especially Ms. B., felt better for working and being off assistance.

While our work with individual clients cannot change the rewards and working conditions of the fast-growing, low-wage occupations, we can endorse and join campaigns for living wages and a higher minimum wage and contribute to the empowerment of poor women by encouraging their participation (Luce, 2004). Since unionized women earn more and have better benefits than those who do not belong (Mishel, Bernstein, & Allegretto, 2007), we should support enforcement of the labor laws and worker organizations like our predecessors in the settlement movement (Chambers, 1963; Flexner, 1975).

Some leavers may be able to improve their education and become part of a “career-resilient” workforce that can continually upgrade its skills (Carnachan & Austin, 2004; Bok, 2004). This is probably true of Ms. C., who with more education, seems capable of improving her career prospects, but she is currently acquiring vocational training at considerable
cost. All three case studies illustrate the need for realistic vocational counseling geared to personal capabilities and labor market opportunities. Recipients need to be informed about costly, for-profit vocational programs that do not necessarily lead to better jobs and of the preferable alternative of community colleges that offer vocational training (Fenster, 2004; Cherry, 2007). Such programs also need to be expanded. Some rules should be changed, such as the catch-22 that denied Ms. C. higher education while she was on welfare because of her good employment record.

**Revisiting Public Assistance Delivery**

Despite economic, social and psychological vulnerabilities that place them on the cusp of homelessness, joblessness and further risk for mental health, substance abuse or parenting problems, participants in this study expressed enormous relief at being off public assistance. Ms. A. made it clear that the independence and esteem she gained through her work were direct results of escaping the stigma, degradation, loss of freedom and mistreatment she experienced at the hands of the public department of social services. For her and others, it was not so much that life off welfare is good as it is that life on welfare was worse (Laakso & Drevdahl, 2006; Kissane, 2003; Altman & Goldberg, 2007).

Welfare recipients not only feel demeaned—even abused—by public assistance workers (Laakso & Drevdahl, 2006); they also complain that they have not been informed of government programs that would “make work pay” or facilitate employment, illustrated here by Ms. B.’s ignorance of the Earned Income Tax Credit. It should be quite clear that despite the buzz word “self-sufficiency,” former welfare recipients are only free of cash public assistance but are by no means able to subsist without other cash and in-kind benefits, for example, Food Stamps, the Earned Income Tax Credit and subsidized housing and child care. The cases of Ms. A. and Ms. B. are not atypical. A recent review of welfare reform studies found that participation rates in Food Stamp, Medicaid and other transitional assistance programs were low (Bernstein & Greenberg, 2001). According to the Center on Budget and Policy Priorities (Parrott & Sherman, 2006), program
participation in cash assistance has fallen sharply among poor families, many of whom may be welfare leavers but are unaware of their rights.

Social work has been referred to as "an example, par excellence of the liaison function, a large part of its total activity being devoted to putting people in touch with the community resources they need but can hardly name, let alone locate" (Wilensky & Lebeaux, 1965, p. 286). We, as social workers, stand indicted for every client who does not know about benefits for which she or he is eligible—benefits that would staunch hunger, cure or prevent illness, reduce burdensome shelter costs or augment earned income. Every school of social work, every social agency, every association of professional social workers has a duty to advertise these benefits and to advocate for wider promulgation of this information at all levels of government.

We understand that limited resources, financial deficits, and the overwhelming challenges facing the hard-to-employ strain public assistance departments' capacities to offer even minimal services well. Still largely in the eligibility business, some public agencies have nonetheless adopted service innovations related to fostering employment, but too little time is spent fostering an in-house culture of professional service and care or in developing the creative partnerships with community service providers essential for effective service delivery to a diverse population. Yet, evidence of innovative attempts to do just that can be found (Austin, 2004; Lepler, 2007).

Where once the idea of combining social services with income support was met with disdain by the profession as a "blame the victim" approach (McEntire & Haworth, 1967), today social workers lead the effort in finding ways to meld the two creatively. Louise Skolnik, Director of Human Services in Nassau County New York, and one of the chief planners of No Wrong Door, a program that integrates the county's social services, including eligibility determination, under one roof (Lepler, 2007). Dr. Skolnik maintains that offering a range of services in addition to public assistance does not assume that personal deficiencies caused the need for relief (personal interview, April 30, 2007). She believes that the historic separation of services from relief amounted to "throwing the baby out
with the bathwater.”

San Mateo County, California provides another recent example of integration of services and income maintenance. Despite serious reservations about some of the assumptions of the 1996 welfare reform, Maureen Borland, director of the county’s Human Services Agency, nonetheless saw it as “an opportunity to shift from a very bureaucratic system of eligibility determination to a more community-focused system.” She and her colleagues “proceeded to open up...[their] organizations to new ways of thinking and doing...and began experimenting with new approaches to support services” (Austin, 2004, xii).

Workforce Professionalization

Public assistance agencies that demean their clientele and fail to put them in touch with the benefits that would put food on their tables and roofs overhead are particularly ill-equipped to provide services to the growing numbers of leavers in their caseloads with mental and physical health barriers to employment (Loprest & Zedlewski, 2006). This is perhaps the principal reason why social workers must re-engage with relief by infusing public assistance agencies with a social work ethos and finding ways of providing services to those who leave the welfare rolls.

Professionalizing the public assistance workforce was a call heard in the 1960s. Forty years later, we have begun spending millions of federal, state and local dollars to professionalize the public child welfare workforce—one arm of the public assistance system in the early 1960s. Developing the communication and problem solving capacities of all frontline staff is called for, given the range and depth of problems many of those now coming through the agencies’ doors—not to speak of the common decency and humanity of treating people already battered by life with courtesy and compassion (Lindsey, Kropf, & Carse-McLocklin, 1995). But what if they were all assisted by professional social workers? Ms. C. was headed down a path toward a brighter, more independent and secure future, yet demonstrated a need for professional social work support and intervention. She wanted someone who could direct, support,
and encourage her as she aspires toward a professional career. Staffing county public assistance agencies with people changers, instead of people processors (Hasenfeld & English, 1974) could yield significant effects, particularly in light of the evidence of the effectiveness of many short-term models of change that are at our disposal but were not available to caseworkers in the early 1960s (McGuire, 2004).

Other Practice Innovations

Regardless of whether we advocate for change of welfare reform, revisit the historic splitting of public assistance eligibility from social service delivery or pursue professionalization of its workforce, we should at least be prepared to take advantage of opportunities for social work practice innovation within our current structure. Evidence suggests that creative, integrative programs of service delivery can make a difference (Austin, 2004). One local staff received training in identifying and referring clients with needs for substance abuse or mental health services, then pursued co-location of mental health and substance abuse services to make it possible for a client to apply for and receive both financial aid and services. Activities such as these could have assisted Ms. A. in her struggle to remain “clean,” employed and in good mental health.

Other service activities that could be integrated include: parenting and family life skill development and job-readiness; teaching clients about patterns of addiction and treatment; teaching workers how to recognize, screen and engage in treatment persons with poor mental health; providing transportation and child care for those needing treatment for substance abuse or mental illness, and counting treatment hours toward the hours of work required for those on TANF. For example, Ms. B.’s capacity could have been enriched with professional social work support and intervention to help her deal with her grief over her boyfriend’s death and her depression.

Data in this and other studies bore witness to the importance of mentoring in the lives of some of these low-wage workers struggling to make ends meet (Ferguson, Ritter, DiNitto, Kim, & Schwab, 2005). By expanding the social network of those transitioning from welfare to work, mentors can offer access
to new goals, ideas and resources that can be invaluable, as we saw clearly in the case of Ms. C. Mentoring relationships can be critical to the establishment and further development of social exchange relationships and provide rich resources for the working poor to draw from as they struggle to meet demands that employment can bring. This kind of benefit was reported by many of the interview participants in our larger study, and was well illustrated in the case of Ms. A. Social learning theory posits that human beings tend to emulate the behavior they see in others they care for and admire. In the study reported here, many of the participants referred to the assistance of one particularly stellar role model in their community, a woman who overcame substance abuse, domestic violence and numerous bureaucratic challenges to leave public assistance and gain meaningful employment. As one participant in the study stated, "Mentors are what's important—someone who can stand as experience, strength and hope, to help you believe that you can do it, too." Social workers could take the lead in the development and support of mentorship programs.

Summary

This article presents an argument for revisiting social work's relationship to public assistance and the role of social work with the working poor. We have reviewed the historic arc of social work's commitment to and provision of public social services for this population and illustrated current case complexities. The suggestions made here are intended to spur debate within the profession over the design of better services to the working poor, who can best perform them and where they should be located.

References

Rethinking Social Work's Role in Public Assistance


