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The Ins and Outs of Welfare-to-Work: Women as They Enter and Exit a Nursing Assistant Employment and Training Program

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By participant observation and follow up interviews (at three intervals post-graduation), this study explores the multiple work accountabilities arranging women's everyday lives as they enter and exit a welfare-to-work nursing assistant employment and training program. Work and family demands, and male partners' and children's reactions to the women's participation in labor arrangements outside the home are complicated by children's chronic illnesses and partners' disabilities and unemployment situations. From this consideration, the author argues that there is an incomplete gender shift in welfare policy. While it creates clear obligations to family and work for women trainees, the policy produces uncertain consequences and conditions for the women's (male) partners. These various circumstances explain the conflicting narratives of success and injustice in the women's descriptions of their experiences of welfare-to-work after training. Policy recommendations beginning from the women's everyday experiences are proposed.

The effect of welfare-to-work programs implemented through JOBS (Job Opportunities and Basic Skills Training Program) is the subject of many research studies. Together, these research accounts reveal the collective extent of hardship for women entering welfare-to-work training programs, the array of shortcomings of employment for welfare recipients, and the particular experiences of various women negotiating these circumstances. For example, from their review of the literature and reports from case managers working in welfare-to-work programs, Olson and Pavetti (1996)

consider the barriers that may interfere with a recipient's transition from welfare. These include, "physical disabilities and/or health limitations; mental health problems; health or behavioral problems of children; substance abuse; domestic violence; involvement with the child welfare system; housing instability, [and] basic skills and learning disabilities" (p. 4). Ong and Blumenberg (1998) also point to the problem of geographical distance from job opportunities as a barrier for recipients leaving welfare. Further, Michel (1998) argues that to help poor women become independent, issues with childcare, health care, education, job training, and transportation need to be addressed.

Other studies concern the status of recipients as they leave the welfare rolls. They show that welfare recipients may find employment, but often are in low wage jobs and still dependent on help from others to make ends meet and get to work. Loprest (1999) discusses how women who leave welfare do so for mostly low-waged entry-level jobs in service or "wholesale/retail trade" (p. 10) so that they often remain financially deadlocked. Similarly, Parrot (1998) concluded from her analysis of studies on the status of several states' welfare-to-work initiatives that most recipients who left welfare for full time employment were still below the poverty level. Burtless (1997) concurs. From his examination of factors effecting the success of welfare-to-work programs, he concluded that without continued governmental monetary, health, and childcare assistance, most families that leave welfare for work would remain below the poverty level. Also addressing the issues surrounding employment success, Rose (1993) contends that women leaving welfare for work remain below the poverty level because of the types of jobs they are prepared for and directed into.

With consideration for the particular experiences of women, Berrick (1995) demonstrated the extent of hardship and determination among mothers in her narratives of five women in poverty. Edin and Lein (1997), from interviews with nearly four hundred women, showed the struggles of welfare and low-income single mothers trying to provide for their families. Their findings reinforce those from an earlier Edin (1993) study in which she interviewed women receiving AFDC (Aid to Families with Dependent Children). The women she studied reported that the short term training programs they participated in did not improve their chances for gainful employment and that they were concerned

about the care of their children in their absence. Derived from the accounts of mothers in welfare-to-work programs, Olikier (1995a & b) showed how women's economic choices were tied to the constraints of their social contexts (1995 a) and that their "work attachments" were based on a "moral economy" (1995 b, p. 169). That is, poor women are often pressed to make choices based on inadequate jobs and compromised childcare.

From the various kinds of evidence in scholarly literature, in public debate, and in personal, anecdotal accounts, welfare reform may be seen as both a success and an injustice. On the one hand, women on welfare move through employment and training and obtain jobs. On the other hand, the jobs they receive do not meet the material needs of their families and the women often worry about the care of their children while they are at work. I found similar contradictory narratives in the accounts of participants in my study as well. My ethnographic approach allowed me to explore how women leaving welfare for work held such contradictory views about what was happening, that is, how they might come to understand their experience as both a great triumph and an impossible double bind.

From the data I gathered as a participant observer in a welfare-to-work nursing assistant employment and training program, I show how there is mis-accounting of the various forms of physical and emotional labor that are required of the women, first to get themselves to the training program and into a job, and (in the follow-up data) to keep that job. The full array of work that participants in these new programs are required to do, especially the kinds of work, over and above their new employment, is either invisible or only partially acknowledged by welfare reform measures. This mis-accounting creates a context for personal narratives that point to incredible personal achievement and untenable simultaneous work demands.

This study demonstrates that welfare reform does not simply ask poor women to do what middle-class women have been doing for some time, that is, work for pay and also care for families. Instead, it shows that mothers who once received a cash benefit are now working for much less pay, while managing various forms of work that (most) middle-class women simply do not have to undertake. It shows the extent of unjust accountabilities arranging inimitable personal success.

Methods.

The training program I studied is located in a small city approximately thirty-five miles from a moderately sized urban area in Upstate New York. The program was offered through a division of employment and training at "Laketown" Vocational School. Most of the participants gained access to the program through the county and state JOBS Program. The ten-week nursing assistant program included both classroom and clinical practice.

I met a total of 28 women in three ten week nursing assistant training programs over the course of 14 months, beginning in January of 1996 and ending April 1997. Reflecting the demographics of the area, 5 of the 28 women were African-American, 3 were Latina, and 20, white. The women ranged in age from 21 to 35 with most of the women in their early to mid-twenties. Thirteen of the 28 women had one child; twelve had two children; one woman had three children and two others had four children. The children ranged in age from 3 to 19 years; most were pre-school or elementary school age. While almost all of the women were considered single mothers, only four of them had no male partners at the time they started the program. One woman was living with her husband who was disabled and collecting Supplemental Security Income (SSI). Another woman had a common law marriage with a man who was also considered disabled and collecting SSI. Four of the women, though not married to the men, were living with the father of their children. Five of the women lived with men who were their male partners, or boyfriends, but were not fathers of their children. At least one of these men was disabled and collecting SSI. Two women had boyfriends who were serving time in prison. One woman had a boyfriend who also had two children from a previous union who lived with them. Three had new boyfriends who they did not live with. Several women had contact with ex-partners who were also fathers of their children.

During the time I was meeting with the women in this welfare-to-work program, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was signed, ending federal guarantees of cash assistance to poor families. This act reinforced the Family Support Act of 1988, expanding earlier, incremental policy changes toward provisions of temporary cash assistance

to families with a focus on "'allowable work activities'" (Edin, Harris & Sandefur, 1998, p. 36). By way of the 1996 Act, Temporary Assistance To Needy Families (TANF) replaced Aid to Families with Dependent Children (AFDC), solidifying time limits and benefit cuts that required single mothers to find employment through job training and job placement.

The three training programs I attended served the purposes of this and earlier legislation. They were all part of the same continuing education program and conducted by the same nurse-trainer. I attended the training programs on a regular though part-time basis, and visited several of the women in their homes. My account regarding the women's obstacles to employment are from conversations and activities I participated in and observed while the women were attending the program. Additionally, I talked with several of the women after the program ended, conducting formal in-depth interviews with nine of the trainees at three intervals after the program ended—at three months, six months, and one year from graduation. In a few cases, I remained in regular phone contact with trainees three years after their graduation from the program. It turned out that I talked with one graduate from the program on a weekly basis, and two others regularly each month. My follow up report is gleaned from these informal, post-program conversations as well.

Relying heavily on D. E. Smith's (1987) method of institutional ethnography, I looked at the details of how the women's daily lives worked, taking notice of the array of activities that allowed the women to attend the training program, find employment, and stay on the job. I also considered what the women told me and treated what they had to say with authority, noticing how their accounts fit with my observations. Building up from these observations and conversations, I linked what was happening among the women and in the program to larger social processes occurring outside the purview of the women's everyday/everynight interactions (Smith, 1983). In this way, the conditions of women's lives in the program may be understood in connection with "the cross-cutting oppressions of multiple and shifting relations of power" (DeVault, 1999, p. 54) produced by the welfare state, the medical industry, a raced economic order, and a gendered division of labor (Amramovitz, 1988).

Attending to the "concerting and co-ordering and hence the organization and relations that generate the varieties of lived experience" (Smith, 1996, p. 172) of poor mothers lives may be particularly illuminating. They are often accountable to several people or systems and manage other people's lives as well as their own with varying degrees of socio-political and economic constraint. Figuring what is best for themselves often means working with few resources while contending with many wants and needs of others.

Multiple accountabilities arranging women's entry to employment and training.

For several of the women entering the nursing assistant training program, it had been a considerable amount of time since they had been in a classroom as a student and they expressed discomfort with their student status and school attendance. Also, for more than half of the women I met in the program, returning to school involved dredging up old negative memories of dropping out of school. While most of the women had experienced some form of employment outside the home prior to entering the training program, several had no formal work experience and were anxious about their new venture.

While the women I studied were in the employment and training program because they were able, that is "able bodied" by government standards, this able bodied status was determined though their bodies had not been made entirely visible or tried in full-time employment situations. Thus, the particulars surrounding the women's capacities to work may not be fully realized as they entered the program. Also, any health considerations the women may have been managing could become unmanageable with the demands of work and family most of them faced as they entered the training program (Facione, 1994; Handler, 1995). The stretch to accommodate the program and family was certain to add to the strain of whatever health care issues they may have had.

In the following sections, I consider the complex of relations and tasks that the women had to negotiate in order to get to the training program each day. I look at the conflicting demands made by the program, the women's partners, and the women's

obligations to their children which ordered the women's everyday personal and work lives; and I explore how these conflicts were complicated by circumstances of poverty.

Reaction of men to their wives, girlfriends, or ex-partner's program participation.

While the requirement of women receiving welfare-to-work in the labor market is clear, the visibility and accountability of male partners is not, thus creating what I call the incomplete gender shift in welfare policy. Since the earlier welfare legislation was predicated on the visibility of a female head of household, and the invisibility of a male partner, the shift in welfare policy for women to work falls on the obvious woman in the household without acknowledgement of the likely though less obvious man living in or around her home, or still important to her and having a say in her children's lives. While this was a very constant and taken-for-granted arrangement for most of the 28 women trainees I met, the discussion of male partners within welfare reform is mostly in terms of absent fathers, non-custodial parents, and issues of child support (Curran & Abrams, 2000; Roy, 1999).

For the women I met, men were not absent and uninvolved or present and participating in most facets of the women's lives. Rather, men's contact and significance to the women was much more complicated. The multitudinous accounts of domestic violence associated with women surrounding their welfare-to-work participation and subsequent employment (Kurz, 1998; Pearson, Thoennes & Griswold, 1999; Raphael, 1999; Scott, London & Edin, 2000) reveals their association with at least one man and his immediacy with the changes in her working and family circumstances. About half of the women I met had several men in their lives, mostly fathers of their children and male partners or boyfriends who were not related to any of their children yet living with them. Associated with these relationships, was the matter of gendered power relations arranging men's demands on women as they left home to work in the public sector. For the women I studied, these demands were inadequately accounted for and addressed by welfare authorities.

While the welfare mandate called on women to work in paid labor situations and produced a shift in work policy by gender

outside the home, it did not consider a similar shift by gender arrangements inside the home. In some ways, by gauging men's household contributions in monetary terms, the reforms may have even discouraged male caring labor (see Martinson, 1998). The mandate demanded women's paid labor and provided evaluation and training to introduce the women to work conditions at least somewhat unfamiliar to most of them. However, there was no similar attention to male partners' ability to care for the home, and no provision to introduce them to these caring labor arrangements that may be unfamiliar to most of them. For instance, in my study, even when some welfare officials impose a demand on the more visible of the women's partners to provide childcare while the women were at work, the men were able to reject the directive; some took a job as a way to be unavailable; others stayed at home, but refused to do much caring labor. The advent of the welfare-to-work initiative (focused on women's labor participation) did not adequately consider male partners in terms of their part in family life, relationship with women recipients, employability, and childcare responsibility. While men are less accounted for and accountable within these revised configurations, women are easily subject to correction. Although demands on men's work at home may seem unrealistic, the demands put on the women are definitely so.

In my study, the reactions of family members to the women's work in the labor market were similar to Coltrane (1989) and Hochschild with Machung's (1989) findings; men were reluctant to perform woman designated work in the home. The women's families had firm expectations regarding the women's continued attention to matters at home, and male partners were unwilling or unable to fill in and help out in the women's absence. The following examples illustrate the range of family arrangements, living situations, and reactions of men significant to the women's household.

For instance, when her social services worker directed Doreen to find employment, she told Doreen's partner, Jim, that he would have to care for their three children, all under three years of age. Doreen, a 21 year old white woman, explained their situation, "They [social services] said that given my background in clerical and the money I'd be able to make, I'd be able to do it. I had to

work and he would be the primary care giver. Well that made Jim loose it." As Doreen entered the training program, Jim found employment at a local trucking company. Doreen was excited about the program, but worried about Jim leaving her, and was also angry at his reaction:

He thinks that he should be the one to work . . . I got into the assistant nursing program and, at the same time, Jim got a job anyway. He made sure he got one . . . He makes close to nothing. Now I have to bring the babies to daycare. Welfare is going to rework our benefit and who knows what they'll do.

Like Doreen, Sarah, a white woman, age 35, lived with her partner, Jack. Sarah had been home caring for her family for twenty years. Jack, also white and 35, was disabled and collected SSI. When social services decided Sarah had to go to work, both Sarah and Jack were dismayed. Two of their four children were also disabled and Sarah had always provided their care. She tried to avoid the welfare mandate but eventually had to comply. She reported that when she entered the training program Jack refused to help in any way: "He thinks that a woman should stay home and take care of the kids and take care of the house. I do it all. And when I'm not there it doesn't get done . . . I don't know but I always did it so I guess he never had to learn." Related to his concerns about the care of the house, Jack told Sarah that he never wanted to see even a book or hear a word about the training program. She reported that her husband went to bed "like clock work" each night at 10 p.m., so that left her time to do her homework without his ever seeing any signs of the training program in "his house."

Unlike Doreen or Sarah, Amy, a 22-year-old white woman, lived alone with her two children, ages 3 and 5. She said her boyfriend was "really jealous of everybody and everything" and was afraid she would meet someone else as she attended the training program and found employment. She put it simply: "He'd rather I stayed home." Consequently, she did not look for his help in any way. She also reported that her boyfriend "makes fun of me studying for tests and looks at the nursing assistant book and says, 'big deal,' then throws it down."

A 21-year-old African-American woman, Millicent, still had

a relationship with the father of her second child. While he was supportive of her entry into the training program, Millicent could not count on him for "real help" with the kids. As she explained:

I don't rely on him (she laughs). No, but um, he does a lot for my kids . . . what he does for my baby, he does for my older daughter too. We're not together but we get along and he still, you know, comes over . . . He has a history of seizures and he never knows when he's gonna have one so he doesn't baby-sit or nothin like that.

With these reported limits in place, the women I studied were accommodating the work by gender shift outside the home, without being afforded a similar shift in accommodations of gendered responsibility of family and childcare in the home. For most women, this meant that they were expected to work outside the home, and still perform primary care of home and family as well (Zimmerman, 1997).

The reaction of children to their mother's program participation.

In addition to many of the male partners' disapproval, the women often encountered their children's dissatisfaction or concern with regard to altered provisions of their care. This involved toddler adjustments to day care, older children getting used to other members of the family taking them to the school bus and/or perhaps going to another family member's house, a friend's house, or after school care, rather than going home at the close of the school day. In some cases, the children may also have felt their mother's absence from the home in the compromised general care of the home and preparation of meals. More significantly, some children may have not received the protection they relied on from mothers who typically shielded them from hurtful acts from other children, or adults in the family or home.

In some cases, children joined their fathers and or their mothers' male partners in directly expressing their dissatisfaction with their mother's absence from the home or their adjusted care. This was apparent over time in Sarah's case. As she explained:

My kids really don't like that I'm doin this . . . They complain about the TV dinners and they have always had me wash their clothes and take care of everything that goes wrong so they aren't used to this and it's hard for me not to be able to be there for them.

More often, the women experienced their children's reactions indirectly. Sarah's oldest daughter's episode of heightened depression and suicidal ideation offered an extreme example. Sarah saw this as a cry for help at a time she could not extend herself any further. Typically, children's reactions were found in their disrupted sleep patterns, "acting out" in response to regularly anticipated requests made by mother such as "it's time to turn off the TV," increased frequency of nightmares, and sicknesses that required their mother's extra attention. Whether or not the children's behaviors were indeed out of character and in reaction to changes in their lives due to the training program, the women understood their children's actions as such. The meaning the women assigned to their children's behavior had implications for how the women felt, adding to the strain of their simultaneous accommodations of their family and the welfare mandate.

Negotiating childcare for children with special health concerns.

Oliker (1995 b) points out that the balance between work and family is much more difficult for poor women than affluent women, explaining that "the vulnerability of low-income children to injury and poor health, and the vulnerability of poor people's homes to winter fires, burglary, or landlord neglect are not unusual" (p. 173). Her study of women and workfare demonstrated how the everyday care of children might be complicated by outside demands. There is a greater likelihood of health problems at birth among infants who are poor. As the likelihood of poverty is greatest among African-Americans (Ellwood, 1988), the health of their infants is particularly at risk. These health problems are linked to prenatal experiences, associated low birth weights (Borker, Loughlin & Rudolph, 1979; Margolis, Greenberg & Keyes, 1992; Parker, Greer & Zuckerman, 1988; Rudolph & Porter, 1986; Singh, Torres & Forrest, 1985;), and environmental issues (Children's Defense Fund, 1993; Duncan, Brooks-Gunn & Klebanov, 1994; Needleman et al., 1990; Pelton, 1989; Rivara & Mueller, 1987).

In the women's reports I studied, many of their children had health care concerns from birth. Of Sarah's four children, two had problems since infancy, one was considered physically impaired, and another disabled. Amy believed that her youngest child was

"born shakin." She attributed his tremors and talking and walking difficulties to his father's cocaine use prior to conception. And there was Rodie's premature baby who had respiratory needs that required constant supervision. While it is hard to say what caused the children's health problems reported by the women in this study, the kind of health concerns, the extent of the health problems, and the frequency with which these issues emerged as aspects of their children's caring needs, seemed to suggest circumstances of poverty as at least partial explanation. What is obvious: children's poor health complicates primary caretaking on a day to day basis and makes it particularly difficult to secure adequate day care and other childcare arrangements for them while their mothers are absent. Several of the women in the program had to attend to such health care needs of their children and missed class because of it. The matter is even more troublesome when the women must negotiate arrangements for these children with male partners who have health care concerns of their own.

Negotiating childcare with male partners who may be disabled and unemployed.

Sorting out family care with male partners is a concern for many women working outside the home (Beckwith, 1992). Pyke (1994) discussed how this negotiation might be tied to the meaning assigned to women's employment. She suggests that women's employment more often does not receive positive meaning when male partners occupy low-status jobs. When women work outside the home and have to negotiate family care with male partners who have health problems, or are unable to find employment, the negotiation may not be possible or extremely strained. Puntteney (1998) found that most of the 56 poor women she studied had at least one person in their families with health problems that compromised their labor market availability. Several of the women I studied had children with special health care needs, and male partners with health problems, as well as compromised work histories. While it is clear that most disabled people are poor (Levitan, Gallo & Shapiro, 1993), what problems among the poor constitute disability is less so (Jencks, 1991). Such ambiguity is also evident in the association between ability, employment, and poverty within welfare reform measures. The measures fail

to consider the possible impaired health of men with whom the women negotiate day to day life.

The men's reactions to their inability to work and the unavailability of work was intensified by the welfare mandate which identified their female partners for employment, as was the case with Doreen's partner Jim, and Sarah's partner, Jack. With their female counterparts entering the labor market and the summons for them to assist in family care, the men's compromised position was underscored and often, as I discussed earlier, they aimed their anger and frustration at the women who needed their support. The welfare directive is with little regard for the men's compromised health and employment situation and the long-standing history of men in the labor market that continues to give meaning to men and women's lives across class and race lines. Since tradition ties men's labor to the market place, and men as breadwinners to family arrangements, these poor men (more often African-American and Latino) are at once, discounted as men and workers.

Managing conflicting demands of family and the program.

Hochschild (1997), extending her analysis of conflicting family and employment demands, includes a "third shift" to account for the management of time within and between the first shift of work in the labor market and the second shift of work at home. Given the women's obligation to the training program, and the expectations regarding their work at home, such management was paramount; the women had to get most of the work they performed at home accomplished in less time.

Jim's newly found employment meant that Doreen had much more to do than prepare herself for her new adventure. She was left with the three children each morning, getting them dressed, fed, and taken to day care before getting herself to the training program.

Sarah worried incessantly about the care of her youngest child while she was away from home. He was used to his mother being home and no one else had taken responsibility for his needs prior to her entry to the program. While attending the training program she reported that she did "not get to sleep much" and was sick off and on with a cold. She told me that she wanted

home life to seem as much as possible like it was before she started the program. She was up at 5 a.m. each morning making lunches and getting the kids ready for school. She still made her family a big breakfast and oversaw the two youngest children's homework in the evenings. She got started on supper the night before or early the next morning—trying to figure out how she could still cook the family's—and particularly her husband's—favorite meals without being home during the day to do so.

Amy's oldest child was in kindergarten and her three-year-old had several medical concerns since birth. Amy had been sending him to a children's center in town that attended to his needs. That meant that she had to get both children ready for school in the morning and to their respective buses before she could get herself ready and out to catch the bus that would take her to the training program. As Amy reported, like Sarah, her day started early:

I get up at about 5 am. This morning: washed the dishes, got the kids ready, myself ready and then kids get on the bus, and I have a half hour to myself before I walk from Stanley Ave near McDonald's to downtown to catch the bus.

The walk that Amy took every morning to catch the bus was about one and a half miles long and usually took her about 45 minutes. There was no bus line that ran from where she lived to the center of town at the time she needed, so the walk was part of her morning routine.

Like her siblings, Millicent relied on her mother's help to get the children to pre-school and home again. From time to time, she and her children ate dinner at her mother's as well. Millicent also relied on her sisters to assist with childcare. As much as she was grateful for their help, Millicent was expected to return the favor.

In response to the simultaneous expectations of employment training and family for women, welfare-to-work policy made provisions for day care. However, these day care provisions seem to respond to typical middle-class work and family demands, failing to address the likely additional obstacles in the lives of women who receive welfare benefits. These additional obstacles such as the lack of transportation, hours of employment beyond a typical work day, special medical needs of children, and the likelihood of having to provide care for those in their support

networks at a moment's notice, may interfere with the utility of the day care provision. As I see it, the government mandate's inattention to the extent of work demands and expectations of these women beyond employment set the women up; they were left to figure out how to do it all and were likely to feel inadequate when they were unable to, making them particularly vulnerable to the hostilities directed at them by their partners.

The mandate to work imposes challenges and creates opportunities.

Regardless of the out of homework histories of the women and their male partners, the mandate imposed a challenge to standards and traditions organizing American family life. It set in motion a series of negotiations for these poor women, their partners, and children particularly, forcing them to struggle with meanings of work for men and women in family arrangements.

While the mandate presented an array of problems for the women to negotiate, forcing them to leave their homes and children, and making them subject to their male partners' anger and frustration, it also afforded the women an opportunity to do something that would be met with approval—if only by those outside their family. As "welfare mothers," they belonged to a group that the public generally treated with disdain. Going to work, the women could imagine ending the scrutiny of taxpayers and the intrusion of the state, and finally, having a larger say in the circumstances of their families. Certainly, the women reported being encouraged by welfare workers and trainers to be "proud" of all they were doing. And they did seem proud. Doreen told me, "I just got off track. Had a baby. But I'm smart." The program seemed to provide an opportunity for her and others to challenge their own and others beliefs about their abilities, and get on a track that would allow them to be recognized for their worth. Even as their desire to be on this track served taxpayers and the state, and the actualities of welfare-to-work did not meet their expectations, the women's enhanced sense of themselves seemed to persist.

From my follow up interviews with the graduates, I found at first that many were content with their economic circumstances and work conditions. Later, they more often spoke of the strain of their financial obligations, especially in relation to the expense of childcare, and the strict policies of the nursing homes, particularly

Table 1

After graduation: the women and work.

	3 mos. Post-grad. T=24	6 mos. Post-grad. T=20	1 yr. Post-grad. T=18
<i>Employment Related Activities</i>	<i>tracked grads.</i>	<i>tracked grads.</i>	<i>tracked grads.</i>
Full-time NAs	18	13	6
Full-time Home Health Aids	2	1	1
Part-time NAs	2	2	2
On disability due to NA work-related injury	0	1	3
On maternity leave from NA job	0	0	2
Enrolled and completed LPN program	0	0	1
Employed in non-NA Job	2	3	3

surrounding the use of sick time to care for their ill children. Over time, several faced challenges related to their own health. Able bodied as they may have been upon entering the program and nursing assistant work, physical complaints associated with lifting patients became common to the activities of their daily work lives. To account for the changes that took place over the course of the first year after the women finished the training program, in addition to the narrative below, I have charted their education and employment related activities.

At three and six months, and one year after finishing the program.

For the most part, upon completion of the training program, the women were encouraged to take nursing assistant jobs in local nursing homes and most did. At three months after the program ended, of the twenty-four trainees that I could trace, twenty of them were employed as nursing assistants or home health aids, mostly full-time, although Sarah and another trainee, Mary, held part-time positions. One trainee returned to the assembly line when a position opened. Another never worked as a nursing assistant, but rather took a service job outside of the medical

field. With financial and family care assistance from her parents, Suzanne was planning to leave her nursing assistant position to attend a licensed practical nursing training program. While the median hourly earnings of nursing assistants and other related medical positions was \$7.99 in 1998 (US Department of Labor, 2000) the nursing homes the women worked in started at a minimum of \$5.00 to \$7.16 an hour, with no shift differential for working nights. A forty-hour workweek at this wage grossed a yearly salary of \$14, 892.80. Most of the women were still relying on governmental non-cash income supplements such as food stamps, the rent supplement program through the Department of Housing and Urban Development (HUD), and childcare coverage through TANF. The nursing homes also provided health care by a Health Management Organization (HMO), with large deductibles for some common medical procedures and no coverage for dental care. Two of the women had to apply for Medicaid to cover ongoing dental costs.

At six months after graduation, I found that several of the women's telephone numbers were not in service. I wondered if some of the women had not been able to keep up with payments to the Phone Company. Later, I discovered that some of the women had moved out of their apartments and into other family members' homes; several women had moved out of a shared housing arrangement that didn't work and into another apartment with their children only. In any event, I learned that Amy and Resa, two of the twenty who had been employed as nursing assistants at the three-month mark, were pregnant. Suzanne's licensed practical nurse (LPN) education was postponed. She was on disability due to a back injury related to her nursing assistant job. Doreen had been employed as a home health aide for five months when she stopped keeping appointments with patients, and "was not to be found." No one I talked with since knows of her whereabouts. It is presumed that she and Jim left the area. Of the 18 women who took nursing assistant jobs upon completion of the program, 13 were still full-time employed nursing assistants.

At the one year mark, ten of the 20 women who had been employed as full-time nursing assistants or home health aids could not be reached by phone; the numbers I had for them were either disconnected or in use by another party. By this

time, Amy and Resa were home with their babies. June, who was working in Laketown nursing home, was pregnant with a second child with the same man she had been with while in the training program. Three other women, Mary, Maggie, and Judy had work related injuries—each had strained their backs. Also former trainees, Jeana and Joanie had problems with cysts on their ovaries that made the difficulty of lifting unbearable. Jeana took a waitressing job and eventually lost her nursing assistant certification. Another trainee claimed to “care too much about the old people” and had to leave the nursing home. She works in the lawn and garden section of a department store. Millicent, as she had planned, eventually moved to a nearby city, but I do not know of her employment situation.

Even though Mary and Sarah took jobs in different nursing homes they remained in regular phone contact with one another, as did Sarah and June. Other women, for example June and Margie, arranged their work schedules so that they could cover childcare for one another. One welfare worker claimed that this method of childcare was becoming popular among the women she worked with.

While several of the women had hopes of becoming LPNs, only Suzanne was able to take and complete the LPN training. After three years, I know of no other trainees who have entered that program, or any other educational program, although Judy, now with the financial support of a husband, became enrolled in an LPN program two years after completing the nursing assistant training program.

Conflicting narratives of injustice and opportunity.

As I talked with the women at the close of the training program, and later, after they had been performing nursing assistant work as paid employees, they seemed to have fallen into a routine; the extent of the work they performed was part of how they lived, and was familiar to them. They did not seem anxious. They had been doing the work and knew how to manage it. If anything, among those that were doing nursing assistant work, I noticed a certain sophistication—they spoke with confidence and appeared more assured. Over time, many of those I spoke with seemed to adopt the proper English and grammar they were worried about

upon entering the training program. Perhaps evidence of their ability to participate in the medical field and work with medical professionals, they seemed to sound and look more polished by white middle-class standards. But they also seemed "beat." And while almost all of the women began with stories of success—being employed, and in some cases finding a man or keeping a man—they invariably turned to the subject of unjust work arrangements.

For instance, Joanie reported that she was better off in "every way" three months after graduation and was happy with her employment; she also was still in housing provided by the domestic violence shelter where she lived with her children without charge. She would soon have to leave and was looking for an apartment that could accommodate her and her four kids. Also, she reported that she had just met a man, Tim. He worked for the county and "had a good job, [and] a nice house." However, just beyond the one-year mark, Joanie had become less enthusiastic about her circumstance. She had moved in and out of an apartment, and was three months into living with Tim and the children in his house. While he had a good job and income, he had just gained custody of his two children from a previous marriage. Joanie reported that she tried to "be a mother" to these children, ages seven and four, as well as to her four, ages ten, eight, seven, and four. These events unfolded as she continued to work full time at Grace Nursing Home. However, over the course of several months, the childcare became more difficult to negotiate. Joanie explained:

With four kids there is always somebody who is sick and needs this or that, but with six kids, I needed time off for a sick kid when I needed it and I'd get written up [at Grace] for being out sick too many times. I then had this problem with a cyst on my ovary, and just had no sick time left and got fired. I'm home full-time with the kids now . . . Tim makes good money. And as it turns out, after the welfare allowance ran out, I would have never been able to keep up with childcare for my four while I worked. I don't know what I would have done. I'm lucky Tim is as good as he is although I could do without six kids. And this is not what I wanted, you know that.

Last time I spoke with Joanie, who once had plans of completing her LPN, she could no longer go back to nursing assistant work

even if she wanted to. Nursing assistants are re-certified every two years in New York State, and the re-certification is sent to the address of record, that is, the address of a two-year-old record. Many of these women's addresses had changed after six months, and over half of the women changed residence at least once within the year after certification. Unless the women updated certification records, the recertification material may never reach them. Joanie believed that her re-certification did not catch up with her two changes in residence since graduation. As a result, her certification lapsed.

Maggie and Joanie had met in the program and remained friends. At the one-year mark, Maggie, along with Joanie, had worked at Grace since graduation. While Maggie was one of the few trainees who had perfect attendance in the ten-week training program, and continued to use sick time rarely while employed at Grace, she was angry about the sick-time policy. She told administrators that it was punitive, especially as it applied to women's dual obligations to work and family; the women received demerits for using the time that they had "earned." She also complained the home was "always understaffed." As Maggie explained,

I'd be beatin my ass everyday. And for what? I don't know how those girls do it on just that salary. They think it's good just because it isn't welfare. And that's not right either. They are killin themselves for less than what they'd get for stayin home. That's nuts. I was at the chiropractor as often as I go to the grocery store. And you can't afford groceries and the chiropractor on that salary—no way!

At about one and a half years into her employment at Grace, Maggie quit. Maggie's friend worked for a used auto parts dealer who needed help. Maggie has been working there ever since. While she was pleased with herself for taking on the nursing home administration, Maggie also acknowledged that since she recently re-married, her earnings were considered "a second income" and that this allowed her to speak out.

Since graduating from the nursing assistant training program, Mary had worked the 11 p.m. to 7 a.m. shift at the Laketown Nursing Home. Similar to other women hospital workers (see Garey, 1995) Mary preferred this shift because it afforded her

the ability to see her daughter off to school each morning and greet her after school each evening. Mary told me, "in between, I clean the house, make dinner, and take care of other odds and ends then sleep a few hours." After dinner she got her daughter ready for bed and then caught a couple more hours of sleep before getting herself ready for work. Another woman who worked 11 to 7 picked Mary up around 10:15 p.m.; Mary gave her money toward gas. After three years, Mary reported that even though she was finding it hard to keep up with medical bills on her own, she wouldn't want to go back on welfare. "What I make is mine. No one can tell me what to do with it. No one's eyeballin my child and askin why this, why that. No thank you." Mary has had trouble with her back and more recently her hip while lifting patients. Her medical doctor is recommending surgery but Mary claims she cannot afford the procedure or to be out of work.

At the three and six month mark, Sam had aspired to have her own home health aide business and thought she would have her LPN within her first year after graduation. At the end of that year she seemed less optimistic and neither a business venture nor further education seemed possible to her. As she reported,

I can barely do what I'm doin now every day to get in all I have to. I don't have room for figurin anything else out and with all the work I do, I still don't have the money. That's what really kills you, it doesn't pay.

Yet, after three years Sam insisted that she would rather work than be on welfare "any day." Her claims resonate with others who said that the money was not any different except, as Sam explained, "it's not welfare's money, it's mine." And that seemed to make all the difference to Sam. While she was unhappy that work afforded her no greater financial freedom, the burden of being on welfare was worth avoiding, at least at this cost. She was adamant that she did not want to be associated with welfare, and she did not want to have to contend with the scrutiny of welfare officials.

It was ironic that the women who demonstrated mainstream desires and appeared in many ways middle-class, could articulate with confidence the shortcomings of welfare-to-work—yet then were too overworked and underpaid to go get their LPN, consider

other training, or resist the ideology of welfare-to-work. They had all they could do to care for their kids at home and their patients at work. And as Maggie noted, she could speak out against the administration of the nursing home only because she did not have to rely on that income.

Similar to what Chase (1995) found in the narratives of women superintendents of schools, and Diamond (1992) found in the accounts of caregivers in nursing homes, the women in my study seemed to struggle between two narratives about their experience from welfare-to-work. One narrative addressed the incredible amount of work that welfare-to-work demanded of them. The other narrative addressed their pleasure in being off welfare and most often through their employment, being more in control of their lives. Although it was the case that most of the women were managing, they were managing under duress. They made so-called "successful transitions," that is they stayed on the job and were managing family and work obligations, but they were also strained and exhausted. The women had met the challenges of governments and families; however the conditions of their work lives create challenges to governments and employers to reconcile the disparity between the injustice and opportunity they reported.

On family-work policy for welfare-to-working women.

If policy were to begin in the everyday lives of these women, it would begin each day at 5 a.m., or when one of the children woke in the night, or a boyfriend or neighbor knocked on the door. It would recognize and help respond to the array of barriers or amount of work the women need to accomplish each morning and evening, in order to get to work. This would involve tailoring services particular to the women's everyday and everynight lives in circumstances of poverty. Such a policy would acknowledge and account for the women's less visible male partners, making provisions to address their caring obligations and employment needs. It would take up the matter of an incomplete gender shift in welfare policy by fully engaging the responsibility of caring work inside the home. In doing so, it would remain sensitive to the concerns of women and men regarding issues of power, a gendered division of labor, and the long-standing devaluing of caring

work and women's labor. It would recognize and compensate, as service, the unpaid work that the women provide one another to help with getting to work. It would address issues of pay equity with the understanding that women going to work and performing caring work in the paid sector should be gainfully employed. It would respond to the special childcare needs of many of the women's children, several of who were chronically ill. It would feature state and employer obligations to childcare costs and provisions, and support for family care responsibilities, especially when children are ill.

If policy were to begin from within the nursing assistant training program and nursing home, there are several ways to "tweak" it so women could successfully finish the employment and training programs, and stay on the job. For instance, the informal discussions during the training program among women that allowed them to sort out childcare and problems with partners could be made part of the formal curriculum. Rather than the demerits women received for using the sick time they had accrued at Grace Nursing Home, sick time could be used without penalty by women on the job, and personal time could be made available to them to attend to their sick children. Heymann and Earle's (1999) found that "mothers who returned to work from welfare were significantly more likely than mothers who had never received AFDC to have children with chronic conditions to care for; yet, they were more likely to lack paid sick leave" (p. 503). Middle-class remedies, such as the Family and Medical Leave Act of 1993 that supports maternity, paternity, and extended time away from work for child, elder, and personal illnesses (Erin, 1999) does not address this disparity. To the extent that it may be available to them, low-wage workers, such as the women I studied, cannot afford to take advantage of unpaid time away from work.

The wages of women that are not earned on days that they are absent from work to care for sick children need to be covered by employers or the state. For example, Johnson & Johnson's "'Family Emergency Absences'" (Galinsky & Stein, 1990, p.376) responds to work-family needs in this regard, allowing for paid family-sick or child-sick days. Heymann and Earle (1999) recommend guaranteed paid leave for working poor mothers similar to current disability insurance allocations. The National Partnership

for Women & Families (1998) recommends "State Family Support Programs" funded by TANF block grants or state Maintenance of Effort funds to address work-family problems of mothers recently leaving welfare for low-wage employment. It is unfair to expect women to be good workers and good mothers without such moments of benefit or temporary assistance.

Still, while such shifts in training and work policy may assist the women through the program and in subsequent employment, these shifts are more in service to the welfare state and the medical industry, and in the long run, at greater expense to the women. That is, to help women stay in the program and at work is to help women off the welfare rolls but not out of poverty; it keeps them in highly physical and emotionally demanding low-waged jobs. Tweaking policy in these ways without addressing the abject status of women in a service industry and their associated low wages would be to disregard the desires and intentions articulated by these women in the program.

If work policy for women on welfare were to operate to accommodate the women I studied from what they reported and I observed in the classroom and the nursing home, it would provide employment conditions that were safe and respond to the women's educational and work aspirations. Nursing home facilities are one of the largest growing industries in the United States; they also register with the highest rate of nonfatal injury or illness cases among industries. The Occupational Safety and Health Administration (OSHA) reports "14.2 injuries and illnesses per 100 full-time workers. [M]ore than double the incident rate of 6.7 for industry as a whole" (2001). In an earlier communication, OSHA noted, "More than half the nursing home injuries and illnesses are related to handling residents, 42 percent are back injuries" (1996). The American Nurses Association (ANA) (1999) advocates for ergonomic standards, which they claim will decrease the likelihood of injury. However, at the nursing homes that employ the women I met, manual lifting remained the standard, with only occasional use of the lifting teams, lifting devices, and slide boards recommended by the ANA. Nursing home policy should heed ANA's advice and adequately staff and support workers. As an ANA spokesperson explains, "Personal protective equipment and work restrictions for injured workers must be provided by the

employer at no cost to the injured employee" (1999). Many of the women I met understood that nursing assistant work was a low-waged, dead end, and physically demanding job. They also knew the difficulties of applying and qualifying for workman's compensation and disability insurance available through the nursing home and federal government if they were to be seriously injured on the job. They wanted something else. Their ambitions were tied to social and economic considerations; that is, they wished to do work that was respected and safe, and wanted to be gainfully employed and able to care for the financial needs of their families.

The caring work the women perform in the labor market should receive paid wages that would allow women to adequately care for their families and be acknowledged for their contributions to society. They should not have to accept the exploitation of their labor at home and the dependence on and indebtedness to a gainfully employed and insured man. However, since caring labor remains undervalued, work policy should help these women continue through higher education and other employment and training programs and give them a wider range of opportunity to do work that allows them to not only get off of welfare but to be gainfully employed. Such a policy would also recognize and provide financial compensation, services, and benefits to women for the caring work they do to ready citizens for the state; that is, work policy should not take for granted the work of "raising children" (see Fineman, 1995; Fraser, 1994; Orloff, 1993). Of course, women workers across social categories, should benefit from this recognition.

It seems that any policy and program strategy that fails to take on the fundamental ways in which women's subservience and exploitation is presupposed in family, marriage, employment, and state relations is to assist in maintaining women's subjugation.

Conclusion.

The shift from welfare to work is incomplete. It moves women off of welfare, but it fails to create a context for women's independence at home and in the labor market.

This incomplete shift may be understood in terms of multiple accountabilities arranging women's participation in welfare-to-work programs and their subsequent employment. These

multiple accountabilities occur in concert with circumstances of poverty. That is, poverty complicates women's labor market participation in ways beyond the difficulties typical for middle-class working mothers. Many poor women must negotiate childcare for children with special health concerns, arrange family care with male partners who are disabled, respond to their male partner's displeasure with their work participation when the male partners themselves are unemployed or disabled, and manage these tensions with a lack of economic, social, and political reserve.

At best, what welfare-to-work offered the women I studied was an opportunity to see the extent of their worth at home, the potentiality of their worth as students and as nursing assistants, and the importance of their relationships with one another. However, these gains were undermined by their place within the medical industry; there was a lack of reward for their labor, and nursing assistant work required the women's continued subservience and exploitation. While indeed the women did persevere, their testimonies overwhelmingly show that their perseverance was not evidence of welfare-to-work success, but rather the long-standing and necessary determination and ability of poor women to survive in adverse circumstances.

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References

- Ambramovitz, M. (1988). *Regulating The Lives Of Women: Social Welfare Policy From Colonial Times To The Present*. Boston, MA: South End Press.
- Beckwith, J. B. (1992). Stereotypes and Reality in the Division of Household Labor. *Social Behavior and Personality* 20 (4), 283–288.
- Berrick, J. D. (1995). *The Faces of Poverty: Portraits of Women and Children on Welfare*. NY: Oxford U Press.
- Borker, S. R., Loughlin, J. & Rudolph, C. S. (1979). The long-term effects of adolescent childrearing: a retrospective analysis. *J of Social Service Research* 2 (4), 341–55.
- Burtless, G. T. (1997). Welfare Recipients' Job Skills and Employment Prospects. *Future of Children* 7 (1), 39–51.
- Chase, S. E. (1995). *Ambiguous Empowerment*. Amherst, MA: U of Mass. Press.
- Children's Defense Fund. (1993, July). *CDF Reports*. Washington, DC: Children's Defense Fund.
- Coltrane, S. (1989). Household Labor and the Routine Production of Gender. *Social Problems* 36, 473–490.
- Curran, L. & Abrams, L. S. (2000). Making Men into Dads: Fatherhood, the State, and Welfare Reform. *Gender & Society* 14 (5), 662–678.
- DeVault, M. L. (1999). *Liberating Methods: Feminism and Social Research*. Philadelphia, PA: Temple U Press.
- Diamond, T. (1992). *Making Gray Gold: Narratives Of Nursing Home Care*. Chicago, IL: The University of Chicago Press.
- Duncan, G.J., Brooks-Gunn, J. & Klebanov, P. K. (1994). Economic Deprivation and Early Childhood Development. *Child Development* 65, 296–318.
- Edin, K. (1993). *There's a Lot of Month Left at the End of the Money*. NY: Garland Press.
- Edin, K., & Lein, L. (1997). *Making Ends Meet: How Single Mothers Survive Welfare and Low-Wage Work*. NY: Russell Sage Foundation.
- Edin, K, Harris, K. M., & Sandefur, G. (1998). *Welfare to Work: Opportunities and Pitfalls*. Washington, DC: American Sociological Association.
- Ellwood, D. T. (1988). *Poor Support: Poverty in the American Family*. NY: Basic Books, Inc.
- Erin, K. L. (1999, August). *Clear Laws and Compliance? Employers' Family Leave Policies after the Family and Medical Leave Act*. Paper presented at the Annual Meeting of the American Sociological Association, Chicago, IL.
- Facione, N. C. (1994). Role Overload and Health: The Married Mother in Waged Labor Force. *Health Care for Women International* 15 (2), 157–167.
- Fineman, M. A. (1995). *The Neutered Mother, the Sexual Family, and Other Twentieth-Century Tragedies*. New York: Routledge.
- Fraser, N. (1994). After The Family Wage: Gender Equity and the Welfare State. *Political Theory* 22 (4), 591–618.
- Galinsky, E. & Stein, P. J. (1990). The Impact of Human Resource Policies on Employees: Balancing Work/Family Life. *Journal of Family Issues* 11(4), 368–383.

- Garey, A. I. (1995). Constructing Motherhood on the Night Shift: "Working Mothers" as "Stay-at-Home Moms." *Qualitative Sociology* 18 (4), 415-437.
- Handler, J. F. (1995). *The Poverty of Welfare Reform*. New Haven: Yale U.
- Heymann, S. J. & Earle, A. (1999). The Impact of Welfare Reform on Parents' Ability to Care for Their Children's Health. *American J of Public Health* 89 (4), 502-505.
- Hochschild, A. R. (1997). *The Time Bind: When Work Becomes Home and Home Becomes Work*. New York: Henry Holt & Company, Inc.
- Hochschild, A. with Machung, A. (1989). *The Second Shift: Working Parents and the Revolution at Home*. New York: Viking.
- Jencks, C. (1991). Is the American Underclass Growing? In C. Jencks, & P. E. Peterson (Eds.), *The Urban Underclass*. (pp. 28-100) Washington, DC: The Brookings Institution.
- Kurz, D. (1998). Women, Welfare, and Domestic Violence. *Social Justice* 25, 1 (71), 105-122.
- Levitan, S. A., Gallo, F. & Shapiro, I. (1993). *Working but Poor: America's Contradiction* (Revised Edition). Baltimore, MD: The Johns Hopkins University Press.
- Loprest, P. (1999). *Families Who Left Welfare: Who Are They and How Are They Doing?* Washington, D.C.: Urban Institute.
- Margolis, P.A., Greenber, R. A., & Keyes, L. L. (1992). Lower Respiratory Illness in Infants and Low Socioeconomic Status. *American J of Public Health* 82, 1119-26.
- Martinson, K. (1998, October) *Serving Non-Custodial Parents Through Welfare-to-Work Grants: Labor Market Characteristics, Employment Barriers, and Service Strategies* (DOL Contract No. F-5532-5-00-80-30). Washington, DC: The Urban Institute.
- Michel, S. (1998). Childcare and Welfare (In)justice. *Feminist Studies* 24 (1), 44-54.
- National Partnership for Women and Families. (1998). *Detours on the Road to Employment: Obstacles Facing Low-Income Women*. Retrieved April 13, 2001, from the World Wide Web: <http://www.nationalpartnership.org/workandfamily/>.
- Needleman, H.L., Schell, A., Bellinger, D., Leviton, A., & Allred, E. N. (1990). The Long-Term Effects of Exposure to Low Doses of Lead in Childhood. *New England J of Medicine* 322, 83-88.
- Nursing World. (1999, June 22). *Statement of Beth Piknick, RN for the American Nurses Association*. Retrieved April 13, 2001, from the World Wide Web: <http://www.nuringworld.org/rnrealnews>.
- OSHA National News Release, US Department of Labor, Office of Public Affairs. (1996, Thursday, August 8). *Labor Department Launches Worker Safety And Health, Employer Assistance Program*. (News Release USDL: 96-326.) Retrieved April 13, 2001, from the World Wide Web: <http://www.osha-slc.gov/sltc/>.
- OSHA, US Department of Labor, Nursing Home Index Search. (2001). *Nursing Homes*. (Page Revised March 8, 2001). Retrieved April 13, 2001, from the World Wide Web: <http://www.osha-slc.gov/sltc/nursinghome/>.

- Oliker, S. J. (1995a). The Proximate Contexts of Workfare and Work" A Framework for Studying Poor Women's Economic Choices. *The Sociological Quarterly* 36 (2), 251-272.
- Oliker, S. J. (1995b). Work Commitment and Constraint Among Mothers on Workfare. *Journal of Contemporary Ethnography* 24 (2), 165-94.
- Olson, K., & Pavetti, L. (1996). *Personal and Family Challenges to the Successful Transition from Welfare to Work*. Washington, D.C.: The Urban Institute.
- Ong, P. & Blumenberg, E. (1998). Job Access, Commute and Travel Burden among Welfare Recipients. *Urban Studies* 35 (1), 77-93.
- Orloff, A. S. (1993). Gender and the Social Rights of Citizenship: A Comparative Analysis of Gender Relations and Welfare States. *American Sociological Review* 58 (3), 303-328.
- Parker, S., Greer, S., & Zuckerman, B. (1988). Double Jeopardy: The Impact of Poverty on Early Childhood Development. *Pediatric Clinics of North America* 35, 1227-40.
- Parrott, S. (1998). *Welfare recipients who find jobs: What do we know about their employment and earnings?* Washington, D.C.: Center on Budget and Policy Priorities.
- Pearson, J., Thoennes, N. & Griswold, E. A. (1999). Child Support and Domestic Violence: The Victims Speak Out. *Violence Against Women* 5 (4), 427-448.
- Pelton, L.H. (1989). *For Reasons of Poverty*. NY: Praeger.
- Puntenney, D. L. (1998, August). *Poor Mothers at Work: Family Health Problems and Their Impact on the Management of Labor Market and Caregiving*. Paper presented at the Annual Meeting of the American Sociological Association, San Francisco, CA.
- Pyke, K. D. (1992). Women's employment as a gift or burden? marital power across marriage, divorce, and remarriage. *Gender & Society* 8, 73-91.
- Raphael, J. (1999). The Family Violence Option: An Early Assessment. *Violence Against Women* 5 (4), 449-466.
- Rivara, F.P., & Mueller, B. A. (1987). The Epidemiology and Causes of Childhood Injuries. *J of Social Issues* 43, 13-32.
- Rose, N. E. (1993). Gender, Race, And The Welfare State: Government Work Programs From The 1930s To The Present. *Feminist Studies* 19 (2), 319-42.
- Roy, K. (1999). Low-Income Single Fathers in an African American Community and the Requirements of Welfare Reform. *Journal of Family Issues* 20 (4), 432-457.
- Rudolph, C. S. &Porter, K. L. (1986). Social Service Utilization by Families of Infants Discharged from a Neonatal Intensive Care Unit. *Journal of Social Service Research* 9 (4), 1-20.
- Scott, E. D., London, A. S., & Edin, K. (2000). *Good Cause: Domestic Violence and the Mandates of Welfare Reform*. A paper presented at the Annual Meeting of the American Sociological Association, Washington, DC.
- Singh, S., Torres, A. & Forrest, J. D. (1985). The Need for Prenatal Care in the United States: Evidence from the 1980 National Fatality Survey. *Family Planning Perspectives* 17, 122-23.

- Smith, D. E. (1983). Women, Class and Family. In V. Burstyn & D. E. Smith (Eds.) *Women, Class, Family and the State*. Toronto, Ontario: Garamond Press.
- Smith, D. E. (1987). *The Everyday World As Problematic*. Boston, MA: Northeastern U Press.
- Smith, D. E. (1996). Telling the Truth after Postmodernism. *Symbolic Interaction* 19 (3), 171–202.
- US Department of Labor, Bureau of Labor Statistics. (2000). *Occupational outlook handbook, 2000–01 edition*. (Last Updated December 20, 2000). Retrieved April 13, 2001, from the World Wide Web:
<http://www.stats.bls.gov/oco/ocos1655.htm>.
- Zimmerman, M. (1997). From the SWS president: on work and social worth. *Gender & Society* 11, 543–547.