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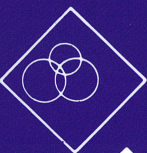
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Correction: In the June, 2009 issue of the *Journal of Sociology & Social Welfare*, the article "Racial/Ethnic Differences in the Provision of Health-Related Programs among American Religious Congregations" by R. Khari Brown and Amy Adamczyk, incorrectly listed Amy Adamczyk's affiliation. The correct affiliation is: Amy Adamczyk, John Jay College of Criminal Justice and the Graduate Center, City University of New York.





# Institutions and Savings in Low-Income Households

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*This paper examines the influence of structured savings program arrangements on the saving performance of low-income households in individual development accounts (IDAs). Data are drawn from the American Dream Demonstration (1997-2004), which looked at the saving performance of low-income households in matched savings accounts across the United States. Hierarchical multivariate regression is used to identify which specific structural program arrangements are important in influencing the saving performance of low-income families. Findings suggest that overall, structured program arrangements, including financial education, peer mentoring groups and saving targets are important in influencing people's saving performance—including low-income families.*

**Key words:** *IDA, low-income households, financial education, peer mentoring, saving targets*



## Introduction

Investment-oriented policy strategies to assist the poor have become increasingly prominent in the last decade. For example, Michael Sherraden's (1991) work on asset-based welfare proposes policy that aids and encourages saving and asset accumulation among the poor, under the assumption that acquisition and ownership of assets improve economic, psychological, and social well-being.

A key feature of this policy is the influence of formal and structured program arrangements on individual asset accumulation. However, the study of structured program arrangements as a predictor of asset accumulation—specifically among low-income families—is only starting to emerge. Although a larger body of how fundamental/macro components of social structures influence individual behaviors and outcomes exists (e.g., Gordon, 1980; Green, 1991; Neale, 1987), there is little research that explicitly connects structured program arrangements to asset-accumulation in low-income households.

To date, the largest and most comprehensive study in this area is the American Dream Demonstration (ADD). ADD is a study of individual development accounts (IDAs), which are matched savings accounts for low-income households. IDAs are specifically designed to increase savings for the poor and are used for specific asset purchases, including homeownership, post-secondary education, microenterprise development, and retirement. A financial education component, intended to help participants gain more knowledge about issues regarding financial management, is a requirement for each participant in the program.

The purpose of this paper is to contribute to the emerging research on the role of structured program arrangements/institutions in individual asset and wealth accumulation, particularly in low-income households. The paper provides a closer examination of the emerging institutional theory of saving (Sherraden, 1991; Beverly & Sherraden, 1999) as an important framework that may help explain the saving performance and asset accumulation of low-income households in the United States. Specifically, the paper answers the following key question: Controlling for income and several measurable

individual characteristics, do structured program arrangements matter in influencing the saving performance and asset accumulation of low-income households?

## Background

The institutional theory of saving mentioned earlier suggests that structured program arrangements (also referred to as institutional factors) greatly influence individual's ability to save. According to this theory, saving and asset accumulation are primarily a result of structured arrangements that involve explicit connections, rules, incentives and subsidies (Sherraden, 1991). Several theorists maintain that such structured arrangements matter in shaping and influencing opportunities and behaviors (see Neale 1987; North 1990; Sherraden, 1991; Weaver & Rockman 1993; Beverly & Sherraden 1999; Peters, 1999). This suggested link between structured arrangements or institutions and financial well-being may have important implications in social policy. For example, Sherraden (1991) observes, the middle-class "participates in retirement pension systems ...not [as] a matter of making superior choices. Instead, a priori choices are made by social policy, and individuals walk into the pattern that has been established" (p. 127). Given the premise of institutional theory, this paper posits that low-income households are not able to save and accumulate assets primarily because they do not have the same institutional opportunities that higher-income households receive. Otherwise, provided with access to the same institutional frameworks that their higher-income counterparts utilize, low-income households might be in position to save and accumulate assets. It is against this background that the institutional question in this paper is being addressed.

The answer to the question guiding this paper: the role of structured program arrangements in influencing the saving performance and asset accumulation of low-income households, is important for at least two reasons: First, one would be justified to argue that because saving is hard for most people, it is even harder for those with low incomes. Therefore, the ability to clarify the role of structured program arrangements in facilitating the saving performance and asset accumulation



of low-income households would be a step in the right direction. This clarification may help initiate the move toward more inclusive social policy and program proposals which could provide low-income households with the same opportunities to participate in saving and asset accumulation programs as their higher-income counterparts. Second, given the on-going discussion in the policy arena about an ownership society, which includes low-income households (Boshara, Cramer & Parrish, 2005), results from this study may contribute to the debate by providing knowledge on how programs and policies toward an ownership society could be structured, tested and implemented.

### *Traditional Theories of Saving*

Existing theories on saving and asset accumulation focus on economic and socio-psychological perspectives. Economic theory focuses on individual preferences and opportunities in response to changes in incentives. For the economist, savings are looked at as a surplus of resources after consumption choices have been decided. Two of the more recognized economic theories of saving are: (1) the life-cycle hypothesis (LHC) [Ando & Modigliani, 1963; Modigliani & Ando, 1957; Modigliani & Brumberg, 1954] and, (2) the permanent-income hypothesis (Friedman, 1957). These theories view savings as a way of balancing the fluctuation of household resources for consumption throughout a lifetime. The LHC, for example, assumes that consumption and saving patterns reflect an individual's age or stage within the life cycle, with a significant amount of saving occurring in the middle years. The permanent-income hypothesis suggests savings decisions are based on income being perceived as either permanent or temporary. According to this model, changes in household consumption over time occur only in response to permanent income and not temporary income (Friedman, 1957).

In addition to the economic theories, there are the socio-psychological theories of saving (Cohen, 1994; Duesenberry, 1949; Katona, 1975). These theories posit that individual's preferences change in response to economic and social variations, thus, people's motives, aspirations and expectations influence their saving choices.

Although there is reason to believe that saving may be an attribute of individual traits, preferences and income relative to consumption, studies have begun to arise explicitly acknowledging the role of deliberately designed and structured program arrangements or formal institutional mechanisms in influencing the saving performance of individuals. In other words, individual attributes and income may not be enough in explaining the saving behavior of individuals. Institutions, specifically formal policies and program arrangements, may be equally important.

### *Institutional Theory of Saving*

The institutional theory of saving recognizes the important role that structured arrangements play in savings. The theoretical framework advances five constructs as being instrumental in predicting individual saving and asset accumulation, particularly among low-income households: 1) access, 2) information, 3) incentives, 4) facilitation, and 5) expectations (Sherraden, 1991; Beverly & Sherraden, 1999; Sherraden, 1999; Sherraden, Schreiner, & Beverly, 2003).

*Access.* This construct refers to institutional mechanisms that make the depositing process more available, for example, number of available deposit locations per participant within a given distance and no minimum balance required. When access to these means is permitted, savings rates are likely to be higher.

*Information.* The assumption behind information—as an important institutional determinant of saving normally offered through financial education—is that when people are made more aware of their savings options and opportunities, savings will be higher. Often financial education is provided to employees whose companies offer pension plans. Studies report that when financial education is offered to employees, participation levels are higher (Bayer, Bernheim, & Scholz, 1996; Bernheim & Garrett, 1996).

*Incentives.* This construct represents efforts to motivate higher savings. Interest rates and rates of return on investments are the most familiar. The proposition is that, generally, an increase in the rate of return will cause an increase in savings. Empirical evidence confirms the positive effects

of employer matching on participation rates in savings programs (Engelhardt & Kumar, 2003; Engelhardt & Kumar, 2007; Huberman, Sethi-lyenger & Jiang, 2007; Mitchell, Utkus, & Yang, 2005).

*Facilitation.* These are institutional arrangements that provide mechanisms that make saving more manageable. These mechanisms can be in the form of direct deposit, online banking services and automatic enrolling in programs. Overall, the proposition is that these arrangements will more likely increase individual savings. Although empirical evidence on facilitation is limited at this time, one study on 401(k) participation finds participation and contributions rates to be higher after the employer started automatically enrolling employees into the 401(k) plans (Madrian & Shea, 2000).

*Expectations.* This construct refers to the specific saving goals, targets and rules communicated to participants by the programs. Individuals with specific saving expectations are more likely to save more than individuals with no saving expectations.

Based on the institutional theory of saving, IDAs were developed as a policy initiative that could help provide poor people with the opportunity and structured mechanisms to save money (Sherraden, 1990, 1991).

## Data

The American Dream Demonstration (ADD) was designed to test the IDA saving model. ADD involved 14 programs at 13 sites around the country selected from 250 interested community-based organizations through a competitive process to design, implement, and run IDA programs (see Table 1).

The study followed over 2,000 low-income (200 percent of poverty or less) participants across the United States for four years (1997-2001). All participants were tracked through a data management program called Management Information System for Individual Development Accounts (MIS IDA). Program staff collected monitoring data with MIS IDA, which incorporated a quality control component. Savings data came from monthly passbook savings account records from depository institutions. The socio-economic and demographic information used in this study was gathered at time of enrollment.

Table 1. Host organizations in ADD

Host Organization and Location	Type of Organization	Targeted Participants for IDAs
ADVOCAP Fond du Lac, WI	Community action agency	Former AFDC/TANF recipients; the working poor
Alternatives Federal Credit Union Ithaca, NY	Community development credit union	Single parents; youth
Bay Area IDA Collaborative (formerly EBALDC) Oakland, CA	Collaborative of 13 community-based organizations	Low-income Asian Americans; African Americans; Hispanics
Capital Area Asset Building Corporation (CAAB) Washington, D.C.	Collaborative of 8 community-based organizations	TANF recipients; youth; African Americans; Hispanics; Asian Americans
Foundation Communities (formerly Central Texas Mutual Housing) Austin, TX	Not-for-profit housing organization	Rental property residents; youth
Central Vermont Community Action Council (CVCAC) Barre, VT	Community action agency and community development corporation	TANF recipients; youth
Community Action Project of Tulsa County (CAPTC) Tulsa, OK	Community-based anti-poverty organization	Small-scale: Working families with children at or below 200% of poverty. Large-scale: at or below 150% of poverty.
Heart of America Family Services Kansas City, MO	Community-based family-services agency	Hispanics; African Americans
Mercy Corps (formerly Human Solutions) Portland, OR	Social-service organization	Rental property residents
MACED/Owsley County Action Team Berea, KY	Association of community development organizations	Rental property residents; the working poor
Near Eastside IDA Program Indianapolis, IN	Social-service organization/Community development credit union	Neighborhood residents; youth
Shorebank Corporation Chicago, IL	Community development bank with not-for-profit affiliate	Rental property residents; Shorebank customers
Women's Self-Employment Project (WSEP) Chicago, IL	Microenterprise development organization	Low-income, self-employed women; public-housing residents



ADD used an extensive multi-method research design to gather as much information as possible concerning the effectiveness of the programs in terms of the communities, participants and administration in order to inform IDA policy and program development outside of ADD (Sherraden et al., 2000). This study uses two specific data sets out of ADD: (1) data gathered from MIS IDA (described above) and (2) a survey conducted on the 14 ADD programs. The survey was administered using a combination of both face-to-face and telephone interviews with personnel from ADD programs. The interview questions were based on the institutional constructs suggested in Sherraden (1991) and Beverly and Sherraden's (1999) institutional theory of saving. The program survey data were merged with the ADD participant data. The total participant sample size for this study is 2,211.

*Dependent Variable: Saving Performance*

This study uses *average monthly net deposit (AMND)*, as the measure of saving performance. This measure is consistent with measures used in prior research on ADD (see Sherraden et al., 2000; Schreiner et al., 2001; Schreiner, Clancy & Sherraden, 2002; Ssewamala & Sherraden, 2004).

AMND measures the specific dollar amount of a participant's average monthly deposit. It is net deposit divided by the number of participation months, thus controlling for length of participation in an IDA program. Higher AMND implies higher savings.

$$\text{AMND} = \frac{\text{Deposit} + \text{Interest} - \text{Unmatched withdrawals} - \text{Unmatchable deposits}}{\text{Total number of months of participation}}$$

The variable *net deposit*, used to calculate AMND, is defined as deposits plus earned interest minus unmatched withdrawals (withdrawals that do not qualify for matching funds). Net deposit includes matched withdrawals, but excludes unmatchable deposits in excess of the match cap (ceiling on the matchable deposits within a specified time period) or after the time cap period (limit on the time frame for which participants are allowed to deposit matchable funds). Deposits over the match

cap and after the time cap are excluded because, although the extra deposited amounts are considered savings, they are not considered IDA savings. Given that participants may have other types of savings that are not included in the saving measure for this study, adding in the extra deposits over and above the match cap and after the time cap might bias the results. The average AMND for this study population is \$18.44.

#### *Independent Variables: Individual Participant Characteristics*

Individual participant demographic and financial characteristics are used as controls in this analysis. They include age, gender, dependency ratio (calculated by dividing the household size by the number of adults in the household), race/ethnicity, education level, employment, marital status, rural residency, car ownership, home ownership, business ownership, ownership of checking or savings account, income-to-poverty ratio (calculated by multiplying monthly household income by 12 and then dividing it by the official family-size-adjusted poverty guideline), income, net worth (calculated by subtracting total liabilities from total assets), and never having been on TANF (public assistance use) (see Table 2 for details). As mentioned earlier, all of these variables are measured at the time of enrollment.

#### *Independent Variables: Institutional Characteristics*

*Access* is a continuous variable indicating the number of deposit locations available to participants. Hypothesis: the greater the number of deposit locations, the greater the saving performance.

*Information* is measured by: (1) Financial education, a continuous variable indicating hours of financial education taken by each participant. A multi-joint spline<sup>1</sup> is used creating 3 different segments: 1-6 hours, 7-12 hours, and 13 or more hours. In addition, a dummy variable was created for people with no hours of financial education. It is important to note that although financial education was a required component for all sites, the amount taken varied between programs because each program designed its own curriculum. Hypothesis: The greater the number of financial education hours attended, the greater the saving performance; (2) Peer mentoring is a dichotomous

Table 2. ADD participant characteristics

Characteristics
<i>Demographics</i>
Gender
Female=80% Male=20%
Age Mean=36, St. Dev.=10
13-19=4% 20s=26% 30s=36% 40s=25% 50s=7% 60-72=2%
Race/Ethnicity
African American=44% Asian-American or Pacific Islander=2%
Caucasian=40% Hispanic=9% Native American=3% Other=3%
Marital Status
Never Married=47% Married=22%
Divorced or Separated=28% Widowed=2%
Education
< High School Diploma=15% High School Diploma or GED=25%
Attended Some College=37% College Degree=23%
Employment
Employed Full-time=58% Employed Part-time=24%
Student=8% Unemployed=10%
Family
Family Type
One Adult w/Children=45% One Adult/No Children=15%
≥ 2 Adults w/Children=30% ≥ 2 Adults/No Children=9%
Dependency Ratio Mean=2.3, St. Dev.=1.24
Rural Residency=14%
Financial
Car Ownership=67% Home Ownership=17%
Business Ownership=11% Either Checking or Savings Account=77%
Never Used TANF=61%
Monthly Income Mean=\$1,364, St. Dev.=7.01
Income to Poverty Ratio Mean=105, St. Dev.=.68
0-49=20% 50-74=13% 75-99=16% 100-124=14% 125-149=12%
150-174=9% 175-199=6% 200-327=8%
Net Worth Mean=\$3,136, St. Dev.=194
N=2,211

variable indicating whether a program offered group mentoring programs to IDA participants in addition to financial education. Hypothesis: the more peer modeling and information sharing, the greater the saving performance.

*Incentives* are measured by match rates, ranging from 1:1 to 6:1. For example, a match rate of 2:1 indicates that for every dollar a participant saved, it was matched with two dollars from the IDA program. For the purpose of this study, dummy variables are created to examine the influence of each level of match rate. The variables are 1:1, 2:1, 3:1+. Hypothesis: the higher the match rate, the greater the saving performance.

*Facilitation* is measured by direct deposit, a dichotomous variable. Hypothesis: the more automatic the system (such as automatic deposit), the greater the saving performance.

Table 3. ADD institutional characteristics

Institutional Characteristics	Percentage
<i>Access</i>	
Number of deposit locations Mean=17, St. Dev.=21.56	
<i>Information</i>	
Peer mentoring groups	34%
Hours of financial education attended Mean=10, St. Dev.=7.57	
0 education hours	9%
1-6 education hours	15%
7-12 education hours	50%
13 or more education hours	24%
<i>Incentives</i>	
Match rate Mean=2, St. Dev.=.91	
1:1	27%
2:1	51%
3:1 and higher	21%
<i>Facilitation</i>	
Program offered direct deposit	80%
<i>Expectations</i>	
Monthly savings target Mean=\$42.14, St. Dev.=20.47	
N	2,211

*Expectations* are measured by monthly savings target, a continuous variable that represents the ratio of total match cap

to the time cap. Hypothesis: the higher the monthly savings target, the greater the saving performance. For details on institutional variables, see Table 3.

## Method

To address the research question guiding this paper, a hierarchical multivariate analysis is utilized. This analysis procedure examines the incremental changes of  $R^2$ , the percentage of variance in the dependent variable, in this case AMND, in a regression model due to the addition of individual variables or blocks of variables introduced in a specified hierarchy at certain points in the regression (Cohen & Cohen, 1983). Specifically, the measure of saving performance, AMND, is regressed on three blocks of independent variables. The first block (Model 1) consists of the individual participant characteristics and is entered into the model to determine the variance explained in AMND without the institutional variables added. The measurable institutional variables block is introduced in the second model (Model 2) to determine the individual influence of each of the institutional characteristics on saving performance as well as their unique contribution as a block to the incremental changes in the variance explained in AMND when controlling for participant characteristics. In the third block (Model 3), program dummies, which are unmeasured institutional characteristics, are entered to determine their unique contribution to variance explained in AMND. The specified hierarchy of this regression model is guided by the theoretical framework of this study.

## Results

### *Multivariate Analysis: Individual Participant Characteristics and AMND*

Gender, age, marital status, and dependency ratio are not significantly associated with saving performance (AMND) as well as never having been on TANF, business ownership, income and net worth (see Table 4 for complete regression results).

Three categories of *race/ethnicity* have a significant association with saving performance. Compared with Caucasians,

Table 4. Hierarchical regression analysis: Individual characteristics and Average Monthly Net Deposit (AMND)

Independent Variables	Model 1	
	b	se
Intercept	12.35**	3.80
Participant Characteristics: Demographics		
Female	-1.20	1.23
Age	1.54	0.50
Race/Ethnicity Caucasian (reference group)		
African American	-7.13**	1.12
Hispanic	2.78	1.76
Asian-American or Pacific Islander	14.57**	3.24
Native American	-6.82*	2.78
Other Ethnicity	2.93	2.76
Education Completed a Degree (reference group)		
No High School Diploma	-7.28**	1.62
High School Diploma or GED	-6.86**	1.35
Attended Some College	-5.13**	1.22
Employment Unemployed (reference group)		
Employed Full-time	1.36	1.61
Employed Part-time	2.87	1.70
Student	5.03*	2.15
Marital Married (reference group)		
Single - Never Married	-1.27	1.32
Divorced, Separated, or Widowed	0.02	1.39
Dependency Ratio	-0.49	0.42
Rural Residency	-4.16**	1.41
Participant Characteristics: Financial		
Asset Ownership		
Car	3.61**	1.07
Home	6.30**	1.46
Business	1.90	1.48
Checking or Savings Account	6.24**	1.16
Never on TANF	-0.12	1.02
Monthly Income	0.14	0.07
Net Worth	-2.08	1.39

\*p≤ .05 \*\*p≤ .01

b = unstandardized coefficient, se = standard error

Table 5. Hierarchical regression analysis: Individual and institutional characteristics and Average Monthly Net Deposit (AMND)

Independent Variables	Model 2	
	b	se
Intercept	-10.62*	5.00
Participant Characteristics: Demographics		
Female	-1.09	1.16
Age	0.08	1.15
Race/Ethnicity Caucasian (reference group)		
African American	-3.33**	1.12
Hispanic	4.51	1.68
Asian-American or Pacific Islander	14.08**	3.03
Native American	-6.78*	2.59
Other Ethnicity	5.08	2.59
Education Completed a Degree (reference group)		
No High School Diploma	-4.45**	1.52
High School Diploma or GED	-4.65**	1.27
Attended Some College	-4.00**	1.14
Employment Unemployed (reference group)		
Employed Full-time	-0.78	1.54
Employed Part-time	0.78	1.60
Student	5.99*	2.01
Marital Married (reference group)		
Single - Never Married	-0.86	1.24
Divorced, Separated, or Widowed	0.30	1.30
Dependency Ratio	-0.66	0.39
Rural Residency	-5.11**	1.43
Participant Characteristics: Financial		
Asset Ownership		
Car	2.27*	1.01
Home	7.22**	1.41
Business	0.79	1.41
Checking or Savings Account	3.40**	1.10
Never on TANF	0.44	.96
Monthly Income	0.14	0.07
Net Worth	0.00	0.00

\*p ≤ .05 \*\*p ≤ .01

b = unstandardized coefficient, se = standard error



Table 5. Hierarchical regression analysis: Individual and institutional characteristics and Average Monthly Net Deposit (AMND), [continued from previous page]

Independent Variables	Model 2	
	b	se
Institutional Characteristics		
Number of deposit locations (access)	0.03	0.03
Peer mentoring groups (information)	8.19**	1.16
Financial education (information)		
0 education hours	-0.15	3.28
1-6 education hours	1.23*	0.56
7-12 education hours	1.76**	0.26
13 or more education hours	0.01	0.09
Match rate (incentives) 1:1 (reference group)		
2:1	-1.67	1.18
3:1 and higher	-2.06	1.63
Direct deposit (facilitation)	0.64	1.40
Monthly savings target (expectations)	0.25**	0.03
R <sup>2</sup>		0.28
N		2,211

\* $p \leq .05$  \*\* $p \leq .01$

b = unstandardized coefficient, se = standard error

AMND is \$3.33 lower for African Americans ( $b = -3.33$ ,  $p \leq 0.01$ ) and \$6.78 lower for Native Americans ( $b = -6.78$ ,  $p \leq 0.05$ ); whereas AMND for Asians is \$14.08 higher ( $b = 14.08$ ,  $p \leq 0.01$ ).

*Education* is significantly related to saving performance. Compared to those participants who have a college degree (2-year, 4-year, or unspecified), all other categories are linked with a statistically significant lower AMND. For example, participants without a high school diploma save \$4.45 less than participants with a college degree ( $b = -4.45$ ,  $p \leq 0.01$ ), participants with a high school diploma or GED save \$4.65 less than participants with a college degree ( $b = -4.65$ ,  $p \leq 0.01$ ), and participants with some college save \$4.00 less than participants with a college degree ( $b = -4.00$ ,  $p \leq 0.01$ ).

For *employment*, students are linked with a \$5.99 increase in AMND compared to participants who are unemployed

( $b = 5.99$ ,  $p \leq 0.05$ ). There are no significant differences on saving performance between unemployed participants (the reference group) and those employed full time, or those employed part-time.

*Rural residency* has a significant relationship with saving performance. AMND is \$5.11 less for participants residing in rural areas compared to participants living in urban areas ( $b = -5.11$ ,  $p \leq 0.01$ ).

*Car ownership* is significantly linked to saving performance. Compared to participants who are not car owners, car owners have a \$2.27 higher AMND ( $b = 2.27$ ,  $p \leq 0.05$ ).

*Home ownership* is associated with higher saving performance. Homeowners show a \$7.22 higher AMND than participants who do not own their own homes ( $b = 7.22$ ,  $p \leq 0.01$ ).

Having either a *checking or savings account* or both is significantly related to saving performance. Participants with either a checking account, savings account or both are associated with over \$3 higher in AMND ( $b = 3.40$ ,  $p \leq 0.01$ ) than participants who had neither account.

#### *Multivariate Analysis: Institutional Characteristics and AMND*

The institutional characteristics access, incentives and facilitation were not significantly related to savings outcomes in this study. Table 5 presents the detailed regression results for the institutional characteristics.

The findings support both hypotheses related to *information*: (1) the more peer modeling and information sharing, the greater the saving performance; and (2) the greater the number of financial education hours attended, the greater the saving performance. Specifically, participants who are in programs that offer peer mentoring groups, AMND is \$8.19 higher than for participants in programs that do not have peer mentoring groups ( $b = 8.19$ ,  $p \leq 0.01$ ). These findings are consistent with Ssewamala and Sherraden (2004) and with the survey of rural IDA programs (Grinstein-Weiss & Curley, 2003).

Moreover, the amount of financial education hours attended by participants is significantly associated with saving performance in two categories. Having attended between 1 and 6 hours of financial education and having attended between 7 and 12 hours of financial education is significantly associated

with AMND. Specifically, for each additional hour attended between 1 and 6, AMND increases by \$1.23 ( $b = 1.23, p \leq 0.05$ ). For each additional hour between 7 and 12, AMND increases by \$1.76 ( $b = 1.76, p \leq 0.01$ ). On the other hand, having 13 or more hours of financial education is not significantly linked to saving performance. These findings support earlier research on financial education in ADD (Schreiner et al., 2001; Schreiner, Clancy, & Sherraden, 2002; Ssewamala & Sherraden, 2004).

The findings also support the hypothesis that the higher the monthly savings target (expectation), the greater the saving performance. Specifically, for every additional \$1 in monthly savings target, AMND increases by \$0.25 ( $b = 0.25, p \leq 0.01$ ).

Table 6. Hierarchical regression results: Influence of institutional characteristics on Average Monthly Net Deposit (AMND)

Model	R <sup>2</sup>	Adjusted R <sup>2</sup>	R <sup>2</sup> Δ
Model 1: <i>Individual characteristics</i> Gender, age, race, education, employment, marital status, dependency ratio, residency, asset ownership, banking experience, TANF use, monthly income, net worth	0.16	0.15	
Model 2: <i>Individual characteristics + institutional characteristics</i> Number of deposit locations, peer mentoring groups, financial education attended, match rate, direct deposit offered, monthly savings target	0.28	0.27	0.12**
Model 3: <i>Individual characteristics + institutional characteristics + program dummies</i> ADVOCAP, Alternative Federal Credit Union, Bay Area IDA Collaborative, Central Vermont Community Action Council, Community Action Project of Tulsa, OK, Foundation Communities, Heart of America Family Services, Mercy Corps, MACED, Near Eastside IDA Program, Shorebank Corporation, Women's Self-Employment Project	0.31	0.29	0.03**
N		2,211	

\*\* $p \leq .01$

*Estimated "Block" Contributions to the Explained Variance in AMND*

As indicated in Table 6, when only the block of participant

characteristics are entered into the first model (Model 1), the variance explained in AMND is 16 percent ( $R^2=0.16$ ). After the institutional characteristic block is introduced (Model 2), the variance explained increases to 28 percent ( $R^2=0.28$ ), indicating a change in  $R^2$  of 0.12 or 12 percent. The change is statistically significant ( $p \leq 0.01$ ). Furthermore, when program dummies (unmeasured program characteristics) are added,  $R^2$  significantly increases by another 3 percent. This change is also statistically significant ( $p \leq 0.01$ ). The total variance explained by all three blocks of independent variables in Model 3 is 31 percent ( $R^2=0.31$ ).

### Limitations

Institutional designs of the IDA programs were not randomly assigned which meant that programs could select their own design plan, based in part on how they perceived participants' behavior. Also, participants were not randomly chosen to participate. Most of the IDA programs targeted certain populations; therefore, the results do not reflect the overall low-income population. Sherraden, et al., (2000) used data from the ninth wave of the 1993 Survey of Income and Program Participation (SIPP) from the United States Census Bureau to compare the ADD population to the general low-income population in the U.S. Compared to the U.S. population ADD participants are more likely to be single, female, employed, and African American as well as more educated.

In addition, a lack of control or comparison group for this data set limits confidence in the results. One of the possible problems is endogeneity bias. For example in this study, monthly savings target (independent variable) is a predictor of AMND (dependent variable); when savings targets increase AMND increase too. However, some of the programs might have assumed certain participants could save more so they gave them higher targets (Sherraden et al., 2000). Thus, participants who save more would have higher targets, while participants who save less would have lower targets, but the relationship would be misleading (Schreiner et al., 2001). Other variables may also be affected by this bias.

## Discussion

Several individual participant characteristics are related to savings performance. African Americans and Native Americans show significantly lower AMNDs compared to their Caucasian counterparts. This finding may partly be a reflection of the institutional discrimination based on race or other differences. In any case, although some racial groups are saving less than others, the main idea here is that all racial groups are saving and would even probably do better given more institutional opportunities. Thus, enforcing inclusive policies like the community reinvestment act (12 U.S.C. 2901, implemented by regulations 12 CFR parts 25; 228; 345, and 563e) may be helpful in ensuring that racial minorities have more access to institutional forms of saving and asset accumulation.

Education is also important in savings performance. The higher the participant's education level, the higher the AMND. This relationship may exist because either more education increases financial sophistication or that increased education as a form of human capital demonstrates future orientation. In the employment category, students have a higher AMND compared to those participants who are unemployed. One explanation for this occurrence could be that students may use part of their grant money or student loans to deposit into their IDAs in lump sums. There may also be some unobserved characteristics related to students that predispose them more to saving than other groups of people. For example, students may be more focused toward the future and more savvy about saving.

Rural residents have a significantly lower AMND than urban residents. Grinstein-Weiss and Curley (2003) report two main challenges that may influence saving outcomes in rural areas. First, the lack of infrastructure in many rural areas leaves participants with fewer resources and options to maintain and manage their IDA accounts compared to urban participants. Second, distance is an issue. For participants who live outside of town, attending financial education classes is sometimes a problem because they either lack transportation or do not have enough time to get from work to class. Moreover, the transaction costs involved in depositing may be higher for rural participants.

Finally, the findings in this study indicate that owning certain forms of assets (homes, cars, and checking and/or savings accounts) may be predictive of saving performance in IDAs. As Sherraden (1991) observes, owning assets may "create a cognitive and emotional orientation towards the future and stimulate the development of other assets" (p. 181). Under these assumptions, the initial possession of assets helps provide a foundation that may encourage greater asset accumulation in the future. It may also be that ownership of other assets is a proxy for successful financial functioning that is long-standing.

Even more important, however, results indicate that institutions do have an effect on the savings performance of low-income households, particularly through information and expectations. An additional hour of financial education between 7 and 12 hours is linked with a \$1.76 increase. For example, attending 9 hours of financial education is linked with a \$3.52 increase in AMND. This is a fairly large effect considering the average AMND for this data set is \$18.44. Again, the increase in AMND for those participants in programs with peer mentoring groups (\$8.19) is a substantial increase. The significant relationship with financial education and peer mentoring groups is an indication that providing financial information, peer encouragement, support, and sharing the challenges and experiences of the saving process with other participants may be useful. Thus, programs should design programs accordingly. For example, to maximize the benefits for participants and minimize their own costs, programs could provide a combination of formal financial education up to approximately 12 hours and establish peer mentoring programs. With this alternative, participants could receive factual financial information from the classes and emotional support and encouragement from the peer mentoring programs. Providing more assistance and knowledge about options and returns on investments might also increase contribution rates with higher matches.

The positive association of the monthly savings target with AMND is a large effect. For every \$1 increase in the monthly target, AMND increases by \$0.25. If the monthly saving target is increased by \$10, AMND increases by \$2.50. These results support institutional theory which suggest that higher match

caps may be associated with higher saving performance because participants mentally convert match caps into goals (Schreiner et al., 2001). Using this knowledge, program administrators may want to emphasize specific objectives and guidelines. Policymakers and program administrators should concentrate on the right mixture of conventions to help shape and support participants saving, not mandate it.

The hierarchical regression reveals that institutions make a measurable and significant contribution in explaining the variance in  $R^2$ . The 12 percent increase between Model 1 and Model 2 supports the institutional theory of saving that suggests when institutional mechanisms are offered to low-income households, savings increase. This finding is corroborated by the significant outcomes of the individual information and expectation construct measures. Furthermore, the increase in variance explained in the 3<sup>rd</sup> model provides evidence that unobserved program variables are related to saving outcomes, which are most likely aspects of the IDA programs. These variables might include strong leadership, staff commitment, staff skill, and other factors.

Although the explained variance is only 16 percent for institutional effects, these results provide evidence that institutions play a role in low-income saving. The results are important because institutional arrangements can be affected by policy, however, more research needs to be conducted to better specify the institutional model and to identify both the appropriate mix and the unobserved institutional characteristics that might affect saving and have yet to be measured.

## Conclusion

Evidence from ADD indicates that the poor can save. Sufficient evidence exists to support the creation of institutional mechanisms to encourage the poor to save. Results from this study can help policymakers understand the role of institutions, and create more successful programs to promote saving and asset accumulation among populations that generally do not have access to institutionalized saving mechanisms.



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### Endnotes

1. A spline takes one variable and divides it into separate parts with the sum of all the new segments equaling the total number in the original variable. In the case of financial education, if a person has had 11 hours of financial education, the 1-6 spline would show 6 hours of financial education, the 7-12 spline would show 5 hours and the 13-18 spline and 19 or more spline would show 0 hours of financial education. Furthermore, the sum of the means of each spline equal the mean of the original variable.

# Rescuing Children and Punishing Poor Families: Housing Related Decisions

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*Child welfare policy is not self implementing; an understanding of child welfare policy must therefore include the decision making practices by those whom Michael Lipsky (1980) has called "street-level bureaucrats." This article reports data from a qualitative study exploring perceptions of child welfare professionals about housing-related child welfare decisions. Interviews were conducted with a purposive sample of 18 child welfare lawyers, judges, and masters level social workers from a large city in the mid-Atlantic U.S. All agreed that there is insufficient affordable adequate housing. They held conflicting views, however, on: 1) the standard for adequate housing in the absence of a clear legal definition; 2) who should be held responsible for housing that is deemed inadequate; and 3) the consequences of housing conditions for supervised children and their families. Rationales for decision-making stem from contested understandings of responsibility and the role of the state as protector of vulnerable children. These, in turn, appear to be influenced by a combination of individual factors, including personal values, ideology and life experiences; a response in the face of limited resources and conflicting mandates common to street-level bureaucracy; and professional and institutional mandates that are perceived to proscribe behaviors and activities.*

*Key words: adequate housing, poor families, child welfare, housing conditions, institutional mandates, child welfare professionals*

Adequate housing has long been recognized as an important factor in child well-being (Zuravin, 1989; Freisthler,

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Merritt, & LaScala, 2006). With a decreasing stock of affordable housing across the country, families living in poverty are more likely to be homeless or have inadequate housing (U.S. Department of Housing and Urban Development, 2007), just as poor families are more likely to be child welfare involved (Sedlak & Broadhurst, 1996). Eamon and Kopels (2004) reviewed court cases that challenged child welfare agency policies concerning placement of children based on a claim that the child welfare agencies acted improperly "for reasons of poverty." All but one of these cases involved housing.

In their examination of housing in child welfare cases in Milwaukee, Courtney, McMurtry, and Zinn (2004) found a mismatch between "parents' expressed needs for housing assistance and case managers' perceptions and actions" (p. 417). There is no clear standard for determining risk to the health or safety of children related to housing problems. Thus, there are few guidelines that child welfare professionals (CWPs) can rely on to make decisions. This increases both the discretion of CWPs and the responsibility they bear.

This article is based on interviews with 18 CWPs that explored their perceptions of the role of housing in child welfare cases. The author expected to find agreement in this area, and the study was designed to elicit descriptive analysis so as to create a typology of housing problems that would better inform individual and policy-level decisions for child-welfare involved families (Shdaimah, 2009). However, all the CWPs interviewed told me that disagreements often occur with colleagues in their own agencies and other CWPs regarding when the adequacy of the physical home environment constitutes a safety risk. This was true even when they were looking at the same house. While CWPs may agree on the existence of risk in theory or in extreme cases, they often disagree about when specific housing conditions pose a risk to specific children. Even when there is agreement that a problem constitutes a threat to child safety, it is not always clear what should be done about it and who bears the responsibility for remediation. Inconsistencies are particularly apparent when CWPs disagree about whether or not children should be removed from a home that is deemed inadequate or, when children are removed from the home, what housing is appropriate for the return of those children.

It is important to note that adequate housing includes both the necessity of a home (which can be a shelter) and the condition that such a home is safe. Requirements for CPS-involved families always include both components. This means that not any home will do. The home must have the appropriate number of rooms, proper electrical hook-ups, safe banisters, heating in the winter, and anything else deemed necessary for the appropriate care and safety of the children involved. Therefore, any mention of housing must be read to refer to *adequate* housing.

After a discussion of research methods, differences of opinion among CWP's in assessing housing adequacy and the implications for child protective service-involved families are explored. The first difference is definitional: what constitutes (un)safe or (in)adequate housing? The second is a philosophical difference that involves determining who is responsible for housing that has been identified as inadequate and who should remedy it. Unless housing is specifically designated as inadequate, the more indeterminate terms "housing problem" and "housing issue" are used to reflect disagreements about when these problems rise to the level of "inadequate."

## Methods

This article is based on data from intensive interviews with 18 CWP's in what is called "Northeast City," located in the U.S. Mid-Atlantic region. The study was designed to examine CWP's' perceptions of the relationship between housing problems and child welfare involvement. Northeast City's housing context is typical of other de-industrialized urban areas throughout the United States. It has high rates of vacant and unsafe houses, rents that are out of range for the overwhelming majority of CPS-involved families, and gentrification trends that make adequate and safe housing even less available for those families (for a more detailed description of Northeast City and its housing market, see Shdaimah, 2009).

### *Participants*

Recruitment was initiated through contact with CWP's identified as interested in housing issues through discussions

with key informants (Johnson, 1990) from the public interest bar, child welfare workers, and housing advocacy groups in Northeast City. Additional participants were located through snowball sampling, a technique that is particularly appropriate when participants may be hesitant to speak with researchers (Heckathorn, 1997).

Child welfare cases involve a number of parties, including (at minimum) the child, the parent(s), the child's legal guardian, and the state. Participants were CWP's representing or working for each of these constituencies. The interviews also solicited input from individuals acting in different professional roles. Specifically interviewed were: (1) Two attorneys and one social worker from Legal Defense Association (LDA), which represents children involved in child welfare cases; (2) Five attorneys and one social worker from Northeast Legal Services (NELS), the only non-profit legal services provider representing parents in Northeast City; (3) Two private attorneys who take child welfare cases as appointed counsel, both of whom chiefly represent children; (4) Four masters-level social workers from Northeast City's child protective service (CPS) agency units providing services related to domestic violence, early response, housing, and families with children in out-of-home placements with a goal of reunification; (5) One lawyer at Northeast City's legal counsel who represents CPS; and (6) Three judges, two of whom work in Northeast City's family court. The third judge had recently left family court to serve elsewhere in Northeast City.

### *Data Collection*

Interviews were used to obtain participants' perceptions of the role that housing plays in their cases. All interviews lasted approximately two hours and used an interview guide with open-ended questions (Lofland & Lofland, 1995). Interviews were organized to explore themes, including when and how housing problems arise, types of housing problems, and participants' recommendations for how other CWP's and policymakers should handle housing difficulties. The interview guide was a starting point for interviews rather than a rigid schedule. Participants influenced the order of questions and raised topics of interest to them. Interviews were conducted

until saturation was reached at 18 participants—that is, when interviews failed to elicit new themes and perspectives.

All interviews took place in offices, chambers, or conference rooms at participants' workplaces, with the exception of one interview with an attorney in private practice that took place, at her request, at a busy coffee shop close to family court buildings. This attorney assured the author that she could speak candidly and sat in a booth removed from other patrons, none of whom she knew. The study was approved by the University of Maryland's Institutional Review Board.

### *Data Analysis*

Interviews were audiotaped and transcribed verbatim. All participants and any other people or agencies referred to were given pseudonyms to protect confidentiality. The first two interviews were read by the author and two research assistants. Independently, each reader developed a list of codes that emerged from the interviews using an open-coding technique (Padgett, 1998). Codes were derived from sensitizing concepts (Beeman, 1995) identified prior to the research and emergent concepts derived from the data (Glaser & Strauss, 1967). Codes were both descriptive (e.g. lawyer, electrical wiring) and analytical (e.g. stigma, empathy). Readers compared and discussed their separate coding lists and merged them into one coding scheme that was applied to all subsequent interviews. Once the comprehensive coding scheme was developed, N-VIVO 7 software was employed to better manage the large quantity of data (Kelle & Lauries, 1995) and ensure a systematic approach to the coding of each interview (Lee & Fielding, 1995). Individual codes were grouped into categories of related codes (Miles & Huberman, 1994).

### *Findings*

This section reports how CWPs in this study identified and made decisions about housing problems in cases of alleged child maltreatment. First, CWPs' different assessments of housing problems are reported. Then CWPs attribution of responsibility for housing problems and the way in which that influences their interpretation of whether a given housing



problem poses a risk to the safety of the child are discussed. Finally, a discussion of where CWP's place responsibility for remediating housing problems is undertaken.

*Perceptions of What Constitutes Child Abuse or Child Neglect*

Poverty is not, in and of itself, a justification to separate children and families (Eamon & Kopels, 2004). A party to a child welfare petition must show the court that there is a risk to the health and safety of the child. When housing is at issue, it is not at all clear (or agreed upon) what constitutes such a risk. In the words of Roland, a CPS worker, "Every child has the right to a safe home. Well, what's a safe home?" Ellen, a NELS lawyer, explains that the legal standard is vague:

All dispositions in dependency court fall under the best interest of the child standard, which is the most subjective thing in the world and has a limited realm of case law that's really defined what that [standard] means in th[e housing] context. So...you can really make any argument you want and there [are]...no cases to look to.

Lack of a legal standard is complicated by lack of understanding of, and agreement upon, the meaning of physical evidence. Even though CPS workers and social workers at LDA are provided with written forms to guide their inspection of homes, housing problems may be difficult to interpret. Charlene shared how she uses LDA's housing form:

I have a Home Evaluation Form and it basically asks questions like: exterior condition of the home, interior condition, what are your concerns, who lives in the home, especially adults...I would write 'bannister is loose,' and then I would say, 'however, children are 16, 17 and no babies or young children live in the home.'

Charlene emphasizes the contextual interpretation of a given problem. A loose bannister in and of itself may or may not pose a safety hazard. This depends on where it is and the age of the children whose safety is potentially at risk. In order to qualify her report, she provides context for the housing

problems she is asked to document.

Judges do not have the same ability to evaluate the context or form a direct impression of housing problems. Judge Aaronson noted the dependence of judges on others' assessments: "a judge, unless [he or she is] shown some pictures as part of evidence, is hardly ever able to see first hand the actual living conditions; all I get is a description." Marion, an LDA attorney, noted that LDA considered providing cameras to its social workers for just this reason:

We were talking about giving all the social workers [at LDA]...disposable cameras and having them come into court and verify the pictures because, you know, one man's castle is another man's dump. So there seems to be some amount of discrepancy on what people think is okay... But I think if we had pictures, 'cause sometimes the judge, and the judge really delves into this...'cause she wants to make sure it's not poverty. She wants to make sure it's reached a safety or a child's inability to kind of function in the house.

Lack of clarity regarding what constitutes (in)adequate housing also means that risk and safety assessments are sensitive to media and political contexts. Just as data collection began, Northeast City's main newspaper publicized the deaths of children under CPS supervision. As in many U.S. cities where media have exposed such cases, this instigated the ouster of key CPS personnel and an investigation. Connor, a lawyer who represents CPS, noted that negative media reports influence how CPS workers assess child safety.

When you've got the [Local Paper] kind of beating up [CPS]...it would be human nature to be affected by that. You read these stories where you or your agency is blamed for children dying; and then it would be absurd to think that that wouldn't affect someone's analysis as to whether or not a child can remain safely in a home, whatever the given factors are.

Ellen, a NELS attorney, corroborated the increase of child welfare cases being brought to court after the media exposé.

The NELS unit that represents parents had seen an:

increased rate of court-involved cases because the reactive response to the media hysteria has been to just file more and more cases before and move more and more children. And so we are seeing just marked, like spiked, increase in court involvement. We're all absolutely like out of our minds right now because we have that many new cases.

Even when the climate is not so sensitive, CPS workers and child advocates feel a heavy responsibility to protect children. Participants complained that CWP's do not have the training to evaluate housing. It would not be surprising, then, that those representing children would be more likely to characterize housing problems as a safety hazard when they are in doubt, while those working with parents would more likely minimize the potential threat of a housing problem and to see the threat of removal as a greater harm.

Indeed, participants noted that institutional roles influence interpretation of housing adequacy. Connor praised child advocates for their work. When asked what they do well, he replied:

They err on the side of protecting that child at any cost. I think their focus is a little less on preserving the biological family relationship and really, really insuring that before a child's sent home or before they agree in court to let a child remain at home, that the child's safe. And I wouldn't—I think it would be arrogant of me to suggest to them, 'lighten up in that regard.'

Matt distinguished the child advocate's role from his role as a CPS worker. According to Matt, CPS has the "dual mission [of] supporting families and protecting kids," whereas the role of the child advocate "is just kind of focused on the kids."

Matt and Connor seem to attribute the tendency to remove or separate children when there is doubt to the adversarial nature of the process and the child advocate's role as a representative of the child. Their description of child advocates, however, reveals a definition of "caution" that is equated with

separation rather than preservation of biological families. In contradiction, Connor and Matt (and many other participants) also believed that out-of-home placement, particularly foster care, is inferior to family preservation (as reported in Shdaimah, 2008); as Matt says, “my perspective is that it’s always better when kids are with parents, period.” “Erring on the side of caution” by emphasizing the gravity of any given housing problem that poses a threat to the child’s physical safety fails to take into account the risk that lies at the *other* side of caution, which is the trauma of separation from parents.

### *Perceptions about Who is Responsible for Housing Problems*

In discussing the state of Northeast City’s housing market, participants disagree when parents should be held responsible for failure to obtain safe housing. Participants claimed that housing played some role in a significant portion of the cases they handled, whether alone or in combination with other problems (Shdaimah, 2009). However, participants disagreed about the level of coping that is appropriate to expect from families.

Dolores, a CPS social worker, noted that CWP’s who blame parents for inadequate housing do not understand the context. Housing, in general, is unaffordable for many.

They can’t afford to pay these rents. The rents, first of all, are now out of, just out of control; so even if you have a mother who, say, is on a welfare-to-work program and she’s finally got to a point where she’s working, but she’s working in unskilled laborish jobs, she’s making, oh my God, minimum wage. So now you expect her to pay full market-value rent, pay for the food and care of her children—that’s buying clothing for all of her children, maybe anywhere from 1 to 9 kids, seriously... You know how much rent she would have to pay? I mean I don’t even know—a 4 bedroom apartment. I can’t afford a 4 bedroom apartment.

As Dolores’ quote reveals in her reference to the number of rooms, not just any housing is considered appropriate by CPS standards. Much of the housing that is affordable for what Northeast City considers “extremely low-income” families is

sub-standard (Shdaimah, 2009). Families may have sufficient means to acquire housing, but, as LDA attorney Marion points out, this does not mean that CPS or LDA will allow children to remain in, or return to, the home.

If you would track it you'd spike that housing becomes more of an issue in December, January, February, probably March, maybe beginning in November [when] there's no heat. Kids have to be placed. You know it gets darn cold and then it becomes an issue of space heaters, we've had fires with those—is the electrical hook-up legal? You know, in many cases not. So what comes under scrutiny is, they have housing, but then is the housing appropriate? And the answer being in the winter months, if there's no heat, no.

Jody is a NELS attorney who represents parents. She believes that even diligent parents can fall on difficult circumstances that make it difficult to find adequate housing:

I have a client who was squatting in a house and they were sleeping on two twin mattresses pushed together, she and her 4 children, and the infant died because his face went between the two mattresses. And she had been basically in a million different places before that and she kept getting evicted because she was working part-time, but she had 4 children and she just was not making enough money. She was robbed at one point then she had the police report to prove it... . And that one thing was enough to really cause a problem with her rent. If she just didn't have, her parents had died of AIDS in Puerto Rico, so...she didn't have anyone to, like, 'Let me borrow \$200' or whatever.

Jody, like Dolores, notes more systemic trends such as housing affordability, crime, and low-wage work that make it difficult for parents who are otherwise competent to obtain safe housing.

Even though she did not blame parents for housing problems, Judge Taylor believed that housing trends in Northeast City adversely affects parenting abilities. It is noteworthy that she indicates that housing has ramifications for everyone:

[T]hey call this [a] steak and caviar market...because there's very limited to no low-income...housing.... Unfortunately [developers] want to develop housing on the high end, for millions of dollars; but you still have a large—very large—population of people that are suffering for lack of housing. And unless that changes, there's gonna be an increase in cases that will come to either family court, criminal court, and even to...domestic relations court, because housing affects all of us to a degree. And if you got a family, it's gonna effect the family in so many different ways.

Judge Aaronson agrees that there is insufficient safe and affordable housing in Northeast City. He believes, however, that most “pure” housing cases do not end up in dependency court.

You may get that in the general welfare set up; but no, that's not what we get in dependency. What we get in dependency is a mother who simply, even if she had the house, could not function. Now sometimes the reason she doesn't have the house is because she's not working, and is addicted, everything else. But you would also have...some situations...[where] there are some issues there—alcoholism or whatever—but [the mother's] been [getting] by, but the house is like falling apart. In other words, it's a neglect situation. She's not really caring for the house, place is dirty, refrigerator is dirty, not enough fo[od]... So it's not so much of the, in my view, of the fact of substandard housing [in] dependency; it does get back the ability of that parent to be responsible in a minimum sense for the child.

According to Judge Aaronson, parents who live in inadequate housing and come to the attention of CPS have trouble functioning more generally, often to a level that constitutes neglect.

While Judge Aaronson seemingly offered this as an observation, participants such as Jody indicated that some CWPs' ascription of parental responsibility is a moral judgment. This philosophical difference is important because if parents are expected to be able to obtain adequate housing, failure to do so

may be viewed as an indicator of neglect or unfit parenting. Those who believe that factors beyond parents' control make it difficult to obtain affordable safe housing find such an interpretation inaccurate and callous.

Charlene, a social worker with LDA, saw any kind of housing instability as an indicator of the parent's inability to properly care for his or (almost always) her children. Charlene implied that living with extended family, or even in a rental property where the parent is one paycheck away from eviction, might lead her to recommend a delay in reunification.

In my experience, it's never just housing. There's always something else that you could use for leverage. Now for th[is] one family where we still have three children in care, it's primarily housing; but I have great concerns about mom's ability to keep things running rather smoothly. And I know that's not easy with four kids; but she doesn't have a good track record with keeping employment. She doesn't have a good track record of being honest with us. She's very—she procrastinates. So there's all—and those are some of the intangibles; but they're a reality. Sometimes the judge doesn't want to hear about it. And that's really why we're gonna start thinking about doing the legal custody options with the other 3 children. They deserve to know, 'Okay, this is where I'm gonna be for a while. And when my mom's able to get something—bigger house or whatever...'

Charlene's assessment dissects what the parent is or is not doing, and what she might be able to do in the future. There is little sense that the housing situation in Northeast City should weigh in as a factor at all. Unlike Jody or Dolores, she lays the responsibility for housing solely at the feet of an already overburdened parent. Nor does she explore, as does Judge Taylor in the previous section, how housing itself might be an underlying cause of some of the other problems that impede this mother's ability to care for her children.

According to Matt, CWPs disagree about the appropriate balance of individual and collective responsibility.

I think there's a large proportion of the United States

that really strongly believes that if you're going to have a baby, that financially you should be able to care for the baby and it's neglect if you can't. And I think that there's another large proportion of our country that really believes, "well if you have a baby, really society should make sure its needs are met and it's not necessarily—there's some things that should just be." I think that even in [CPS] there's probably some people on both sides of that... So that probably drives more of the "Well [parents] should be able to fix these things."

Matt is less interested in attributing responsibility for causes, however, than with finding solutions: "Let's just fix this thing. I think that's the bigger question."

*Perceptions about What Should be Done and by Whom*

Even when CWP's agree about the gravity of the housing situation and its causes, they often disagree about what should be done and who is responsible for doing it. Some feel that parents should remedy housing problems. Others believe that this is the role of CPS. Dan criticized CPS workers who do not "do their job." When asked what he meant, he said:

Almost all CPS workers do the minimum...like fulfilling the statutory obligations according to whatever [CPS] regulations are. By not doing their job I mean not being willing to provide a service to the parent which will actually help them reunify with their children. So not doing their job includes CPS workers who show up and stare at the parent.... That's not; they're not doing their job. I mean that's obvious to me. However, if you look through their books, they can testify that they did their job. So it's really more of a value judgment on my part that they're not doing their job.

Dan and others expect CPS to remedy housing problems because they believe that it is very difficult for parents to find adequate housing. Jody was similarly frustrated with CPS workers who say to a parent who is in crisis and really destitute poverty, "'Okay, here's a checklist of the 10 things you can do to get your child back.' They're not gonna help you do 'em,



but why don't you just go do those things 'cause if you don't we're keeping your children."

Marion, an attorney at LDA, noted that Judge Aaronson expects CWP's to actively assist parents; failure to do so was what she called a "pet peeve."

One case in particular comes to mind, the agency worker came in and said, 'Well, I told mom to call [the local public housing authority],' and [Judge Aaronson]'s response, and I think rightfully so was, 'I could have told her to do that; you can drive her there, you can make sure she goes.'

In Marion's opinion, such expectations can be justified, but she also tries to ascertain what prevents a parent from obtaining appropriate housing.

Well, [a parent] can't buy a newspaper every day, you know; 50 cents or whatever it costs for a newspaper every day if you're trying to find housing is a bit much...Some people don't have a phone...You know, mom could go in and sit down with [an] agency worker and, if nothing else, they could offer mom a phone. 'Here's the phone, call the places, let's identify places that you might be able to go.' What are the things that are stopping mom? If it's just that she's simply lazy, okay, that's another deal; but, if she doesn't have a phone to make the phone calls, bring her in.

Marion understands the difficulties many CPS-involved parents experience and wants to ensure that they have access to the tools they need to follow through. On the other hand, she does not automatically attribute housing inadequacy to poverty or lack of resources.

Whether or not parents were viewed as responsible for housing problems, participants expected CPS to help because they have greater access to resources than do most parents. Gerrie, an LDA lawyer who represents children, like other participants, said that CPS is unreasonably tightfisted with its funds. She said she often argues over the provision of funds or services:

I also think that CPS, without a fight, should step up to the plate more for these finite amount of monies that could fix a case. And we're always pointing this out to them; \$2,000 here stops placement which could cost you \$20,000. It's ridiculous that you fight that. I do not understand the mentality; you are saving money—fix it.

The efforts that CWP's expend to facilitate access or demand services can make or break a parent's chance at reunification. Withholding assistance or resources leaves parents with housing problems that jeopardize reunification and leave children at risk.

Many of the CWP's are sympathetic to the difficulties that parents face in trying to meet their children's needs and the expectations of CPS, LDA, and the court. Dolores, a long-time CPS social worker currently working in a domestic violence unit, sees it as her job to help parents find adequate and safe housing. She discussed her efforts to find temporary housing for a family:

This woman didn't do anything to her children, she had a home, she was chased out of the home because of this abusive relationship, she's petrified of the man; he terrorizes the neighborhood. So now you think I should place her children? To me that's really just penalizing her for being abused. So I'm gonna take her kids away? I don't think so.

Dolores rejects what other workers might interpret as a mandate to separate. She believes that the state has no authority or moral right to remove children when there is no parental fault.

Other CPS workers feel unable to help, despite their empathy for families. Martine chose to work in a housing unit to address what she saw as endemic problems. She recalled her sense of helplessness when, as an intake worker, she "had to" take people's children away:

We would get calls in the dead of winter say[ing] the house doesn't have any gas [or] plumbing. So then my

social workers ha[d] to go out there and had to place children if they didn't have relatives that w[ere] able to take them. And it's sad and it's heart-breaking that families are sometimes separated because people are just poor. It's about poverty.

Participants cited a variety of federal and local mandates that influenced their decisions. The Adoption and Safe Families Act (ASFA) [U.S. Public Law 105-89] timelines required moving for permanency, as Judge Aaronson explained, absent "compelling reasons why termination should not be moved on." Housing slots were limited by Northeast City's Housing Authority policies and federal eligibility criteria. Together these factors work against family preservation. Judge Taylor noted that policies favor placement:

They get 90 cents on the dollar whenever a child is committed. So why would they have a greater concern to make sure that the parent gets adequate housing and they have some place to stay? The reality is that they...really get more money for having a child placed. I mean it might be a little sick and twisted, and I'm not assuming that they do that...but I'm saying from the policy perspective, that's how it's set up.

Judge Taylor noted that laws also force her to order removal:

You have a whole host of families that don't have any [other] issues; they're just basically poor. And so these families really can't get any help from any place else. And of course as a judge you have to remove the kids. And I have had children that have been in placement for a long period of time, a number of years simply because the parents needed adequate housing and couldn't afford it... . So now I have to remove them and put them in a foster home some place. And unfortunately under the law, I can't take the money that the foster home gets and give to the parents; so that's the nature of the system.

Like CPS workers, not all judges perceive legal and agency mandates as similarly binding. Jolene, a lawyer in private practice who prefers to represent children, said that there are judges who fail to remove children in situations where she feels removal is warranted, at least in part because this judge perceives the separation of families as a serious harm:

One of the judges will say it's like for a child, the roach that they know is much better than the roach that they don't know. So sometimes she will leave kids in homes that are just horrendous; so you really have to prove with her that you need to remove a child.

The judge that Jolene describes is balancing the harm of separation against the harm posed by the home environment. CWP's ideas about how housing problems should be resolved are often restricted by their understanding of policy and agency practice. While some CWPs resist such dictates, others feel less able, or are less willing, to do so. The lack of clarity about when a housing problem constitutes a safety hazard and how this should be balanced against other risks makes it even more likely such decisions will be influenced by personal and professional biases.

## Discussion

Although there is general agreement that housing problems are prevalent in child welfare cases, there is no consensus as to which housing problems pose a risk to the health and safety of a child. In an area with little certainty, high stakes, high risks, and competing mandates, there is much leeway for discretion in interpreting housing problems and assigning meaning to them. The discretionary power of CWPs can greatly influence the outcome of child welfare cases, often determining whether families will be provided with resources to address their needs and whether they will be reunited or separated. In this way, CWPs are what Michael Lipsky (1980) has called street-level bureaucrats. Like other street-level bureaucrats, they are constrained by the institutions in which they work and agency mandates, which often include laws and administrative

regulations, even as they enjoy high levels of discretion vis-à-vis the people they serve (Brodkin, 1997; Lipsky, 1980; Tremblay, 1989-90).

It is important to note that the small size of this study limits its generalizability (but see Shadish, 1995). It is likely that the CWP's interviewed for this study were particularly attuned to housing as a problem, as this was an explicit focus of the study. Participants might also have been unusually reflective about their work and empathic to children and families that they serve, due to a bias in self-selection and referral for a study of this kind. Finally, the media climate influenced this study in ways described in the analysis. The heightened scrutiny may have made participants more willing to explore their experiences, beliefs, and practices.

Findings indicate that CWP's' decisions around housing issues center on attribution of responsibility. If CWP's believe that parents are responsible for the threat to safety that inadequate housing might pose, then they attribute fault to parents and interpret it as an unwillingness or inability to parent safely. Thus, it becomes a proxy or forensic indicator (that is, legal evidence) for child neglect or, in more extreme cases, an expression of child abuse. On the other hand, if CWP's believe that societal or economic causes are to blame (rather than parents), they are more likely to refute the interpretation of a housing problem as an indicator of child maltreatment. Instead, they argue for assistance to families to remediate the housing problem in order to allow and/or expedite family reunification. They fight attempts to place or retain children in out-of-home care and terminate parental rights.

The perspectives presented in this study offer a number of possible explanations for CWP's' responsibility-focused approach to housing-related decisions that warrant further investigation. While there was some evidence in the data indicating that personal experiences and values played a role in decision-making, CWP's interviewed here explicitly discussed the impact that attribution of responsibility and professional and institutional mandates had on their decisions.

### *Professional and Institutional Culture*

Professional and institutional roles likely influence CWP's'

attitudes toward housing adequacy. Lawyers and social workers who represent children may be most likely to blame parents for problems, or at least hold them responsible for ameliorating them. They seem most likely to want to separate children from parents in order to distance children from harm. Alternately, those representing parents might be more likely to see housing problems as a lesser harm than separation of children from their parents. While CWP in this study show more variety as a group and more ambivalence as individuals and did not fall neatly into these categories, many of them described others who do. Although participants in this study did not fall neatly into these categories, many of them described others who do. It is not clear, however, whether this is cause or effect. There is evidence from the interviews that the *roles* are self-selected, that is, people with certain attitudes and perspectives choose to represent children and not parents, and vice versa. Institutionalized values and political ideology can influence the discretionary behavior of street-level bureaucrats in ways that are mutually reinforcing (Hasenfeld, Ghose, & Larson, 2004). CWP may be attracted to roles and to organizations with particular organizational cultures that reinforce these attitudes and values.

On a practical level, the tangibility of physical risks make them easier to identify and rely upon (Harrington, Zuravin, DePanfilis, Ting, & Dubowitz, 2002) than intangible harms. Concrete housing problems, therefore, may outweigh the abstract harm of separation from parents. As noted earlier, some child welfare workers also seem to use poverty as evidence of parenting (in)ability. CPS workers and other CWP might be more likely to be suspicious of any failure to provide adequate housing as a predictor of parental inability to safely parent. Indeed, in an analysis of national survey data, Lindsey (1991) found poverty to be the strongest predictor of foster care versus in-home services. If poverty is used as a proxy for parenting, then the question of parental responsibility or fault becomes crucial in interpreting housing inadequacy. The data here indicate, however, that a more important factor is the perception that responsibility for child deaths may be attributed to CPS workers.

*Bureaucratic and Legislative Constraints*

Participants' assessment of their professional roles and the bureaucratic constraints support Otway's (1996) contention that the task of child welfare work has increasingly shifted from a welfare-based role to a forensic role. That is, the role has changed from working with families to seek solutions to one of identifying and assessing risk for the purposes of making legal determinations. This is an area of tension within child protective agencies, particularly for CPS workers who desire to help families but are pressed to consider the ramifications for themselves and their agency for "failing" to carry out the impossible task of always assessing risk accurately.

Legal and institutional mandates also push toward using a responsibility framework for assessing housing adequacy. Under ASFA, CWP's are to pursue both family preservation and alternative permanency goals simultaneously unless the court has reached a decision to terminate parental rights. These goals do not conflict when family preservation is viewed as a component of child safety and well-being. The extent to which CWP's find them compatible depends on their understanding of what constitutes risk to children and how they weigh risks that are incommensurable (faulty wires against separation, for example). Even when the risks and how to weigh them are clear, child protection and family reunification may be incompatible when there are fewer resources available to shore up families than there are to separate them. When two mandates cannot be reconciled, in theory or in practice, one mandate must yield to the other or the situation must be reinterpreted to redefine the situation as one of no conflict (Rokeach, 1973, cited in Mattison, 2000, p. 202). When responsibility for maintaining children in a safe home is seen as an indicator of parental dysfunction or even neglect, this (over)simplifies and eliminates the conflict between mandates in housing cases.

*Attribution of Responsibility as a Coping Mechanism*

Research on the attribution of responsibility in the context of welfare policy indicates that judgments about responsibility for housing may be correlated with perceptions of desert (Appelbaum, 2001). This is also a factor in decision-making in the child welfare (Smith & Donovan, 2003; Jones, 1993)

and family violence (Lindhorst & Padgett, 2005) contexts. Buchbinder, Eisikovitz, and Karnieli-Miller (2004) found that social workers in Israel tended to focus on the decontextualized individual (the "psycho") rather than the social system ("social") despite the social work profession's professed integration of person and environment. This focus was often "justified by objective limitations, such as budgeting problems or by their individual limitations in understanding large-scale change projects" (p. 540; see also Lindhorst & Padgett, 2005).

These studies and the data reported here suggest that attribution of responsibility might be a post-hoc rationalization that helps CWPs cope with the uncertainty of child safety coupled with the serious ramifications that their decisions have for families and children (Haidt, 2001). Once such narratives of rationalization become part of the institution or the agency, they are likely to be self-reinforcing and may even be reified and adopted as risk assessment criteria. CWPs charged with making such decisions have to cope with the power they have over families coupled with the helplessness they feel in the face of perceived limitations. It is easier to cope with housing-related decisions in such a context if CWPs understand the parent's poverty as connected (or unconnected, depending on the direction they advocate) to their ability to parent despite policy directives that poverty alone is not grounds for child removal.

### Conclusion and Policy Implications

CWPs seem differently disposed as to how to interpret a home that is in disrepair, both in terms of safety and in terms of parental functioning. Is this a problem of poverty? Or is it the failure of a parent to find appropriate resources to address the problem, regardless of poverty? Discussion about housing responsibility parallels debates about individual responsibility and the role of the state that take place in other U.S. policy arenas. Indeed, much of the struggle over housing involves delineating responsibility for the existence of housing problems, for resolving them, and deciding the appropriate consequences when they are not resolved.



Policies pay lip service to dual goals of family preservation and child protection; in practice, they favor separation over maintaining biological families (see Pelton, 1997). They do so in large part by providing resources for substitute care while expecting child-welfare involved families to fend for themselves. Even when housing problems are not interpreted as a cause of parental failure, parents are asked to be responsible for remediating them. The acquisition and maintenance of adequate housing may be an impossible burden for many poor families to shoulder, particularly in urban locations with shrinking pools of affordable adequate housing. CWP's who espouse the dual mission, or who may even favor family preservation, are caught between policy pronouncements and bureaucratic realities in a political and social context of heightened scrutiny focused on the individual responsibility of both families and of CWP's.

In her discussion of child welfare in Australia, the United States and England, Tilbury (2005) emphasizes that the main focus of child welfare is on child rescue rather than on family support. These two positions are often juxtaposed. In a field with high risks, meager resources and high stakes outcomes, the discretion of CWP's often determines the outcome of cases. The way that CWP's interpret housing problems either as a form of child abuse or neglect, or a proxy for parental dysfunction that endangers a child, is highly contested. Study participants indicated that a risk-averse context such as the one in Northeast City can result in defensive child welfare practice that "errs" on the side of temporary or permanent child removal rather than in-home services or reunification. Such a balance is also promoted by policies and laws that favor removal over the provision of social and economic supports, including adequate housing.

The dilemmas faced by CWP's reflect societal ambivalence about child welfare. A number of contested values emerge here that warrant clarification, including the tension between saving children from adverse material circumstances and preserving families intact; the level of individual responsibility we expect from families; and the level of support and collective responsibility we expect from the state.

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# A Mixed Methods Analysis of Social Capital of Liberian Refugee Women in Ghana

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*This article reports on a mixed methods study of Liberian refugee women at the Buduburam refugee camp in Ghana. The study examined the role and impact of social capital on the women's well-being. Three types of social capital - bonding, bridging, and linking - were examined. The study's findings revealed that although the women had some bonding social capital, they possessed very little bridging social capital, and linking social capital was non-existent. These findings suggest that the refugee women may benefit from national and international policies and programs that seek to both strengthen existing and create new sources of social capital for refugee women.*

*Key words: Liberian refugee women; women refugees; refugee camp; social capital; bonding, bridging, linking social capital; international social work; refugee policy*

Refugee women are a vulnerable population, and, as such, they are greatly in need of support. As the following first-hand testimonies reveal, the best advocates for refugee women may be the refugee women themselves:

I am speaking as an individual and as a single parent. Here [in] Camp Buduburam, I can't afford rent. I have to live and pay rent. I feel the UN should give me house allowance because, if you look at our cases, most of the women here are either widows, single parents, or some

other things. So women here are facing harder times. (Dede) [All names are pseudonyms.]

The issue here is survival, especially food. [In] the early years when we were here, every now and then they used to bring us food. Now I'm not getting any [food] for me and my children, and we have to rely on friends. I am entitled to food, once I am a refugee and have registered under the UNHCR. (Effie)

I think help should be now, and so we count on you to carry our cries, our concerns to the outside world—America, wherever—so that we here will be remembered and helped to get out of Buduburam. [We want to go] to a place [where] we can build a life for ourselves and our children. (Mona)

Although refugees have existed in all ages, the 20<sup>th</sup> century has been termed the century of the uprooted. This is because over 50 million refugees and displaced persons are currently found in many parts of the world (Drumtra, 2003; Ogata, 2005). By the end of 2005, the total population of concern to the United Nations High Commissioner for Refugees (UNHCR)—including refugees, asylum seekers, internally displaced persons—had reached 20.8 million (UNHCR, 2006). The number of refugees and asylum-seekers recorded by the end of 2005 was 12,000,000 (U.S. Committee for Refugees and Immigrants [USCRI], 2006). The sharp increase in the world's refugee numbers has generated a vigorous debate about the root causes of their flight. Among these causes are violation of human rights and fundamental freedoms; the denial of political, economic, civic, social and cultural rights; and ethnic intolerance. Significantly, many of these forces have affected large scale refugee movements in Africa in particular (Ager, 1999; Myers, 2005).

The purpose of the study presented in this paper was to explore forms of social capital used by Liberian refugee women at the Buduburam refugee camp in Ghana as they responded to the losses and challenges posed by their exile. In addition to financial and physical capital, the current social science literature identifies three other forms of capital—cultural, human

and social (Light, 2004). Cultural capital is defined as cultural knowledge that confers economic and social advantage; human capital refers to the training that increases productivity on the job; and social capital reflects the relationships of trust embedded in social networks (Light, 2004). Each can be understood independently of the other, but they are best understood in their interconnection.

The origin of social capital is traced through the works of Gary Becker, an economist. Becker considers social capital to be a particular type of human capital. According to him, human capital usually looks at a person, her knowledge, or her skills. In contrast, social capital looks at a person's link to other individuals. Social capital is a form of human capital because it is part of a person but it involves linkages among individuals. That is why it is "social." It is capital because it has some durability and its depreciation rate may be endogenous (Becker, 1996).

The literature on social capital reflects a multiplicity of perspectives concerning its definition and important properties. One school of thought emphasizes social networks or social connections that individuals have with one another. A leading proponent of this perspective is sociologist James Coleman, who argues that the complementarity between human and social capital implies an asset of value and, thereby, shares with other forms of capital the fact that it

is productive, making possible the achievement of certain ends that in its absence would not be possible. Like physical capital and human capital, social capital is not completely fundable but may be specific to certain activities... Unlike other forms of capital, social capital inheres in the structures of relationships between actors and among actors. (Coleman 1988, p. 598)

Political scientists also have used the concept of social capital. For Robert Putnam (2000), the focal point of social capital is trust and reciprocity arising from intra-group obligations. Fukuyama (2001) views social capital as depending on the norms and values shared within a community, and the willingness to subordinate individual interests to wider collective concerns. Shared values allow people to trust one another



and trust, in turn, is "the expectation that arises within a community of regular, honest and cooperative behavior..." (p. 26). Woolcock and Narayan (2000) of the World Bank analyzed social capital from the perspective of community development and income generation. By pointing out that social capital comprises the norms and attitudes that enable people to work collectively and is often directed at increasing economic resources, they merged economics and sociology. They used a four-fold model which includes Communitarian, Networks, Institutional, and Synergy perspectives to make distinctions between levels of social capital in society (p. 228-232). This brief literature review suggests the following conceptual definition of social capital: Social relations of mutual benefit characterized by norms of trust and reciprocity (Coleman, 1988; Putnam, 2000; Fukuyama, 2001). In this definition, reciprocity relates to the assumptions underlying the obligations individuals/groups/institutions have to one another.

Social capital is of significant importance to groups like immigrants and refugees because it can contribute to economic survival and success even though they may lack economic resources, such as skills, education, and financial capital (Woolcock & Narayan, 2000; Maimbo, 2003). In view of this, the study examined three forms of social capital—bonding, bridging, and linking—of Camp Buduburam women refugees.

### Review of the Literature

The statistical data collected by major refugee organizations indicate that the problem of human displacement in Africa is widespread, and has become highly complex in nature (Crisp, 2000; Drumtra, 2003; Church World Service, 2006). For instance, according to the 2006 Church World Service report, there were 3,176,100 refugees and asylum seekers in Africa at the end of 2005. The principal sources of refugees in Africa are Sudan—670,900; Congo Kinshasa—450,800; Burundi—438,500; Somalia—328,000; Liberia—219,800; Eritrea—215,300; and Angola—213,500 (Church World Service Report, 2006). Of the 20 top refugee producing countries in the world, nine are in Africa. In West Africa alone, millions of people have been displaced because of civil wars in Liberia, Sierra Leone, Guinea, and the Ivory Coast (Drumtra, 2003).

The majority of existing studies on African refugees have primarily addressed practical questions such as allocation of resources within refugee communities and administration of emergency and rural government policies. Literature on African refugees has been generally limited to Eastern and Central African regions, where refugees have until recently been given a lot of attention by the international community. In contrast, literature on refugee communities in the West African sub region is rare.

The majority of the world's refugee population is women and children (Martin, 1995, 2004). About 51% of refugees in refugee camps worldwide are women (United Nations Economic Commission for Europe [UNECE], 2005). Despite steps taken to improve women's human rights, such as those by the International Women's Decade of 1976-85 and the U.N. World Conference on Women, refugee women's plight remains deplorable. For example, human rights violations against women and girls in all stages of their displacement include sexual exploitation, forced marriage, torture, trafficking, lack of education/jobs, and lack of meaningful participation in decisions affecting their own lives (UNHCR, 2006).

Governments have responded by ratifying international conventions and other legal instruments to protect women's rights. Unfortunately, they have not always been enacted into national law nor enforced (Beyani, 1995). The marginalization of refugee women in Africa is worse than in other places. This is because in Africa women are particularly vulnerable to gender-specific war violence, including rape, assault, and trauma, and beyond these physical abuses, a general powerlessness (Martin, 2004). Furthermore, outside intervention in refugee situations in Africa has invariably focused on material losses, whereas non-material losses, such as social relationships with informal and formal institutions (i.e., social capital) are ignored (Kibreab, 2003, 2004).

Most social capital research focuses on men's networks only, in spite of the fact that women are known to be more reliant on inter-personal ties (Maimbo, 2003). Policy research focused on refugee issues has also ignored gender. These shortcomings in existing scholarship indicate the need for the current study.

The Liberian refugee women in Ghana are among the

survivors of Liberia's 15-year bloody civil war. In 2004, the estimated number of Liberian refugees in the Buduburam camp located in Accra, Ghana's capital, was 52,000, 65% of whom were women and children (N'Tow, 2004). Very little has been published on this population as compared to refugee populations in other parts of Africa. The problems of women refugees in Ghana, as noted by Kreitzer (1997) and Dick (2002), include the women's lack of participation in camp planning and implementation; trauma; dependency; inadequate resources to meet basic needs; limited educational opportunities; and poor health. Positive issues have also been identified, including the women's resilient spirit, freedom of movement, and the fact that the camp offers a lively and democratic environment with an internal democracy run by an elected Liberian Welfare Council (Kreitzer, 1997; Dick, 2002). Given the recent drastic restrictions of refugees into developed countries, the plight of these refugees has become a critical and pressing issue.

The study site was the Liberian refugee camp in Gomoa Buduburam in the Central Region of Ghana, popularly known as Camp Buduburam. The camp was established in 1990 to host Liberian refugees who sought asylum in Ghana during the Liberian civil war. Because refugee statistics are often inexact (USCRI, 2006), the number of refugees at the camp (52,000 in 2004) may be greater than that officially recorded by UNHCR (N'Tow, 2004).

Liberian refugees face a number of obstacles given Ghana's economic conditions. Wage labor is not readily available, even for Ghanaians, and so it is difficult for the refugees to get jobs. To survive, the refugees have turned the camp into an informal business industry, with small shops distributed throughout. The camp is not walled; people move freely in and out. Refugees are allowed complete freedom of movement in Ghana. The population in the camp is considerably stratified, with various standards of living, ranging from abject poverty to comparative comfort. While some cannot provide food; others have created successful informal businesses.

The Buduburam site was selected for the study because it was described by the UNHCR in 2003 as a "hot bed of crime," including armed robberies and assaults (UNHCR, 2003). Consequently, conducting research at Buduburam was a way

to learn about the most intractable problems facing camp refugees in general.

### Methods

Both quantitative and qualitative methods were used. The quantitative section of the study adopted the 27 core questions of the Social Capital Integrated Questionnaire (Grootaert, Narayan, Jones, & Woolcock, 2003). This questionnaire attempts to measure various dimensions of social capital using three metaphors: (1) bonding social capital (ties with people who are similar in terms of their demographic characteristics, such as family members, close friends, neighbors); (2) bridging social capital (ties with people who do not share many of the characteristics above); and (3) linking social capital (ties to people in positions of authority, such as between clients and providers). The study adopted these three forms of social capital and defined them as follows: (1) bonding social capital (relations with immediate family members and close friends in the camp); (2) bridging social capital (relations with the host community of Ghana); and (3) linking social capital (relations with other organizations and people outside Ghana). The qualitative section of the study employed one-on-one interviews, a focus group and photographs of the camp setting.

The study adopted a mixed methods approach (Creswell, 2003) to answer four research questions:

- 1) What are the social capital resources and strategies that the refugee women use in securing and enhancing their livelihood?
- 2) What legal, socio-economic conditions, and collective identity constructs inform the livelihood of the Liberian refugee women?
- 3) What current Ghana government, UNHCR, and Governmental/Non-Governmental Organizations' practices empower versus oppress women in the camp and thus affect their ability and opportunity to develop social capital?
- 4) How can the social capital needs of the Liberian refugee women be better addressed by the Ghana government, the UNHCR, Non-Governmental organizations, and the participants themselves?

This paper concentrates on questions 1 and 4. The study's mixed methods approach included the collection and analysis of quantitative and qualitative data obtained from the refugee women by means of a survey, in-depth individual interviews, and a focus group; the collection and analysis of qualitative data obtained from key informants; and the analysis of photographs taken at Camp Buduburam during the study. This article focuses on results from the survey, interviews, and focus group.

The study's survey sample was made up of 100 participants randomly selected from a list of Liberian refugee women at the Buduburam camp organized according to representative subgroups. This resulted in a representative sample of the overall refugee women population and, at the same time, allowed the researcher to identify special interest subgroups for participation. These subgroups included teenaged, widowed, disabled, single, and elderly women. Eight women, each representing one of these subgroups, were selected to participate in in-depth interviews and the focus group.

Survey data were collected using the Integrated Questionnaire for the Measurement of Social Capital (SC-IQ) [Grootaert et al., 2003]. This questionnaire's six modules reflect different forms of social capital or conditions that promote it: (1) groups and networks; (2) trust and solidarity; (3) collective action and cooperation; (4) information and communication; (5) social cohesion and inclusion; and (6) empowerment and political action. The final module (Empowerment and Political Action) takes a broad view that goes beyond social capital but is related to it because it may lead to its enhancement. Empowerment, in this context, is defined as the ability to make decisions that affect one's everyday activities and may change the course of one's life. Political Action is concrete political activities, such as voting and community organizing, that can lead to empowerment (Grootaert et al., 2003). All 27 core questions contained within these 6 modules were used in the study. They were developed from previous survey work on social capital (Woolcock & Narayan, 2000).

Social capital, being multi-dimensional in nature, is most frequently defined in terms of the groups, networks, norms, and trust that people have available to them for productive

purposes. The survey is designed to capture this multi-dimensionality, exploring the types of groups and networks that poor people can call upon, and the nature and extent of their contributions to other members of those groups and networks. The survey also explores participants' subjective perceptions of the trustworthiness of other people and key institutions that shape their lives, as well as norms of cooperation and reciprocity. These different forms of social capital are either bonding, bridging or linking depending on whether they are close (within camp), intermediate (in the host community), or external (outside the host community).

As mentioned, qualitative data described in this paper were obtained from eight refugee women in one-on-one interviews and a focus group. The forty-five minutes to one hour interviews included questions about the women's past and present lives, their current needs and challenges, their refugee camp activities, and their experience with the host community and with the UNHCR, the main refugee agency. The same eight women participated in a focus group. Its purpose was to identify shared issues. Lasting five hours, it focused on the women's major camp groups/activities, camp-related needs/challenges, and their views on host country (Ghana) integration, repatriation to their home country (Liberia), and resettlement into a developed country. The survey, interviews, and focus group were all administered in English because, although the women's first language was their tribal dialect, they all had a rudimentary understanding of English.

Both interview and focus group sessions took place in the camp manager's conference room and were audiotaped with the women's permission. Audiotapes were transcribed and coded for primary themes. Identification and refinement of the themes within and across transcripts were achieved through constant comparative analysis (Creswell, 2003). The emerging themes were then analyzed and interpreted in relationship to the research questions guiding the study.

### *Limitations*

Methodological limitations include: (1) The SC-IQ's 27 core questions were adapted to better meet the research objectives. However, changes were minor and reflected the context of the

study; (2) Some participants had difficulty reading the questions or understanding the Likert scale format of the questionnaire. To help mitigate these issues, a refugee woman with a strong formal education and a command of the English language was hired as research assistant and helped administer the survey; (3) The women participating in the semi-structured interviews and focus group were not randomly selected. However, as noted earlier, they represented the major sub-groups of the camp population; and (4) The study was limited to women refugees only, and specifically Liberian refugees at Camp Buduburam.

Table 1: Sample demographics (N=100)

Characteristics	Percent
<i>Age</i>	
29.0	18-30
24.0	31-40
33.0	41-50
9.0	51-60
5.0	61-82
<i>Groups</i>	
Disabled Mothers	30.0
Single Mothers	33.0
Teenage Mothers	30.0
Elderly	7.0
Unregistered	10.0
<i>Camp Years</i>	
2-5	26.0
6-10	45.0
11-16	29.0

Results

*SC-IQ/Survey*

Table 1 shows the demographics of the survey sample. Table 2 presents the results from the quantitative analysis of

the six modules of the SC-IQ/Survey. Bonding, bridging, and linking social capital are reflected in the different modules.

### *Bonding Social Capital: Modules 1&2*

The participants joined groups within the Buduburam settlement. A majority (71%) had one or two close friends in the camp. While 82% would contribute time to help others, 84% demonstrated a willingness to take part in camp communal activities. This suggests that the participants possessed bonding social capital, in the form of groups, networks, solidarity, collective action and cooperation in the camp. However, trust of the camp community was low, with 84% indicating that people should be very careful when dealing with the camp community.

### *Bridging Social Capital: Modules 3 & 4*

The women did not possess strong bridging social capital. Ninety two percent had no close friends among Ghanaians, 55% were not sure they could get help from the host community, and 45% occasionally interacted with Ghanaians. One form of bridging social capital these women possess is their ability to trade with Ghanaians both at the camp and Ghanaian markets and stores. It is interesting to note that 50% of the participants trusted Ghanaians compared to the 84% reported above who indicated caution in trusting the camp community.

### *Linking & Other Dimensions of Social Capital: Modules 5 & 6*

Participants' low level of linking social capital is indicated by low interaction with the outside world. Only 9% had frequent interactions with people outside Ghana. The majority (65%) had no outside interaction. It is noteworthy that the participants' degree of trust for UNCHR was higher (72%) than their trust of Ghanaians and of the camp community. Responses to the SC-IQ's final section assessing empowerment and political action indicate that the power to make decisions that affected one's own life—an example of empowerment—was non-existent for 53% of the respondents. Political action—the opportunity to petition leaders and to participate in elections and public meetings, for example—was lacking. Seventy two percent indicated that they had never collectively petitioned



the authorities in charge, and all the hundred participants surveyed indicated that they never voted in any of the general elections in Ghana, though the majority had lived in the camp for more than nine years.

Table 2. Findings of SC-IQ Survey by variable (in percents) (N=100)

Bonding Social Capital: <i>Modules 1 &amp; 2</i>	Percent
<i>Variable 1: Most important camp groups</i>	
Disabled Group	27.0
Church Group	15.0
LIREWO = Liberian Refugee Women's Association	12.0
WOLPNET = Women of Liberia Progressive Network	10.0
Teenage Mothers	10.0
Missing	26.0
<i>Variable 2: Close friends in camp</i>	
None	5.0
One	37.0
Two	34.0
Three	16.0
Between 5 & 50	3.0
Missing	5.0
<i>Variable 3: Trust of camp community</i>	
People can be trusted	16.0
Can't be too careful	84.0
<i>Variable 4: Camp Solidarity</i>	
Definitely contribute money	18.0
Definitely contribute time	82.0
<i>Variable 5: Camp Communal Activities</i>	
Participation—Yes	84.0
Participation—No	15.0
Missing	1.0
<i>Variable 6: Group Interaction in Camp</i>	
None	26.0
Yes, occasionally	30.0
Yes, frequently	44.0

(continued next page)

Table 2. Findings of SC-IQ Survey by variable (in percents) (N=100)  
(continued from previous page)

<b>Bridging Social Capital: Modules 3 &amp; 4</b>		<b>Percent</b>
<i>Variable 7a: Help from host community</i>		
Definitely		8.0
Not sure		55.0
No such help		37.0
<i>Variable 7b: Close friends in host community</i>		
None		92.0
One or Two		7.0
Three		1.0
<i>Variable 8: Host community interaction</i>		
None		5.0
Yes, occasionally		19.0
Yes, frequently		45.0
		36.0
<i>Variable 9: Trust of Ghanaians</i>		
Little trust		23.0
Not sure		27.0
Great trust		50.0
<b>Linking &amp; Other Dimensions of Social Capital: Modules 5 &amp; 6</b>		<b>Percent</b>
<i>Variable 10: Interactions outside Ghana</i>		
None		65.0
Yes, occasionally		21.0
Yes, frequently		9.0
<i>Variable 11: Trust for UNHCR</i>		
Little		11.0
Not sure		17.0
Great trust		72.0
<i>Variable 12: Participants' general safety</i>		
Unsafe		5.0
Very Unsafe		2.0
Moderately safe		42.0
Missing		43.0
		13.0
<i>Variable 13: General happiness</i>		
Very happy		1.0
Moderately happy		27.0
Neither		41.0
Moderately unhappy		22.0
Very unhappy		7.0
<i>Variable 14: Power to make decisions</i>		
No power		53.0
Not sure		17.0
Mostly		16.0
Totally able		14.0
<i>Variable 15: Voting in Ghana's elections</i>		
Never		100.0

## Qualitative Data Analysis

### *Interview Findings*

Four major themes emerged from one-on-one interviews: Life before the war, surviving camp life, interaction with host community, and integration with the host community.

*Life before the war:* All eight participants indicated that they worked and had good lives at home in Liberia before the war. Following are responses from two women:

My life before the war was a good one.... I had my own business. I was able to travel on vacation, and even with one or two of the children every year. (Dede)

I worked with the Liberian government, at the hospital, as an X-ray technician.... In our home in Liberia, we had enough of everything we needed. (Effie)

These responses show these women's human capital resources and are best understood, according to Becker (1996), in relationship to their social capital resources.

*Surviving camp life:* A majority of the women reported having some form of assistance from UNHCR and its implementing partners but not enough to meet their needs. Consequently, some women engaged in petty trading and others depended on remittances from relatives in developed countries. Esi, a war widow with five children, summed it up with this comment:

Well, for Liberians here who are into businesses, [it is] just for survival, because they [have to] turn to relatives to help monthly, or every now and then. So it's not really something that we could rely on [or] say we are working. (Esi)

Some of the women indicated that they keep to their homes due to riots and lack of security in the camp. This kind of situation may well prevent the women from developing bonding and bridging social capital.

*Interaction with the host community:* Responses indicated very little interaction with the host community due to language barriers and lack of opportunities to integrate:

I have never had any problems with Ghanaians .... But, like traveling on a public bus, I have problems with those boys who are called mates on the bus. I don't speak Twi. Maybe [the mate] is collecting the money, and he speaks that dialect to me. Sometimes, I don't even know that he's talking to me. (Mona)

I only have interaction with the Ghanaian woman I know in the camp, the social worker. But outside the camp, I don't have people to interact with. Since we cannot understand Twi, we cannot be close to the Ghanaians. (Sisi)

Mirroring survey results, this lack of relationship with the external community contributes to the women's low level of bridging and linking social capital.

*Host community integration:* None of the participants preferred integration into the Ghanaian community. In the women's own words:

I wouldn't like to be resettled in Ghana too. ...I want to resettle overseas in America or somewhere there, where I can get better treatment, work, and make life for myself and my children. (Akos)

I won't like to resettle here in Ghana, because Africa is just Africa. The government agencies here, the money they pay is not able to feed and pay the children's school fees and other things. But if you go to Europe and America, you get what you want, and can pay your children's fees, and your money will come on time. (Vero)

But with us, we want to go abroad, because everything is America, America, America (laughs). America things; because America is supposed to be the land of milk and honey. (Nat)

It must be added that the women's idealization of life in industrialized countries may have been a contributing factor to their lack of integration into the Ghanaian community. Additionally, the women had the notion that they would one day leave Ghana and therefore may have had little interest to embrace anything Ghanaian.

## Discussion

Survey results indicated that the majority of participants belong to one or two special interest groups within the camp community. Thus, bonding social capital was an asset of camp residents. In addition, members in these groups or networks are made up of people of different genders, ethnicity, and educational backgrounds, reflecting the internal diversity of the camp community. The majority of study participants belonged to the disabled group. These findings are consistent with previous studies that found that a large proportion of refugee women are disabled as a result of war torture, thus, they bear a double burden (Martin, 2004).

It is important to note that the study's 100 participants are from 12 of the 16 tribes that exist in Liberia. This reflects both the extent of internal diversity within the Buduburam camp and the breadth of displacement caused by the Liberian civil war. It may also reflect the relative lack of trust in other camp residents. Other studies have also found refugee populations to be considerably diverse (Dick, 2002; Crisp, 2005). Information and communication as forms of social capital were very low among the study's population, adding to their social isolation.

An explanation for lack of bridging/linking social capital reflected in the qualitative findings was cultural and language barriers in the host community. This, however, is contrary to previous studies of Eritrean refugees in Sudan who responded to their losses and challenges by developing transreligious and transethnic forms of social networks (Kibreab, 2003, 2004).

Qualitative interviews and focus group findings indicated remittances as an important source of bonding social capital. Evidence suggests that refugees in protracted situations increasingly rely upon remittances sent to them by family members who have succeeded in resettling in other parts of

the world (Dick, 2002; Kibreab, 2003, 2004; Crisp, 2005).

Additionally, qualitative findings indicated the refugee women's trust in the UNHCR through their expressions of appreciation of the provision of identity cards, a clinic, food for persons with disabilities, and workshops for women in the camp. This mirrored quantitative findings (Table 2, variable 11). However, the women also expressed concern about inadequate and unequal distribution of services to the camp population.

Both quantitative and qualitative findings indicated that the participants possessed networks within the camp but few beyond the camp. Hence, participants lacked strong bridging and linking social capital, both of which enhance the capacity to discover new productive opportunities and relationships.

Results indicated that a sense of empowerment and the opportunity to engage in political action seem to be the lowest form of social capital among the sample population. A majority also indicated feelings of unhappiness. It is equally important to note that the study consistently revealed no significant relationship between number of years spent in the camp and participants' sense of happiness or safety. This suggests that camp living is not a good solution to the refugee problem. There was also no association between years of education and participants' social capital, which is contrary to the Ibanez, Lindert & Woolcock (2002) research results. This could possibly be explained by the involuntary idleness and lack of sustainability that characterized the sample population most at risk; none could claim a good life, even with humanitarian assistance and protection.

Finally, the preference for industrialized country resettlement, which was fully endorsed by all participants, is compatible with other African refugee studies (Drumtra, 2003; Crisp, 2005). In summary, it is evident that the social capital-related needs of Liberian refugee women have taken a back seat to basic survival needs, such as food and medical care, reflecting more traditional humanitarian assistance.

## Conclusion

The study's qualitative results strengthen its quantitative results. Study participants possessed some bonding social capital, not much bridging social capital, and very low level linking social capital. Bonding social capital is an important asset for refugees because strong ties within the camp can result in economic support in times of need and is a form of social insurance. On the other hand, bridging and linking social capital, critical for attracting external assistance, may promote economic advancement and reduce poverty. The study population lacked these two forms of social capital, and this is reflected in their inability to get ahead (Putnam, 2000).

As indicated in the study, some of these women were educated and held responsible jobs in Liberia before fleeing. However, many of them suffered disabilities from the physical and psychological abuses resulting from the Liberian civil war. Many had untreated medical issues; five of the eight women in the qualitative study had been raped. These disabilities have prevented the women from effectively using their human capital resources to increase their social capital in Ghana.

It should be noted, however, that study participants regarded their meager social capital as a central element in being able to successfully manage their lives. In view of this, the UNHCR and its implementing partners should aim not only to strengthen sources of refugees' bonding social capital, but also to encourage the creation of bridging and linking social capital by ensuring that existing policies and programs constructively complement and supplement the social capital strategies that these women already employ. Overcoming the social and economic isolation of long-term refugees, particularly women refugees at the Buduburam camp/settlement in Ghana, is crucial.

## Implications of the Refugees' Social Capital

### *How the Refugees' Bonding Social Capital Can be Enhanced*

It is obvious from the findings of this study that the Liberian refugee women possessed limited bonding social capital and lacked bridging and linking social capital. This is not

surprising considering the vulnerability of the population. Many of the study's participants were persons with disabilities. Many had lost families, friends, and a sense of belonging. One of the participants interviewed stated that she never went outside her home in the camp because she had been so traumatized by her experiences during the Liberian civil war. She said she didn't dare to and, as a result, felt increasingly isolated and unhappy. It must be stated that occasionally riots would break out in the camp as a result of refugee frustration, and perhaps also the fact that almost all the Liberian tribes involved in the 15-year civil war were represented in the camp's population. This could explain the women's reluctance to reach out beyond their family and their tribe. Social workers and refugee advocates can help camp refugee communities develop local organizations where they can come together in making decisions, advocating on their own behalf and even forming refugee NGO's to sustain assistance to promote self-reliance pending return.

#### *How the Refugees' Bridging Social Capital Can be Enhanced*

Although the Liberian civil war has ended, reports indicate that voluntary repatriations of Liberians in Ghana to their home country have occurred in surprisingly small numbers (Ghana General News, May 24, 2007.) There is no place like home, yet if these women are not well-equipped with human and social capital, it becomes hard for them to return to Liberia. In view of this, bridging social capital should be supported by the Ghana government and international bodies, such as the U.N., by implementing long-term vocational/educational projects within the camp and providing capital for small scale investment. This would go a long way in preparing Liberians for jobs in Ghana which, in turn, would contribute to their self-sufficiency. The refugee community should also be encouraged to take advantage of programs and services in the host country. Camp schools at the Buduburam refugee camp were run by Liberians and fashioned according to the school system in Liberia. Camp programs connected to those in the host community might be an effective way of bridging cultural differences. There needs to be a way forward for Liberian refugees who may opt not to return to their home country.



The UNHCR, the government of Ghana, and refugee-focused NGO's assisting Liberian refugees in Ghana could also learn from the ambitious program being carried out in Eastern Sudan to settle Eritrean refugees, with the aim of enabling them to become self-sufficient. According to Kibreab, a refugee advocate, the transfer of Eritrean refugees in Ethiopia to agricultural settlements has not only given them the opportunity to become self-supporting, but has prevented a generation of dependency and reduced the burden imposed on the host community (Kibreab, 2004). As a result, it has become easier for the refugees to develop bridging social capital, since self-support tends to enhance self-esteem, the ability to move ahead, and breaks the cycle of social isolation.

Another of this study's findings was that the refugee population was against local integration. If the Liberian refugees themselves would promote local integration, it appears the government and people of Ghana would support it. However, local integration is something all study participants stated they did not want. This was their attitude in spite of the fact that resettlement in an industrialized country since the 2001 September 11<sup>th</sup> World Trade Center episode has become increasingly unlikely. In view of rapidly changing global conditions post 9/11, the Liberian refugees must be willing to be open to the norms, values and culture of Ghanaians to ensure the development of bridging social capital.

#### *How the Refugees' Linking Social Capital Can be Enhanced*

Based on the findings of this study, the 1951 United Nations Convention, its 1967 Protocol, and the Organization of African Union Convention that seek to govern the status, treatment and protection of the official refugees, do not seem to be effective in the present world situation. Social, economic, and legal rights enshrined in these refugee treaties were mostly denied the study's women, as indicated by its findings.

The UNHCR Ghana and its host government should work closely with the U.N., other international bodies, and the new Liberian government in implementing policies and services that address post-civil war refugee issues such as local integration and repatriation. Building social programs in post-war Liberia, including schools and resource centers, will help link the Liberian refugees in Ghana to their home country. For

instance, as returnees in Liberia acquire skills and jobs, they will become a resource to the Liberians in the camp. Having such a resource will make it easier for the refugees to return to their home country where they can join with others in rebuilding Liberia.

### Implications for Social Workers

The social work profession has much to offer the refugee community: At the micro level, social workers can provide counseling services to refugees who have experienced emotional and social trauma. Social workers can also train refugee volunteers in communication and listening skills so that refugees can help one another in a therapeutic community. At the mezzo level, social workers can assist those in refugee camps to form support groups for women who have been through trauma and loss, as well as offering the provision of child care. Others may form self-help groups to engage in neighborhood and community development projects with the host community, thus contributing to its economic development and promoting the social capital of the women.

At the policy level, social workers can propose policies to improve the lives of post-war refugees such as the Liberians studied. They could advocate and lobby the U.N. and its member states to revisit the refugee treaties and modify them to address current refugee needs. Grassroots policy advocacy by means of the internet could make an impact. Human rights and social justice aims would be advanced by these efforts and the social capital of refugees would be enhanced.

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# Ethics with Character: Virtues and the Ethical Social Worker

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*This article explores the relevance to social work of those aspects of applied ethics that are not primarily about identifying and resolving dilemmas. It examines the potential of the ethical tradition rooted in the virtues and character of the practitioner—from Aristotle and Hippocrates to contemporary virtue-based ethics in medicine—to guide and enrich our understanding of the social work profession and the dispositions or qualities of character its practice requires and develops.*

*Key words: ethics, professional ethics, social work ethics, virtue ethics, Aristotelian ethics*

In its emphasis on obligation, derived from values, principles, and standards of conduct, social work ethics focuses on the behavior required or expected of members of a profession (e.g., Congress, 1999; Dolgoff, Loewenberg, & Harrington, 2008; Reamer, 2006a, 2006b). "Ethics"—in Strom-Gottfried's (2007) succinct definition—"refers to the embodiment of values into guidelines for behavior" (p. 1). [Here, it is clear from the context, she means the applied ethics of a profession, not ethics as that branch of philosophy also known as moral philosophy.] Social work's literature on ethics, like its curricula, emphasizes principles, rules, obligations, and dilemmas; it offers guidelines for professional conduct and for identifying and resolving conflicts of principles and the dilemmas that arise from them.

It is about making the right decision and doing the right thing. The *NASW Code of Ethics*, like the deontological codes (or codes of duty) of other professions, is an important tool for identifying social work's core values, summarizing broad principles, and establishing specific ethical standards to guide practice. These are standards to which NASW expects the general public to hold the profession accountable and to which, in principle, it holds its own members accountable—helping professionals identify and resolve ethical dilemmas, and socializing new practitioners (NASW, 1999).

So much is this approach to professional ethics taken for granted that it is easy to overlook how different it is from the traditional understanding of ethics, no less in the classical and Christian West from Aristotle to Aquinas than in the East in the other main religions and ethical traditions of the world (Peterson & Seligman, 2004). In that older view, ethics is fundamentally about happiness rather than obligation, and about character and the virtues rather than about resolving moral dilemmas (MacIntyre, 2006; Pinckaers, 1995). This is as true for applied professional ethics, such as those of Hippocrates in medicine, as of general philosophical ethics (Pellegrino & Thomasma, 1993; Pellegrino, 2008).

This article draws on classical, medieval, and contemporary virtue-oriented ethics to address those habits of heart and mind (Tocqueville, 2000) critical for ethical practice. It analyses the potential of what has come to be called virtue ethics, and in particular the classical Aristotelian-Thomist tradition of ethics (Aristotle, 2002; Aquinas, 1981, 2005) as developed by MacIntyre (1984, 1990) and other contemporary neo-Aristotelian or virtue-ethicists (Crisp & Slote, 1997; Darwall, 2003), to guide our understanding of the social work profession and the dispositions that its practice requires and develops.

### Ethics' Loss of Character

After the death of Aquinas in 1274, both philosophical ethics and moral theology underwent a fundamental shift away from character, virtues, and habits of the heart to a narrower focus on the rightness or wrongness of specific actions (Pinckaers, 1995). The result in modern professional as well

as general ethics, descending from Kant (1724-1804) and to a lesser extent Mill (1806-1873), is that ethical decision-making activity tends to be abstracted from the life, development, and character of the decision-maker. The older tradition and modern virtue ethics, in contrast, conceive a human life as a history in which each choice we make disposes us to make similar choices in the future, so that ethical conduct becomes a matter of dispositions or character—virtues and vices acquired by practice and lost by disuse—rather than of episodic, purely rational choices.

The weakness of abstracting ethics as a decision-making activity from moral development and the character of the agent making the decision is sometimes recognized (Cohen & Cohen, 1998; Freeman, 2000; McBeath & Webb, 2002) or implied in the professional literature. Corey, Corey, and Callanan (2003), for example, assert that, “Ethical conduct grows out of sound character that leads you to respond with maturity, judgment, discretion, wisdom, and prudence” (p. 11). That is, it requires the master virtue of *phronesis* (*prudentia*), which all those terms denote. The Council on Social Work Education’s (CSWE) 2001 *Educational Policy and Accreditation Standards* (EPAS) required as its second foundation program objective that graduates understand the profession’s values, standards, and principles, and that they practice accordingly; but the relation between understanding and practice is not specified. The link between understanding and action—that is, the character and virtues of the practitioner that are needed reliably to translate one into the other—is missing.

The psychoanalytic concept “professional use of self” directed attention to qualities of the practitioner in linking knowledge and skills to practice. It was a required program objective for student learning under the previous accreditation standards. EPAS (CSWE, 2001), however, dropped this objective, presumably because there was no longer a shared understanding of what it meant or how to achieve it. No comparable focus on the practitioner has replaced it.



### Limitations of Decision Procedures

In a highly influential article on "Modern Moral Philosophy," Anscombe (1958) argued that the "law conception of ethics" was focused overwhelmingly on obligation and duty, drawing on abstract, universally applicable principles such as Kant's Categorical Imperative or Mill's Greatest Happiness principle, to serve as a test for maxims. The result of both Kant's deontology (or duty-based ethics) and Mill's utilitarianism is an unhelpfully inflexible moral code and, in Kant's case, a concept of law and obligation that was meaningless in the absence of an authoritative lawgiver. The force of those moral "musts" and "shoulds" of deontology were unexplained and lacked theoretical justification. At the same time, Kupperman (1991) argues, the resulting emphasis on decision procedures is indeterminate in the results it yields. For example, does Kant's deontology universally rule out suicide, lying, or theft? Utilitarianism, in its reliance on the maximization of happiness—understood as pleasure—to judge an action or rule of action, seems to make it possible to justify the most monstrous acts, such as torture of detainees or murder of children, if one reasonably calculates that the expected consequence of not doing those acts is likely to be worse (Anscombe, 1958).

With their focus on making decisions about how to act by applying universal principles, decision trees typically (though not always) neglect the decision-maker and the decision-maker's character, culture, history, and all that shapes the person who is to make the decision, as well as how the particular decision relates to other decisions in the individual's life (see, for example, the discussion of guidelines for ethical decision making in social work in Dolgoff, Loewenberg, & Harrington, 2008). It is as if each of us were a computer with a program for deciding moral questions (Kupperman, 1991). But determining what inputs from the environment are relevant or salient, as an ethical decision-maker must do, is not a neutral task. How practitioners assess an ethically problematic social situation depends, in Kupperman's terms, on their moral sensitivity, training, and experience—in short, on their character. Traits of character not only suit us for life, "but shape our vision of life, helping to determine not only who we are but what

world we see," as Meilaender (1984, p. 11) puts it. The ability to apply a decision procedure, as Aristotle (2002) warned in different terms, thus presupposes moral education and experience. It requires, in particular, the virtue of prudence or practical wisdom (*phronesis*), which develops only with maturity and cannot be acquired at one's mother's knee or by a clever fifteen-year-old.

The decision-procedure approach to professional ethics orients the teaching of values and ethics to the identification of quandaries or "ethical issues," and to applying consistent, rational decision procedures to their resolution. It addresses itself, then, to individual decisions, without attention to pattern and continuity of character, or to the stable dispositions of the actor that make for virtuous professional conduct as a matter of conscious habit and will, whether or not a particular ethical quandary or dilemma is involved.

### Virtue Ethics

Considerations like these led to a revival over the last half-century of the classical tradition of ethics that extends in the West from the Greek world of Aristotle to the high Middle Ages of Aquinas. This tradition understands ethics as about *ethos* (a Greek word for habit leaning toward the sense of character) and the virtues that are necessary for flourishing and well-being or happiness (*eudaimonia*) of individuals and communities. Virtues in this context are stable and firm dispositions to do the good, to act, for example, with practical judgment or wisdom (prudence, *phronesis*), courage (fortitude), moderation (temperance), and justice. These are the cardinal or "hinge" virtues shared by ancient Greeks and Romans and integrated into the Christian ethical tradition as part of a list that added the grace-dependent or theological virtues of faith, hope, and love. They are habits of the heart and mind. A virtue in this sense is a character trait—that is, a disposition that involves the will and is part of the stable core of the human being in question, as distinct from an automatic habit like fastening one's seat belt in a car.

However, such a disposition, like courage or wisdom, is not an isolated or single (even conscious or rational) tendency

to do, for example, courageous or wise things. "It is concerned with many other actions as well, with emotions and emotional reactions, choices, values, desires, perceptions, attitudes, interests, expectations and sensibilities. To possess a virtue is to be a certain sort of person with a certain complex mindset" (Hursthouse, 2008). Neither "traits" nor "dispositions" captures the full or classical meaning of virtues as an interconnected whole. The "virtues talk to each other," as McCloskey says (2006, p. 171). So, for example, courage, as distinct from recklessness, is balanced and completed by temperance and prudence. Social work is a field for the exercise of all the virtues together.

The concept of virtues, understood as positive and stable character traits, gets at what matters to professional practice—not our opinions, but how well we act, as a matter of habit and will in the professional use of self, in ways required for and developed by practice within the profession of social work. In professional ethics, virtue-based approaches, including the Hippocratic ethics that prevailed in medicine for 2,500 years until well into the last century, look not simply to those virtues needed for the end of human well-being, but specifically to those virtues required for and developed by the profession in question, given its mission and purpose. Unlike general ethics, it addresses the question of the character and virtues of an excellent professional, whether physician, lawyer, or social worker (Oakley & Cocking, 2001).

### Limitations of Virtue Ethics

An objection frequently made to virtue ethics is its weakness as a guide to action, in particular to resolving quandaries, widely seen as the central task of professional ethics. Virtue ethicists have responded by providing detailed but not always convincing examples of how to resolve a dilemma without resort to principles, duties, or rules (for example, Hursthouse, 1995). More persuasively, they use a *tu quoque* (you too) argument, pointing to the large gap in principle-based ethics between ethical standards and concrete practice situations where precisely the master virtue of *phronesis* or prudence is most required (e.g., Hursthouse, 1991, 1995).

In any case, a social worker who aims to develop those virtues necessary to flourish as a professional (or as a human being)—to be guided in action by what a virtuous agent would do in the circumstances—is not thereby obliged to disregard principles or consequences. A leading virtue ethicist, Hursthouse (1999), claims Anscombe and Aquinas as virtue ethicists rather than deontologists, but acknowledges that neither rejected the concepts of ethical principles or obligations, or indeed of exceptionless norms such as the absolute proscription on lying or the intentional taking of innocent human life (Finnis, 2005). For Aquinas, the principle of love of self and neighbor (and thus respect for the well-being of each and all human beings) was such that no human act could be judged as other than wrong if it was not in line with it (Finnis, 2005). In professional as distinct from general ethics, especially in the health and helping professions, ethicists who discuss the virtues tend to emphasize, as did Aquinas, the complementarity and mutual necessity of principles, duties, and virtues (Freeman, 2000; Pellegrino & Thomasma, 1993; Pellegrino, 2008).

A related concern is with the apparent circularity of virtue ethics—virtuous behavior is what the virtuous person models, but that person is virtuous who behaves virtuously. So how do we decide who is virtuous and therefore an exemplar in the first place? This may be less disabling an objection than it appears, especially in a society where there is general agreement on what a virtuous person is like and how they behave, as we agree on the color yellow or the taste of chocolate and teach those things to children by pointing to exemplars. But in a society where such consensus in the moral sphere is thin and often seen as a matter of personal or subjective values, the foundation of a shared moral tradition that would produce general agreement in identifying virtuous persons is weak or lacking. Even virtue ethics in this context tends to the subjective and relativistic (e.g., Hursthouse, 1991), to consequentialism in Anscombe's sense—Anscombe coined the term in her 1958 article to denote the idea that anything goes if the price is right (Anscombe, 1958; Coope, 2006). Anscombe herself (1958) argued that the intellectual work had not been done to make the virtues usable in moral philosophy and the

necessary tools for doing it were not available in the current state of philosophy.

One response to this problem is to point out that in terms of giving guidance for action, utilitarianism and Kantian deontology are again in no better shape. As Hursthouse (1999) puts it:

Act utilitarianism must specify what are to count as the best consequences, and deontology what is to count as a correct moral rule, producing a second premise, before any guidance is given. And, similarly, virtue ethics must specify who is to count as a virtuous agent. So far, the three are all in the same position. (p. 28)

Virtue ethics thus defines a virtuous agent as one who has and exercises certain character traits or virtues, the virtues then being defined as those character traits a human being needs for *eudaimonia*—that is, to flourish and live well as a human being. As Peterson and Seligman (2004) found, there is a strong convergence across time, place, and cultures on what the main virtues are.

Another response to the circularity objection is to point out that seeking guidance from a virtuous agent, far from being a mystery, is an everyday experience, especially perhaps in the helping professions. If I am unsure how to act in a given situation or grey area and I want to act honestly (with integrity), I will seek out someone I know to be honest, indeed more reliably honest than I. (If I want a way out of what honesty may require, I might look for someone I know to be clever at fudging of this sort.) I do not have to be a person of great probity myself to recognize such a friend or colleague, just as I do not have to be a carpenter to appreciate a well-made table (Boswell, 2008). Similarly, if I see the need for prudence or sound practical judgment, I will consult someone I respect for this virtue. If I am lucky, this may even be my supervisor! Compared with utilitarianism or deontology, which reduce ethical questions to one or a few basic principles, virtue ethics draws on the rich human vocabulary that societies have developed to define an action, not only as right or wrong, but, in the case of the latter, more specifically as dishonest, cowardly,

reckless, unfaithful, arrogant, unjust, and so on (Anscombe, 1958; Hursthouse, 2003).

It is thus false to claim that virtue ethics does not provide any rules for action. It supplies a great many. As Hursthouse (1999) says, "Not only does each virtue generate a prescription—do what is honest, charitable, generous—but each vice a prohibition—do not do what is dishonest, uncharitable, mean" (p. 16).

Even in a pluralist and culturally divided society like ours where there is wide disagreement about the application and force of moral judgments, the situation may be less desperate in the professions. Thus, Pellegrino (2008) argues, a higher level of consensus, a more widely shared moral tradition, is available to the professions and professional ethics than in society at large, and this makes the virtues both possible and necessary to them. Medicine and social work today may lack the classical and medieval understanding of the virtues as grounded in a philosophical anthropology based in natural law. But, as the NASW Code of Ethics (1999) puts it, "Professional ethics are at the core of social work." Social work as a profession has a *telos* in that it serves primarily the good and well-being of the client, as the good of the patient is agreed to be the primary end and *telos* of medicine. The importance of deontological codes to all professions—where the duties of practitioners are spelled out as part of the profession's self-definition, and enforced by the profession on its members—reflects, among other things, the need for a common understanding within a profession of its agreed purpose and mission. Notwithstanding the limitations of such codes of duties and the deontological theory underlying them—if indeed it can be called a theory at all since the force of its moral "must" is unexplained (Coope, 2006)—the common sense of purpose they reflect suggests that integration of the virtues has a better chance of success in professional than in general ethics. At the same time the collapse in the twentieth century of the most widely used and longest lasting virtue-based approach to professional ethics, that of Hippocrates, suggests both the difficulty of the task and the need to rebuild the moral philosophy of the professions on a different basis.

## Why Virtues?

Like social work, virtue ethics is fundamentally concerned with human well-being and suffering, about which the ethics of obligation and decision procedures has little or nothing to say. In a profession where the character of the agent has long been understood as inseparable from the professional act or intervention performed, the virtues refocus attention on the character of the practitioner and the professional use of self. This reorientation accords well with the growing body of research suggesting the importance of the client-practitioner relationship as distinct from the specific theories or methods employed (Drisko, 2004; Graybeal, 2007; Wampold, 2001).

As social work is challenged to do, the virtues cross cultures and disciplines, despite the erosion of a common moral tradition in the West. They are not only central to the classical tradition in the West, but also have an apparently universal resonance, East and West, in Confucianism, Hinduism, and Buddhism as well as in ancient Greek philosophy and medieval Jewish and Christian theology (Peterson & Seligman, 2004). In their study of these great cultural resources, Seligman and his associates in the field of positive psychology found a high degree of convergence across cultures and history which they distilled into six core virtues: courage, justice, humanity, temperance, transcendence, and wisdom (Peterson & Seligman, 2004). For each virtue they identified a subcategory of strengths of character.

These researchers are developing a series of instruments and applications for assessing and building these strengths. Just as virtue ethics has recovered for philosophy a sense of ethics as rooted in human flourishing and excellence of character, so Seligman's positive psychology seeks to develop an understanding of virtues and character strengths in the field of personality psychology, and specifically current trait theory. The project of Seligman and his associates is nothing less than to "reclaim the study of character and virtue as legitimate topics of psychological inquiry and informed societal discourse" (Peterson & Seligman, 2004, p. 3). The implications of the ethics of virtue are being explored in many fields and professions, not only philosophy and psychology, but also

sociology, law, medicine, and nursing (Flanagan & Jupp, 2001; Oakley & Cocking, 2001; Hoyt-O'Connor, 1998; Lutzen & da Silva, 1996; Macaro, 2006). Social work, a virtue-guided profession with its own tradition of strengths and empowerment, its commitment to the well-being of individuals and communities and to the alleviation of suffering, seems well placed to draw on and contribute to this work.

### Social Work, Social Welfare, and Human Well-Being

In the preamble to the NASW Code of Ethics, the term “well-being” occurs three times. “The primary mission of the social work profession is to enhance human well-being.... A historic and defining feature of social work is the profession’s focus on individual well-being in a social context and the well-being of society.” According to the 2008 version of EPAS (CSWE, 2008), “The purpose of the social work profession is to promote human and community well-being.” For Aristotle, *eudaimonia*, translated as well-being, flourishing, or happiness (which in its classical sense resembles health in that it is not simply subjective—I could be wrong about being happy as I could about my health) connotes the good life. The virtues, in this tradition, are necessary for and partly constitute the good life, that is, the well-being of individual and society—the mission of social work.

For Aristotle, then, as well as Aquinas, and for that matter, the Dalai Lama, ethics is rooted in “real” happiness, understood as human flourishing or well-being, as distinct from pleasure (Aquinas, 1981, 2005; Aristotle, 2002; Pinckaers, 1995). As is the case for other animals, it is about what, given our nature, is necessary for humans to thrive as individuals and—inseparably from that—as communities. Aristotle thus roots the human need for the virtues in biology, in what it takes for humans to flourish given their nature (including above all the capacity for reason). Virtues are not *means* to human flourishing, however, but partially constitute it. For Aquinas, building directly on Aristotle, but sixteen hundred years later in the very different context of Christian theology, there were three types of good inherent in our nature as humans that defined our *telos*. Like all animals, it is a good for us (1) to maintain ourselves in



existence and (2) to reproduce ourselves and care for our offspring. In contrast to other creatures, it is also a good for humans (3) to develop and use the powers of rational thought and, in consequence, to know and love God (Aquinas, 1981; Williams, 2005).

Of particular importance in the development of a modern ethics, rooted in the sociology and history of the discipline and drawing on Aristotle and Aquinas, was the work of MacIntyre, especially from the publication in 1981 of his groundbreaking work, *After Virtue*, through his 1999 book, *Dependent Rational Animals*. The latter has particular relevance for the understanding both of social welfare policy and of social work as a profession. In it, MacIntyre seeks to develop a normative ethics grounded, like Aristotle's, in nature. He sees humans as animals with a special capacity for rational agency. We are born, in complete dependence, into a network of relationships of giving and receiving. To achieve some relative independence, we need to develop certain virtues that we acquire with sustained help and guidance from others (especially, but not only, parents)—courage, justice, temperateness, and “the cheerful wit of an amiable will” (p. 92).

But human flourishing requires growth from and within our vulnerable condition of reciprocal indebtedness. We are born already indebted to others for our economic, linguistic, cultural, and other resources, depend on the care of others to thrive, and grow toward a measure of independence while always subject to weakness, disability, and illness. Disability is thus understood, not as a matter of us and them, in terms of the benevolence of the unimpaired toward those with disabilities. Rather, it is an important aspect of every stage of the life-cycle, but especially of early childhood and old age. Human flourishing requires a recognition of the need for all of us to make others' good our own, to give with just generosity and to receive with gratitude, courtesy, and forbearance. (Here, in contrast to Aristotle's great-souled man who is ashamed to receive benefits, MacIntyre follows Aquinas.) Our flourishing as humans depends on our developing the virtues required by our animal nature and recognition of our dependence on and duty to others in our continual vulnerability. MacIntyre rejects conceptions of social welfare that contrast individual and

communal goods, self-interest and public interest, individualism and collectivism, or that limit moral claims on us to “persons” who are self-aware, rational, and free to make choices, rather than to human beings as such.

MacIntyre thus offers a different, more sociologically rooted way of thinking about social welfare and, say, the ethical basis of social security, than those proposed from different political perspectives by Rawls (1971) and Nozick (1974). In comparison with MacIntyre, these theorists and others who start with individual *rights* and talk the language of social contract neglect the nature of human beings as irreducibly social animals and abstract their subjects, like Robinson Crusoe, from history, character, and culture. For MacIntyre, making the good of others my own supports the flourishing of the community which is necessary to and inseparable from my own flourishing.

### A Virtue-Guided Craft

In *Dependent Rational Animals*, MacIntyre (1999), like Aristotle, roots the human need for the virtues in biology, in what it takes for humans to flourish—and what for humans constitutes flourishing—given their nature. In earlier work, he argued for a more sociological approach that is particularly helpful to the understanding of social work as a profession and the place of the virtues within it. From this perspective, and leaving aside for the moment the question of social work’s status as a profession, we would understand it in the first place as a social practice. A practice is a form of complex co-operative activity with goods internal to it—e.g., in the case of chess, “analytical skill, strategic imagination and competitive intensity” (MacIntyre, 1984, p. 188)—as distinct from external goods that may also attend the practice but are not intrinsic to it—such as money or prestige. These internal goods, which we learn and experience only as participants in the practice, are tied to the standards of excellence that are the practice’s *telos* toward which participants strive and by which they are judged. To enter into that practice, the novice has to accept its standards of excellence, be guided and corrected by them, and work toward achieving them. By doing so, the novice acquires those virtues necessary for achieving the goods internal to the practice.

Without taking up the much-debated questions of what is or is not a practice in this sense, or how much explanatory work the concept can do, we may examine MacIntyre's (1990) discussion of moral philosophy (or inquiry) as a craft (his own craft) in *Three Rival Versions of Moral Enquiry* in order to assess its applicability to the profession of social work. All the time when reading this section of MacIntyre's book (1990, ch. 3, pp. 58-81), we could try mentally substituting social work—its status as a practice, the virtues it requires, and the character it builds—for the craft of moral philosophy. Because achievement of the internal goods of moral inquiry depends on acquisition of certain human qualities or virtues, moral inquiry is not only a craft, but a virtue-guided craft. Virtues are learned and character developed through practice of the craft, in which one cannot excel without them.

To advance in the craft, the apprentice or student has to learn to identify her mistakes in applying its acknowledged standards, to know what is good and best for her at her present level, and also what is best without qualification. In the case of a watchmaker, or a physician, the apprentice learns what is required to do the best she can at her stage of learning, and also what constitutes the highest standard of excellence in her craft. It is toward that excellence that, with whatever success, she is working. Do we have such a conception of social work as a craft, with goods internal to it that can be acquired through development of the appropriate virtues? What is the highest standard of excellence in our profession and in whom would we find it embodied? (Difficult as these questions may be to answer in a way that commands general agreement among social workers, the task surely would be substantially more difficult in the case of human beings and the good life in general.)

Applied to social work education, MacIntyre's discussion of craft also points to how in social work, as in furniture making or fishing (or hula or meditation or moral philosophy), we need a teacher (or teachers) to help us actualize our potential to advance toward the *telos* of the practice. In the following passage from MacIntyre (1990), I have substituted "social work" or "professional practice" for the author's use of "moral enquiry." MacIntyre sees moral inquiry as a craft in which as novices or apprentices we need a teacher...

and we shall have to learn from that teacher and initially accept on the basis of his or her authority within the community of a craft precisely what intellectual and moral habits it is which we must cultivate and acquire if we are to become effective self-moved participants in such [professional practice]. Hence there emerges a conception of rational teaching authority internal to the practice of the craft of [social work], as indeed such conceptions emerge in such other crafts as furniture making and fishing, where, just as in [social work], they partially define the relationship of master-craftsman to apprentice. (MacIntyre, 1990, p. 63)

To carry out my responsibility as a social work educator, this suggests, I need to know the literature about the differences between how novices and experts learn and how this information can facilitate both teaching and learning in the path to excellence in the profession (Adams, 2004). In addition, I need to have thought deeply with my colleagues about the “intellectual and moral habits” we must help students cultivate and acquire—and that we must model—and how we are going to do so in our professional programs.

### Craft or Profession?

The social work profession, of course, claims that it is more than a craft like furniture making or playing chess. Its claim to professional status is central to its historic push for accreditation and especially for state licensing that restricts the practice, or at least the title, of social work. The difference, and what suggests comparison with law or medicine rather than fishing, seems to be tied to the moral nature of the profession. Oakley and Cocking (2001) offer an instructive application of virtue ethics to professional roles, primarily in medicine and law. An action is right, according to virtue ethics, if and only if it is what an agent with a virtuous character would do in the circumstances. Acting in one’s professional capacity one may be warranted or required to perform actions (treating an infectious disease, for example, or performing surgery) that would not be allowed or required of other citizens. A virtuous doctor

is one who applies her knowledge and skills with such virtues as prudence, benevolence, compassion and caring, courage, intellectual honesty, humility, effacement of self-interest, justice, and trustworthiness. Pellegrino (2008) and Pellegrino and Thomasma (1993) have proposed such a list for the medical profession and a similar list could be developed for the virtuous social worker. Her practice requires and develops goods internal to the profession (as distinct from such external goods as wealth and status) such as diagnostic acumen. This is no different in kind from the goods internal to the practice of playing chess, such as analytical skill and strategic imagination (MacIntyre, 1984). Medicine's claim to be a profession, in contrast to other occupations or hobbies, is that it deals with goods important for human flourishing, specifically the key good of health. Similarly, the profession of law serves (in principle) the key human good of justice (Oakley & Cocking, 2001).

Because of the greater importance of professions for key goods required for human flourishing, failure to uphold a professional role has greater moral significance than failure in other kinds of non-professional occupational roles. Such failure in medicine may take many forms, ranging from refusal to treat or else over-treating a patient for monetary considerations, all the way to Nazi physician Josef Mengele's medical experiments on concentration camp inmates. Oakley and Cocking (2001) argue that is partly because the traditional professions of law and medicine deal with unequivocally key human goods (i.e., justice and health, respectively), that other aspiring professions measure themselves against them. In support of their aspirations, occupations that aspire to professional status often put forward arguments that presuppose, in Oakley and Cocking's (2001) words, that "the more an occupation's body of special expertise deals with a *key* human good, the greater claim that occupation has to be properly regarded as a *profession*" (p. 80).

In this context, social work faces a familiar paradox. In the classical view, ethics is fundamentally about individual and community well-being or happiness, *eudaimonia*. The virtues are key to and partly constitute human well-being. But when we talk about social work as a profession, it is not so clear as for law and medicine what key human good it serves. Indeed, we

are tempted to say that it serves the key good of (or in Platonic terms, its essence is) individual and community well-being. The challenge then becomes one either of specifying the kinds of specific knowledge and skill that equip social workers for such noble and all-encompassing work or of delimiting more precisely the professional roles and competencies involved. In any case, we may conclude tentatively that social work is a profession that aspires to serve human goods that are important for individual and community well-being. To that extent it is a virtue-based profession.

### Teaching Virtues

Whether virtues can be taught and how to do so if they can are questions at least as old as Plato. In the traditional Aristotelian view, virtues are learned and sustained through practice and habituation and they are lost through disuse. The education of character—i.e., in the virtues—is especially important in childhood, but is a lifelong endeavor. Some virtues, especially the governing virtue of practical wisdom or prudence, depend on the experience and maturity of adulthood.

To this I add the suggestion that social work education, in requiring certain outcomes for student learning, such as critical thinking or communication, is identifying the need not only for specific knowledge and skill, but also for identifiable virtues or dispositions that will ensure their appropriate use. To say that social workers need certain sets of knowledge and skills in order to enter and grow toward excellence in their craft—which I take to be uncontroversial—is to say that, unless those abilities or competencies are to remain unused or undeveloped, they need to be supported by specific virtues—strengths of character that are habits of the heart and mind, traits that are stable but sensitive to context and capable of growth and development.

How exactly the teaching of ethics, and of social work in general, may benefit from virtue ethics is not yet clear, but some prior work in social work and other fields, particularly in the area of critical thinking, is suggestive. Paul and Elder (2001) and Gambrell (1997) identify lists of intellectual virtues or traits that are required for and developed by critical

thinking. But they do not assume and it is not the case that such virtues as courage, humility, and fairmindedness are best taught in a social work program as discrete curricular topics abstracted from the theory and practice of social work. Rather, as Paul (Foundation for Critical Thinking, 2005) argues, they require a shift in focus that makes the student's own mind and experiences the subject of study and learning. Through formative instructor feedback, peer assessment, and self-assessment, social work students, like watchmaker apprentices and violin students, learn how to identify and correct their mistakes in light of the acknowledged standards of the profession. From the perspective of MacIntyre's (1990) conception of craft and *a fortiori* Oakley and Cocking's (2001) conception of a profession, social work practice depends on acquisition of certain virtues. The social work student learns these virtues and develops her character and ethical use of self through the practice of her profession, in which she cannot achieve excellence without them.

Self-assessment—how did I do in relation to the level I should have achieved at this stage of my social work education; and where am I in relation to the highest standards of excellence in my craft?—and instructor assessment of the same questions are intrinsic aspects of lifelong learning for a social worker, as for a violinist, hula dancer, or watchmaker. As a violinist, I learn—from my teacher and through practice—the virtues required for and developed through violin playing. My teacher does not teach me those virtues directly, by having me study the literature on fortitude, perseverance, and humility. Instead she teaches me the violin and in the process I learn the virtues needed to advance to a higher level. Such an understanding of social work as a virtue-guided craft or profession necessarily challenges the philistine view of assessment in higher education as a purely extrinsic bureaucratic activity imposed in response to the demands of funders and consumers.

In their guide to critical thinking, Paul and Elder (2001) suggest a pattern in which students as critical thinkers receive learning opportunities to apply routinely intellectual standards (such as clarity, accuracy, fairness) to the elements of reasoning (e.g., purposes, inferences, assumptions) as they develop the intellectual traits (e.g., intellectual humility, courage, fairmindedness). Perkins, Jay, and Tishman (1993), in their

discussion of thinking dispositions, suggest a process of enculturation rather than direct transmission, one through which students develop character traits through immersion in a culture of good thinking. The process involves models of good reasoning, explanations about them, peer interactions, and opportunities for formal and informal instructor, peer, and self assessment.

Pellegrino and Thomasma (1993) argue that "The power of a faculty model to shape behavior for good or evil is enormous" (p. 177) and far greater than that of a lecture or course in ethics. This power, they say, "generates a serious *de facto* obligation for faculty members and medical schools to be critical of the value systems they express and transmit" (p. 177). The result of lax virtue, which can be found in all professions, is increased pressures for externally imposed rules and regulations that in turn limit professional autonomy and judgment.

The work of Seligman, Peterson, and associates, who describe their classification as "the social science equivalent of virtue ethics" (Peterson & Seligman, 2004, p. 89), offers a more direct approach to teaching the virtues—one that identifies signature strengths of character and uses scientific method to assess them and interventions to enhance them. This body of work has been developed so far in relation to its therapeutic prevention and treatment potential rather than as an approach to professional education, where it seems nevertheless to have clear application. It offers an approach to building and instruments for assessing the strengths of character, and hence the virtues, important for ethical social work practice.

## Conclusion

Much conceptual as well as empirical work needs to be done before the implications of the virtues for social work become clear. The task of this article has been to provide an exploratory sortie into this area that may provide a starting point for wider exploration. Here we have seen how, beginning with the challenge posed by virtue ethics to our current ways of thinking about ethics, our inquiry has shifted the focus from the ethical decision to be made to the character of the practitioner who is preparing for or engaged in day-to-day professional practice,



from applying decision procedures to the ethical use of self. In doing so, we have moved inevitably from ethics as a curricular area to discussion of social work itself as a virtue-guided profession that both requires and develops the virtues in its practitioners. It is precisely because social work is an applied profession, with a shared understanding of the good and end it serves, that it has both the possibility and need to integrate the virtues and character of its practitioners into its professional ethics.

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# The Limits of Paternalism: A Case Study of Welfare Reform in Wisconsin

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*This paper uses a pooled sample constructed from the Food Stamp Quality Control data for the fiscal years 1993 to 2006 to assess the effects of welfare reform upon the employment, earnings, income, and poverty trends among poor, single-mother families, both in Wisconsin and nationwide. It finds that the employment and earnings gains of the Wisconsin families exceed those of comparable families nationwide. However, there has been no significant change in the average income of the Wisconsin families, and the number of extremely poor families has increased more rapidly in Wisconsin than in the country as a whole. These findings provide the basis for a discussion of Wisconsin's antipoverty policy.*

*Key words: welfare reform, paternalism, antipoverty policy*

## Introduction

The preamble to the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 that replaced this country's cash aid welfare with Temporary Assistance to Needy Families (TANF) presents the policy goals that the new welfare reform law was intended to achieve. These goals center upon decreasing dependency through work and providing assistance to needy families. The new law also seeks

to reduce unwed child-bearing and to encourage the formation of two-parent families. However, there is little evidence that state welfare reforms affect the child-bearing and marriage decisions of poor families, and while there has been an increase in child support payments, it has been very modest (Acs & Nelson, 2001; Grogger & Karoly, 2005).

In contrast to its explicit statement of program goals, the new federal law places only general restrictions on how states should pursue these goals. It imposes time limits upon the receipt of cash aid assistance, and it requires that most aid recipients work or participate in work-related activities. However, the deadlines and sanctions that states impose to enforce work activity, and the proportion of their caseloads that they initially exempted from this work requirement, differ considerably. PRWORA also neither requires nor places restrictions on the use of financial incentives such as earned-income disregards and more generous benefit-reduction rates that enable many aid-recipient families to combine welfare benefits with earnings (Schoeni & Blank, 2000; Grogger & Karoly, 2005; Parrott & Sherman, 2007). Given the multiple goals of the welfare reform law and the relative freedom of the states to decide how they will achieve these goals, there is considerable variation of the design of state TANF programs.

The specific policies implemented by state TANF programs not only differ, they also entail potential trade-offs with regard to the goals of welfare reform. For example, financial incentives such as earned-income disregards and more generous benefit-rate reductions make it easier for aid-recipient families to raise their incomes by combining earnings with welfare benefits. Both experimental and econometric studies find that these incentives increase the employment, earnings, and incomes of aid recipients. But they also find, *ceteris paribus*, that these incentives are associated with increased welfare use. In contrast, time limits and work requirements that provide benefits only in return for unpaid work activities have a larger positive effect upon employment and earnings, and they are associated with reduced welfare payments (Grogger, 2003; Grogger & Karoly, 2005).

Because state TANF programs implement different policy combinations of financial incentives, work requirements, and

time limits, and because these policies involve different trade-offs with regard to the goals of welfare reform, the impact of state TANF programs upon the aid-eligible population varies considerably. The net effect of different programs upon family income is hard to predict because the increased earnings of aid-eligible families will be offset to some degree by benefit losses under any combination of policy reforms. Nonetheless, states that combine financial incentives with less rigid work requirements and time limits can be expected to increase participants' employment and earnings while achieving smaller reductions in welfare use. These states are likely to see relatively large income gains within the aid-eligible population. In contrast, states that enforce strict work requirements with time limits can expect larger reductions in the number of welfare recipients, as well as larger average increases in the employment and earnings of aid-eligible families. But by imposing strict work requirements and time limits, or otherwise restricting the ability of aid-recipient families to combine earnings with benefits, these states are also likely to see smaller income gains by these families.

The effects of different policy combinations upon poverty are also hard to predict, both because earnings gains are offset to varying degrees by benefit losses and because the effect of a net income gain (or loss) depends upon where that gain (or loss) occurs within the income distribution. If the incomes of families close to the poverty line increase, there is likely to be a reduction in the number of poor even when there are larger income losses among families well below the poverty line. In other words, it is possible for poverty to deepen while the official poverty rate declines, and a number of studies have linked welfare reform policies to deepening poverty among many single-mother families. In the aftermath of welfare reform, the number of single-mother families without earnings or public assistance income has grown, and so has the number of children in families in extreme poverty—that is, with incomes less than half the poverty line (Primus, Rawlings, Larin & Porter, 1999; Schoeni & Blank, 2000; Bavier, 2001; Parrott & Sherman, 2007).

In short, state TANF programs represent varying combinations of specific reform policies with differing trade-offs



regarding the goals of welfare reform. These policy combinations and trade-offs make it particularly difficult to predict the effects of state welfare programs upon the incomes of the aid-eligible population, and upon the level and depth of poverty within that population. Nonetheless, state TANF programs that give priority to caseload reduction and to moving aid-eligible families into unsubsidized employment do so at the risk of deepening the poverty and increasing the hardship of families that face the greatest challenges in transitioning from welfare to work.

No state has made a greater effort to promote work and reduce welfare dependency than Wisconsin, and this paper presents a descriptive study of the state's mixed success in achieving the goals of welfare reform. The next section discusses the history of welfare reform in Wisconsin and the specific reform policies it has adopted. The following sections compare the trends in the employment, earnings, income and poverty levels of the state's poor single-mother families to the corresponding national trends. This case study approach does not enable us to measure the effects of specific reform policies, or of the state's TANF program as a whole. It does, however, provide a detailed description of how the state's welfare reforms developed as part of a conservative effort to reinvent antipoverty policy. That effort has been characterized as governmental paternalism, a policy approach that imposes behavioral requirements upon the poor in return for assistance (Mead, 2004). By comparing state and national trends, this paper presents a descriptive assessment of the achievements and the limitations of Wisconsin's antipoverty policy.

### Background: Welfare Reform in Wisconsin

The beginnings of welfare reform in Wisconsin can be traced back to the election of Tommy Thompson as governor in 1986. From the outset, Governor Thompson made the replacement of welfare with work-based assistance programs the centerpiece of his administration's social policy. The welfare rolls, which peaked at 100,000 families in 1986, had been cut nearly in half by 1996 and fell to a low of less than 11,000 families in 2000 before leveling off (see Table 1). These figures exclude

over 10,000 AFDC cases involving children in parentless families that were transitioned to kinship care or to caretaker supplements. Nonetheless, Wisconsin's caseload decline exceeded that of any other state with a substantial urban population. This caseload reduction was widely attributed to work-based programs that began with the Work Experience and Job Training Program (WEJT) in 1987 and culminated with the 1996 passage of Wisconsin Works (W-2) that replaced Aid to Families with Dependent Children (AFDC) statewide in September, 1997.

Over half the states used waivers (that allowed departures from AFDC program requirements) to begin welfare reform before the passage of PRWORA, but none did so more extensively than Wisconsin. Unlike most states that added financial incentives to the existing welfare system, Wisconsin demanded work as an eligibility condition for aid, and a principle means of enforcing work has been to prevent applicants from going on the rolls in the first place. Beginning with two welfare waiver experiments in 1994, Work First and Self Sufficiency First, Wisconsin encouraged and then demanded that aid applicants attend work orientations sessions and put in 60 hours of job search at least 30 days prior to receiving AFDC benefits. With the passage of W-2, these diversion efforts were institutionalized through the creation of a job ladder consisting of four tiers, or placement levels. Former AFDC recipients did not automatically qualify for assistance as they did in many states; they had to come in and apply like all other applicants and show that they had exhausted all other sources of assistance. Applicants meeting this requirement then met with a Financial and Employment Planner (FEP) who determined eligibility and placement on the W-2 job ladder. The preferred option was to limit cash aid by requiring applicants to accept unsubsidized employment, while offering them non-cash support and case management services. Only those judged unable to find unsubsidized jobs were assigned placements on the W-2 job ladder and granted cash aid in the form of flat monthly grants (i.e., they did not vary with family size). Most applicants who received cash aid were assigned to community service jobs and given monthly grants of \$673, while those judged least job ready were assigned to transitional "work-activity" programs that carried monthly grants of \$628. Under TANF, these W-2

participants were expected to progress up the job tiers into unsubsidized employment within two years. Any failure to meet the work activity requirements associated with their job tier was sanctioned by having their monthly grant reduced by \$5.15 for each hour missed and, if the failure persisted, by termination of their grant.

In addition to diverting aid applicants from cash aid assistance, Wisconsin has relied upon extensive sanctioning of W-2 participants to enforce work activity. These sanctions emerged as a major issue in the administration of W-2 in 2001 when a statewide audit found that many participants were being penalized inappropriately. That report by the Wisconsin Legislative Audit Bureau (2001) found that 21% of the caseload had been sanctioned during the preceding year and that 45% of these participants had been sanctioned in error, often in ways that did not accord with state policy. An earlier report by the General Accounting Office (USGAO, 2000) had established that W-2 participants were sanctioned more often and more severely than the participants in almost any other state welfare program. Unlike most states that apply sanctions only to a portion of the TANF grant (i.e., that received by the participating parent), Wisconsin enforces "full family sanctions" under which the entire cash grant can be withheld for instances of work noncompliance. Unlike most states, W-2 also sanctions for even one hour of missed activity, a policy which it terms "pay for performance," and it limits the rights of participants to appeal these sanctions by allowing the welfare agencies to investigate their own disputed cases. Finally, unlike most states, W-2 does not exempt a portion of its caseload from some form of work activity. W-2's work-activity requirements are immediate (with the exception of teen parents or the parents of infants less than 12 weeks of age) and relatively strict, and the "good cause" policies that govern when participants can get an excused absence from work activity are not enforced uniformly across agencies (Institute for Wisconsin's Future, 2005).

The diversion of former aid recipients and new applicants away from cash aid, and the strict sanctioning of many who received cash aid assistance, was enforced both through the competitive selection of welfare agencies to run W-2 and

through the initial performance contracts granted to those agencies. Under the so-called "right of first selection," public agencies were allowed to administer W-2 only if they first reduced their AFDC caseloads by 25% between September 1995 and August 1996. In several counties, including Milwaukee, where the public agencies either failed or refused to meet this requirement, the contracts to administer W-2 were granted to private agencies. The funding of those contracts was fixed, based upon the caseloads at the beginning of the contract period, and the agencies were allowed to keep up to 7% of the contract amount as profit, as well as up to 10% of any remaining funds that were unspent. Although these financial incentives were dropped when the contracts were renewed in 2002, they motivated agencies at the outset of W-2 to place as many aid applicants as possible into unsubsidized jobs, thereby avoiding the expense of creating community service jobs and transitional programs. They also provided an incentive to impose sanctions for instances of work noncompliance, thereby reducing cash aid grants and keeping the caseload to a minimum.

The redesign of welfare under W-2 thus centered upon the enforcement of a strict work requirement, and it was accompanied by a relatively generous system of work supports. Apart from the case management services and cash grants received by W-2 participants, Wisconsin extended child care and health care assistance to the entire low-income population. TANF eliminated a major work disincentive under AFDC by delinking Medicaid eligibility from welfare receipt. The passage of the State Child Health Insurance Program (SCHIP) then extended Medicaid eligibility to children in families with incomes up to 200% of the poverty line. However, most states continue to restrict parental eligibility for Medicaid based upon the means test used under AFDC in 1996, and in half the states a parent becomes ineligible for Medicaid when her income exceeds 69% of poverty (Greenstein & Guyer, 2001). Wisconsin is unique in extending parental eligibility for Medicaid and child care assistance to 185% of the poverty level, with no charges or co-pays for families with incomes below 150% of the poverty level. W-2 also allows two-parent families to receive cash aid assistance, and it encourages child support by noncustodial parents through a 100% pass through of all support payments

to the family.

Unfortunately, the same diversion policies that limited the receipt of cash aid also initially limited the receipt of these noncash benefits by many eligible families. In assigning aid applicants to either subsidized or unsubsidized work placements, FEPs were encouraged to follow a policy of "light touch," providing applicants with or informing them about only such assistance as the FEP considered necessary. In many instances, this "light touch" extended to noncash benefits that were not linked to cash aid welfare. The failure to inform aid applicants of their eligibility for this assistance was more pronounced in Milwaukee and other counties where private agencies administered W-2 (Mead, 2004). Federal rules require that eligibility determinations for noncash benefit programs be made by public employees. Where county agencies continued to administer welfare, the FEPs would refer W-2 applicants to a Support Services Planner who would determine their eligibility for food stamps, childcare and Medicaid assistance. Because they were employed by private agencies, the FEPs in Milwaukee and a few other counties could not easily make these referrals, and it appears that under "light touch" they were not encouraged to do so.

Wisconsin is unusual in the extent to which it both imposes a strict work requirement upon and provides case management assistance to cash aid recipients, while extending the right to noncash benefits to low-income working families. This combination of work requirements and supports makes more demands of aid recipients while presumably supervising them more closely to insure that they meet those demands. But to characterize this as "paternalistic governance" assumes that only potential aid applicants who are employable have been diverted from cash aid assistance, and that only those who refuse to comply with work requirements, not those who are unable to comply, have been sanctioned or terminated. In fact, many of these families face difficulties that limit their ability to find and hold jobs, including physical and mental health problems, ill children or children with disabilities, alcohol and drug problems, low levels of education and cognitive skill, high levels of domestic violence, and limited work experience. Families facing these difficulties are more likely to be sanctioned for

failing to comply with work requirements, and studies show that sanctioned families that leave the welfare rolls have lower employment rates than families that leave for any other reason (Pavetti, Derr, & Hesketh, 2003). More generally, paternalistic governance assumes that poor families will comply with work requirements because they have something to lose by not complying. But how do you make demands upon nonworking families that have been diverted or terminated from cash aid assistance?

Wisconsin has been relatively successful at reducing welfare use and promoting work. It greatly reduced welfare use by requiring most poor families to seek unsubsidized jobs, and it insured that cash aid recipients met TANF work requirements by sanctioning or terminating any who did not comply. It is not clear, however, that Wisconsin has been successful at helping poor families become economically self-sufficient. Under W-2, participants cannot hold unsubsidized jobs and receive cash aid grants, and maximizing the income of aid-recipient families by allowing them to retain earnings was never a program goal. Consequently, the state's success in reducing welfare use and increasing employment has likely involved trade-offs with the goal of providing assistance to needy families, and these potential trade-offs raise a number of research questions.

First, has the increased work effort and earnings of aid-eligible families been sufficient, on average, to offset the loss of benefit income? In other words, has there been any increase in the average income of aid-eligible families? If not, the sharp reduction in welfare dependency will have been achieved at the cost of little or no improvement in the economic situation of the state's poorest families.

Second, has the distribution of income among aid-eligible families become markedly less equal under W-2? If so, the welfare losses of the families whose incomes have fallen may exceed the welfare gains of those whose incomes have risen, even if the average family income has remained stable or increased slightly.

Finally, and as a corollary to the preceding question, has there been a substantial deepening of poverty and consequent increase in the number of extremely poor families under

W-2? Perhaps the most unique feature of Wisconsin's welfare reforms has been its extension of the work requirement to nearly all aid-recipient families. But the diversion and sanctions policies that have enforced that work requirement may have contributed to a substantial increase in the number of extremely poor families.

After discussing the data and measures used in the analysis, the following sections seek to answer these questions by comparing the trends in the level and distribution of earnings and income, and in the level and intensity of poverty, among aid-eligible families in Wisconsin to the comparable trends nationwide.

### Data and Measures

In cities and less-populated states such as Wisconsin, estimates of the size of the poverty population are usually based upon small subsamples from Census Bureau surveys. Because of the small size of the subsample of poor respondents, using these surveys to analyze income trends among poor households yields estimates that are highly uncertain. Many analysts therefore supplement Census data on the number of poor individuals and families with administrative data derived from social programs that serve people with poverty-level incomes. Enrollment in the food stamp program (which provides food subsidies to families with incomes up to 130 percent of the poverty level) is frequently used as a proxy for the poverty population. This study uses a pooled sample created from the Food Stamp Quality Control (QC) data for the fiscal years 1993 to 2006 to document the employment, earnings, and income trends among poor single-mother families. Single-mother families account for more than 60% of food stamp families with children and are most likely to be impacted by welfare reform. Although the comparisons presented in Tables 2 to 4 are limited to single-mother families, the trends are essentially the same when the sample is expanded to include all food stamp families with children.

The QC data are the product of an ongoing review of food stamp units (i.e., families) that is designed to measure the accuracy with which eligibility and benefit determinations are

made. The data are from a national sample, stratified by state, of approximately 60,000 individuals and families receiving food stamps during the fiscal year review period of October through September. The data are collected by QC reviewers who gather financial and demographic information from the sampled unit's case files, then visit the household and re-interview the participants to insure that the information is correct. Compared to surveys such as the Current Population Survey, which typically underestimate the income received from various sources, the QC data represents a more accurate and complete assessment of both the earned and unearned income received by poor families. In the QC data, and in the tables presented below, earnings refer to the total amount of wages and self-employment earnings received from unsubsidized jobs. Income includes both earnings and "unearned income"—i.e., the benefits received from various public assistance and transfer programs. Family income thus includes AFDC and TANF benefits, but these benefits are not included in earnings even though their receipt is increasingly contingent upon work performance.

All earnings and income data in the QC files were inflated to 2006 dollars based upon the Consumer Price Index (CPI-U) for the year in which they were reported. In order to simplify the presentation and to reduce the effect of sampling variation, the average employment, earnings, and income levels were then averaged over two-year periods, beginning with the years 1993 and 1994 and extending through 2005 and 2006. In addition to verified earnings and income data for all food stamp recipients, the QC data include a measure of family income as a percent of the poverty threshold (for a given family size), and can be used to estimate trends in the extent of poverty within this population. Finally, the QC data include sampling weights which enable us to estimate employment, earnings, and income trends for the entire recipient population. The estimates presented here are adjusted in accordance with these sampling weights, while the tests of statistical significance are based upon unweighted data.



Table 1: AFDC/TANF caseload, food stamp recipients, and number of poor in U.S. &amp; Wisconsin

Indicator:	1993-94	1995-96	1997-98	1999-00	2001-02	2003-04	2005-06
<i>AFDC/TANF caseload<sup>a</sup></i>							
U. S. (1,000s)	5,023	4,613	3,395	2,398	2,076	2,002	1,838
Wisconsin	77,901	62,779	25,738	11,250	12,344	14,917	11,156
<i>Food stamp recipients<sup>b</sup></i>							
U. S. (1,000s)	27,193	26,037	21,283	17,626	18,167	22,210	25,238
Wisconsin	330,214	307,243	212,461	182,007	239,251	308,805	351,385
<i>Number of poor<sup>c</sup></i>							
U. S. (1,000s)	38,555	36,477	35,025	33,051	34,092	36,504	38,494
Wisconsin	526,340	451,087	470,754	451,945	510,134	562,608	568,850
<i>Recipients as % of poor</i>							
U. S.	71%	71%	61%	53%	53%	61%	66%
Wisconsin	63%	68%	45%	40%	47%	55%	62%

<sup>a</sup>U.S. Dept. of Health & Human Services, Admin. for Children & Families; and Wisconsin Dept. of Workforce Development.

<sup>b</sup>U.S. Department of Agriculture, Food & Nutrition Service, Food Stamp Quality Control Files, authors' calculations.

<sup>c</sup>U.S. Bureau of Census, Small Area Income & Poverty Estimates, 1993-1999; American Community Survey, 2000-2006.

The QC data thus offer a number of advantages for studying income and poverty trends among poor families, but their use as a proxy for the poverty population can be criticized on two counts. First, it might be objected that family units with incomes above the poverty level are eligible for food stamps, and therefore the estimates of poor families are inflated. However, the program data show that over 90 percent of food stamp recipients have household incomes below the poverty threshold (U.S. Department of Health and Human Services, 1997), and the trends reported here explicitly focus upon families that are below, and often well below, the poverty line. Second, and more importantly, the number of families receiving food stamps fell sharply following the passage of the welfare reform law (see Castner, 2000). Part of this decline was due to both the tightening of certification to reduce the error rate and to the denial of food stamp benefits to (most) legal immigrants. However, the decrease in food stamp usage was also linked to welfare reform and the increased stigma

associated with all forms of public assistance (Greenstein & Guyer, 2001). This is particularly likely to have occurred in Wisconsin, where many welfare agencies and caseworkers appear to have interpreted the policy of "light touch" to mean that welfare applicants need not be informed of other forms of public aid for which they remained eligible.

The figures in Table 1 document the AFDC/TANF caseload, the number of food stamp recipients, and the size of the poverty population in Wisconsin and nationwide over the period from 1993 to 2006. As the top rows of Table 1 reveal, the number of welfare cases dropped dramatically between 1993 and 2000 before leveling off. The percentage decrease in Wisconsin over this seven-year period amounted to 86% of its 1993 caseload, compared to a 56% decrease nationwide. (As earlier discussed, part of the caseload decline in Wisconsin is due to the reclassification of children in parentless families, since they are ineligible for placement under W-2.) Paralleling this decline in welfare receipt, the number of food stamp recipients dropped in Wisconsin by 45% between 1993-94 and 1999-2000, compared to a 35% decline nationwide. As the figures in Table 1 also show, these declines in food stamp receipt far exceeded the reduction in the poverty population during the same period. Over this period the number of food stamp recipients decreased from 71% to 53% of the poverty population nationwide, and from 63% to 40% of the poverty population in Wisconsin. However, unlike the welfare caseload, the number of food stamp recipients rebounded after 2000 and represented nearly the same percentage of the poor in 2006 as they had in 1993. Thus, while the size of the food stamp population has fluctuated, it continues to represent a large majority of the poor. Consequently, any continuous increase or decrease in the employment, earnings or income of food-stamp families over the entire coverage period represents either an improvement or a deterioration in the economic situation of most poor families. Continuous changes (i.e., secular trends) in these economic outcomes cannot be attributed to the fluctuations in food stamp receipt.

Table 2: Employment, earnings and income trends among single-mother, food stamp families in U.S. and Wisconsin

	1993-94	1995-96	1997-98	1999-00	2001-02	2003-04	2005-06	Change
<i>% Employed:</i>								
U.S.	19%	22%	30%	38%	36%	37%	41%	+22%**
Wisconsin	20%	25%	40%	41%	41%	48%	51%	+31%**
<i>Earnings:<sup>a</sup></i>								
U.S.	\$179	\$200	\$272	\$336	\$340	\$341	\$362	+\$183**
Wisconsin	\$156	\$196	\$382	\$424	\$437	\$481	\$483	+\$327**
<i>Income:</i>								
U.S.: Mean	\$704	\$690	\$735	\$770	\$755	\$727	\$714	+\$10**
Std. Dev.	\$400	\$402	\$440	\$476	\$497	\$511	\$520	
Coeff. of Variation	0.57	0.58	0.60	0.62	0.66	0.70	0.73	
WI: Mean	\$901	\$886	\$916	\$924	\$926	\$913	\$892	-\$9
Std. Dev.	\$351	\$367	\$476	\$512	\$586	\$591	\$572	
Coeff. of Variation	0.39	0.41	0.52	0.55	0.63	0.65	0.64	
<i>Earnings/Income Ratio:</i>								
U.S.	0.25	0.29	0.37	0.44	0.45	0.47	0.51	
Wisconsin	0.17	0.22	0.42	0.46	0.47	0.53	0.54	

Source: Food Stamp Quality Control Files, authors' calculations.  
<sup>a</sup>Earnings and income figures are two-year averages (in 2006 \$). Here and in Tables 3 & 4, the Chi Square test assessed the significance of the changes in the employment and poverty percentages between the initial and final two-year periods, while two-tailed t-tests assessed the significance of the mean differences in earnings and incomes. For both tests, \*\* indicates  $p < .01$ .

Average Employment, Earnings, and Income  
Levels of Poor, Single-Mother Families

The figures in Table 2 show the state and national trends in employment, earnings and income among single-mother families receiving food stamps. As we might expect, given Wisconsin's strict work requirement as an eligibility condition for aid, the level of employment among poor single-mother families has risen more in Wisconsin than it has nationwide. In Wisconsin, the employment rate among these families rose

from 20% to 51% over the entire coverage period, a statistically significant increase of 31 percentage points. The comparable increase for the entire U.S. sample was from 19% to 41%, or 22 percentage points. Wisconsin has been comparatively successful at increasing employment among poor, single-mother families.

Wisconsin has also been comparatively successful at boosting the average earnings of these families. Again using the two-year averages at the beginning and end of the 1993 to 2006 period, and basing comparison on constant 2006 dollars, real earnings rose from \$156 to \$483 among the Wisconsin families, more than a threefold increase. Over the same period the average real earnings for the national sample of poor single-mother families rose from \$179 to \$362, a twofold increase. As the bottom rows of Table 2 reveal, earnings account for a growing share of the average income of these families, both in Wisconsin and nationwide. In Wisconsin, the share of family income derived from earnings increased from less than a fifth to more than half, while nationwide the earnings share of family income increased from a quarter to a little over half.

Yet, despite their relatively large earnings gains, there has been no improvement in the average income of Wisconsin's poorest families, either in absolute terms or relative to the incomes of similar families nationwide. The average real incomes of poor, single-mother families show no trend increase, fluctuating around \$900 a month in Wisconsin and around \$700 a month nationwide throughout the 14-year study period. On the whole, poor, single-mother families are better off in Wisconsin than they are nationwide, but they are no better off in absolute or relative terms than they were in the years prior to the passage of W-2. With regard to our first research question, there has been no significant change in the average income of Wisconsin's aid-eligible families. The increased work effort and earnings of these families has not resulted in any overall improvement in their economic well-being.

Of course, averages are only part of the story. The achievements and limitations of welfare reform policies also depend upon what happens to the distribution of income among poor families. Table 2 addresses this issue by showing the trends in two measures of income inequality—the standard deviation

and the coefficient of variation (i.e., the ratio of the standard deviation to the mean) of the sample income distributions. Both measures show a substantial increase in the variability of income among poor, single-mother families. Between 1993-94 and 2005-06 the coefficient of variation of the family income distribution increased from .57 to .73 in the national sample (a 28% increase), and from .39 to .64 in the Wisconsin sample (a 64% increase). With regard to our second research question, the economic circumstances of poor, single-mother families have become increasingly disparate, and this change has been much more pronounced in Wisconsin than it has nationwide. To appreciate the implications of this growing income dispersion, we need to look at how incomes are changing relative to the poverty threshold.

### The Changing Income/Poverty Ratios among Poor, Single-Mother Families

A recurrent finding in studies of welfare reform is that the earnings and income gains of the past decade have not been evenly spread across poor families. A growing number of poor families have seen their incomes fall sharply even as the overall poverty rate declines (see Parrott & Sherman, 2007). Table 3 casts light upon this issue by comparing the poverty trends among poor, single-mother families in Wisconsin and nationwide. The figures in the table show the changes in both the number and percentage of poor, single-mother families with incomes at or above 75% of poverty, between 50% and 75% of poverty, and below 50% of poverty (based upon family size). As these measures show, the number of extremely poor, single-mother families has decreased nationwide along with the number of poor, single-mother families in general. In contrast, Wisconsin has seen a marked increase in the number and percentage of both extremely poor families and families close to or above the poverty line. The proportion of poor, single-mother families in Wisconsin with incomes below 50% and the proportion with incomes equal to or above 75% of poverty each increased by approximately a fifth (i.e., by 23 and 18 percentage points, respectively).

It is important to note that at the outset of this period Wisconsin differed greatly from the country as a whole in

Table 3: Income/poverty ratios of single-mother, food stamp families in U.S. and Wisconsin.

Number of Families: <sup>a</sup>	1993-94	1995-96	1997-98	1999-00	2001-02	2003-04	2005-06	Change
<i>U.S.: (1,000s)</i>								
> 75% of Poverty	779	799	812	751	769	884	1,008	+229
50-74% of Poverty	1,407	1,229	931	717	648	709	782	-625
< 50% of Poverty	2,223	2,167	1,615	1,185	1,222	1,564	1,758	-465
Total Families	4,409	4,195	3,358	2,653	2,639	3,157	3,548	-861
<i>Wisconsin:</i>								
> 75% of Poverty	14,851	14,898	13,472	12,717	15,716	21,105	24,082	+9,231
50-74% of Poverty	35,584	24,300	10,614	8,478	9,695	11,899	12,378	-23,206
< 50% of Poverty	5,833	13,231	12,236	9,508	13,592	17,451	18,330	+12,497
Total Families	56,268	52,429	36,322	30,703	39,003	50,455	54,790	-1,478
Percent of Families:	1993-94	1995-96	1997-98	1999-00	2001-02	2003-04	2005-06	Change
<i>U.S.:</i>								
> 75% of Poverty	18%	19%	24%	28%	29%	28%	28%	+10%**
50-74% of Poverty	32%	29%	28%	27%	25%	22%	22%	-10%
< 50% of Poverty	50%	52%	48%	45%	46%	50%	50%	0%
Income/Poverty Ratio <sup>b</sup>	0.52	0.51	0.53	0.55	0.55	0.53	0.53	
Standard Deviation	0.27	0.28	0.30	0.33	0.34	0.36	0.37	
Coeff. of Variation	0.52	0.55	0.57	0.60	0.62	0.68	0.70	
<i>Wisconsin:</i>								
> 75% of Poverty	26%	28%	37%	41%	40%	42%	44%	+18%**
50-74% of Poverty	63%	46%	29%	28%	25%	24%	23%	-40%
< 50% of Poverty	10%	25%	34%	31%	35%	35%	33%	+23%
Income/Poverty Ratio	0.65	0.64	0.64	0.65	0.65	0.67	0.67	
Standard Deviation	0.21	0.23	0.31	0.34	0.40	0.44	0.43	
Coeff. of Variation	0.33	0.36	0.48	0.52	0.62	0.66	0.65	

Source: Food Stamp Quality Control Files, authors' calculations.

<sup>a</sup> Average number of families over two-year period.

<sup>b</sup> Average ratio of gross family income to poverty threshold over two-year period.

The Chi Square test assessed the significance of the changes in the employment and poverty percentages between the initial and final two-year periods, while two-tailed t-tests assessed the significance of the mean differences in earnings and incomes. \*\* indicates  $p < .01$ .

terms of the percentage of single-mother families in extreme poverty. Only 10% of poor single-mother families in Wisconsin fell into this category in 1993-94, compared to 50% of comparable families nationwide. Wisconsin's cash aid programs did not keep families out of poverty, but they did prevent all but a small fraction from being extremely poor. By the end of the 1993-2005 period, however, both the number and proportion of extremely poor families in the state had increased more than threefold. The incidence of extreme poverty among Wisconsin's single-mother families has sharply increased to converge toward the national average, and this increase clearly coincided with the statewide implementation of W-2. Between 1993-94 and 1997-98 the percentage of extremely poor, single-mother families in the Wisconsin sample jumped from 10% to 34% and then leveled off over the remainder of the coverage period.

Using incomes below 50% of the poverty threshold is a conventional, but arbitrary, way to measure deepening poverty. A less intuitively appealing, but more accurate measure is the coefficient of variation of the income/poverty ratios. Like the average real incomes of these families, the mean income/poverty ratio shows little change throughout this period, fluctuating between .51 and .55 for the national sample, and between .64 and .67 for the Wisconsin sample. Dividing the standard deviation by these averages shows how the income/poverty ratios have become more unequal over time. This coefficient of variation of the income/poverty ratio nearly doubles in the Wisconsin sample, increasing from .33 for the years 1993-94 to .65 for the years 2005-06. Over the same period, this coefficient of variation increased from .52 to .70 for the country as a whole, an increase of a little more than a third. The income/poverty ratios of poor, single-mother families have become more unequal nationwide, but the change has been far more dramatic in Wisconsin. To understand what is behind this increasing disparity, we need to look at how the sources of income have changed for these families.

Table 4. Income sources in top and bottom half of income distribution of single-mother, food stamp families in U.S. and Wisconsin.

	1993- 94	1995- 96	1997- 98	1999- 00	2001- 02	2003- 04	2005- 06	Change
U.S., Upper 50%:								
Earnings <sup>a</sup>	\$321	\$363	\$497	\$601	\$605	\$626	\$670	+\$349**
AFDC/ TANF Income	\$419	\$369	\$276	\$208	\$168	\$114	\$97	-\$322**
Gross Income	\$990	\$986	\$1,066	\$1,138	\$1,143	\$1,134	\$1,132	+\$142**
U.S., Lower 50%:								
Earnings	\$20	\$21	\$30	\$55	\$59	\$49	\$51	+\$31**
AFDC/ TANF Income	\$307	\$295	\$276	\$221	\$167	\$128	\$109	-\$198**
Gross Income	\$386	\$365	\$378	\$378	\$345	\$309	\$290	-\$96**
WI, Upper 50%:								
Earnings	\$287	\$340	\$667	\$698	\$738	\$855	\$819	+\$532**
AFDC/ TANF Income	\$548	\$484	\$241	\$168	\$176	\$69	\$68	-\$480**
Gross Income	\$1,149	\$1,147	\$1,282	\$1,331	\$1,397	\$1,387	\$1,353	+\$204**
WI, Lower 50%:								
Earnings	\$19	\$43	\$93	\$151	\$138	\$106	\$136	+\$117**
AFDC/ TANF Income	\$567	\$521	\$357	\$201	\$147	\$93	\$82	-\$485**
Gross Income	\$641	\$607	\$545	\$516	\$457	\$437	\$417	-\$224**

Source: Food Stamp Quality Control Files, authors' calculations.

<sup>a</sup>All earnings and income figures are two-year averages (in 2006 dollars). The Chi Square test assessed the significance of the changes in the employment and poverty percentages between the initial and final two-year periods, while two-tailed t-tests assessed the significance of the mean differences in earnings and incomes. \*\* indicates  $p < .01$ .



### The Changing Income Sources of Poor, Single-Mother Families

The rapidly growing income disparity among Wisconsin's poor, single-mother families suggests that some of these families have been comparatively successful at raising their earnings and achieving real income gains, while many others have been unable to earn enough to offset the loss of benefit income. The figures in Table 4 support this interpretation. They show the trend changes in the average real earnings, AFDC/TANF income, and total income of poor single-mother families, both in Wisconsin and nationwide, in the top and bottom halves of their income distributions.

Looking first at the top half of their income distribution, the average earnings gains of poor, single-mother families have more than equaled the average loss of AFDC/TANF income. The average real monthly earnings of these families increased by \$532 in Wisconsin (i.e., from \$287 to \$819), and by \$349 nationwide (i.e., from \$321 to \$670), between 1993-94 and 2005-06. These earnings gains were sufficient to offset the loss of welfare income, which averaged \$480 in Wisconsin and \$322 nationwide. The real incomes of these families increased by more than the difference in these earnings gains and welfare losses because other forms of unearned income, especially Supplemental Security Income (SSI), increased over this 14-year period. The net result of these trends is that poor, single-mother families in the top half of their income distribution saw their real monthly incomes increase by \$204 in Wisconsin and by \$142 nationwide. Judging from these families, welfare reform in Wisconsin has been successful in offsetting relatively large reductions in welfare payments with relatively large earnings gains.

A very different picture emerges when we look at families in the bottom half of the income distribution. Among these families, the earnings gains that have accompanied welfare reform have offset only a small fraction of the welfare benefit losses, and real monthly incomes have dropped precipitously. The average monthly earnings of these families increased by \$117 in Wisconsin (from \$19 to \$136), and by \$31 nationwide (from \$20 to \$51). These earnings gains represent a small fraction of

the average loss of monthly welfare income, which amounted to \$485 in Wisconsin and \$198 nationwide. Again, this loss of welfare benefit income was cushioned somewhat by the growth of other forms of government assistance. Nonetheless, over this 14-year period the average monthly income of the Wisconsin families in the bottom half of the distribution fell by \$224, or from \$641 to \$417 a month. The average monthly income of comparable families nationwide fell by only \$96, or from \$386 to \$290 a month. As these figures indicate, there has been a relatively small increase in the average earnings of families in the bottom half of this distribution, both in Wisconsin and nationwide. At the same time, there has been a larger reduction in the average amount of welfare income in Wisconsin. The answer to our third research question, then, is that there has been a substantial deepening of poverty among the poorer half of single-mother, food-stamp families in Wisconsin. Their real monthly incomes have decreased by more than a third, a proportionate income loss considerably greater than that experienced by comparable families nationwide.

### Summary and Discussion

Wisconsin's work-based approach to welfare reform has been widely acclaimed for reducing welfare use while increasing the employment and earnings of its poorest citizens. The evidence presented here indicates that these achievements are only part of the story. Wisconsin's poor, single-mother families are, on average, working and earning more than they did, and these employment and earnings gains exceed those of comparable families nationwide. The reduction in welfare dependency has not been matched, however, by any improvement in their overall economic well-being. The relatively large earnings gains of Wisconsin's poor, single-mother families have been offset by relatively large benefit losses and, as a result, there was no significant change in their average real incomes between 1993 and 2006. The overall economic situation of these families showed no improvement, either absolutely or relative to that of comparable families nationwide.

The incomes of poor, single-mother families have also become more unequal, and the disparity in the economic

circumstances of these families has grown more rapidly in Wisconsin than nationwide. The percentage of families with incomes that are either at or near the poverty threshold and the percentage with incomes that are less than half the poverty threshold have both increased markedly in Wisconsin. In sharp contrast to national trends, both the number and percentage of extremely poor families in Wisconsin have increased more than threefold. The deepening poverty of the state's poorest families, like the improving economic circumstances of those somewhat better off, is a consequence of the changing sources of income. Although cushioned by the expansion of other forms of government assistance, the amount of welfare income—averaged across aid-eligible families—has dropped precipitously. This decrease in the average amount of cash aid has been considerably greater in Wisconsin, which traditionally afforded more cash assistance to poor families than the nation as a whole. Poor, single-mother families in Wisconsin and nationwide now depend upon their own earnings not just to escape poverty, but to avoid extreme poverty. In light of this growing dependence upon earnings, perhaps the most troubling finding in the preceding analysis is that the earnings gains among the bottom half of Wisconsin's poor, single-mother families have been only slightly greater than the earnings gains among comparable families nationwide. Wisconsin's welfare reform program has been no more successful than TANF programs nationwide in helping these families achieve economic self-sufficiency.

These findings provide the context for a critical evaluation of Wisconsin's antipoverty policy. That policy has been characterized as a form of governmental paternalism because it uses work requirements to set behavioral standards. A paternalistic approach to antipoverty policy assumes that the poor are part of the cultural mainstream in valuing work (i.e., they express a desire to work), but they often fail to act in ways that are consistent with those values. In other words, the initial premise of paternalistic policies is that the poor are poor primarily because of their own behavioral failings. To insure that the behavior of the poor conforms to accepted values, this policy approach prescribes behavioral standards, and it enforces those standards through close supervision and the threatened loss of aid for noncompliance. In the view of their proponents,

paternalistic anti-poverty programs serve the interests of both society and the poor by enforcing behavioral standards to which the poor are often unable to conform through their own volition (Mead, 1997).

W-2 supervises the behavior of poor clients through its case management services and placements on the W-2 job ladder, but it extends those services and placements to a very small fraction of potential aid recipients. The primary means of enforcing work has been through its diversion (and sanctions) policies. These diversion policies are defended on the grounds that they do not deny assistance to the poor. Rather, they are claimed to be directive in the sense that aid applicants are informed of the behavioral requirements associated with assistance, and those who are work-ready simply decide to avoid welfare. But such rationalizations assume that poor clients who have not conformed to work norms through their own volition will suddenly do so when informed of W-2's work requirements. If poverty is primarily the result of behavioral failings rooted in the lifestyles of the poor, it seems unlikely that diversion policies are going to enable the poor to overcome these behavioral failings.

It is more accurate to say that the state's diversion and sanctions policies are a principal reason why W-2 has had so little success at improving the economic circumstances of the state's poorest families. By either diverting or sanctioning the majority of aid applicants, Wisconsin showed the limits of its commitment to providing the supervision and work supports that many poor families need to meet the new work requirements. For example, the proponents of paternalistic policies acknowledge that it is necessary to screen high-risk populations for mental disorders and to provide treatment, especially for depression, *before* enforcing behavioral changes through diversion and sanctions policies (see Shore, 1997). However, the provision of services under W-2, including screening and treatment programs for depression, has been limited to the small fraction of the aid-eligible population that continued to receive assistance *after* the state diverted the majority of the aid-eligible population from its welfare rolls. The subsequent collapse of the W-2 caseload led to a partial revision of the program's diversion and sanctions policies. But there has

been little effort to recruit aid-eligible families and extend to them the case management and other work supports available under W-2. As the figures in Table 1 show, the number of W-2 placements, which includes cases with and those without cash assistance, has leveled off and represents a small percentage of the state's aid-eligible families. Today, the state's worsening financial situation limits its ability to provide additional support services, but those budgetary constraints were considerably looser at the outset of welfare reform. The policies that the state began to implement well before the inauguration of W-2 were intended to achieve rapid caseload reduction, even if that meant denying many poor families the supervision and support services they needed to make successful transitions from welfare to work. Rather than a commitment to paternalistic governance, the implementation of W-2 was guided by the traditional conservative belief that the problems of the poor are best addressed by enforcing work norms, regardless of the readiness of many poor families to make the transition to unsubsidized employment. It seems somewhat ironic, but the conservative beliefs that gave impetus to paternalistic anti-poverty policies ultimately limit what can be achieved through those policy initiatives.

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# Pregnant and Poor in the Suburb: The Experiences of Economically Disadvantaged Women of Color with Prenatal Services in a Wealthy Suburban County

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*This study explores the perinatal care experiences of disadvantaged women of color in a wealthy U.S. suburb. The women were asked to discuss the availability of health and social services during pregnancy, continuity of provider and/or treatment, communication issues with their providers, and the amount and type of support and resources available. Many of the questions covered in literature on urban poverty emerged as well in this suburban sample, including economic and psychosocial barriers, and continuity and communication issues between low-income/minority women and providers of health and social services. Additional barriers in the suburbs were also discussed, including problems of access to care and services, with health insurance/reimbursement or financial accessibility, transportation and housing, and getting needed information. Overall findings support the argument that suburban poverty is an overlooked issue contributing to health disparities in infant mortality.*



Key words: *barriers, perinatal care, access to care, women of color, suburban poverty*

## Introduction

This paper did not begin as a study in health disparities, but as an applied investigation into maternal child health services. When the director of a county perinatal services network/coalition first discussed this study with one of the authors, the director had in mind a means of convincing the county to formalize and fund their voluntary network. This collaborative idea produced the original purpose of this study: to conduct a needs assessment in five targeted low-income communities. The proximate goal was to provide feedback to providers on the gaps in prenatal and postpartum care for poor women in their county, and the ultimate goal was to demonstrate the utility of the voluntary network. Emergent from the data, however, was an additional story of what it is like to be poor in one of the wealthiest counties in the nation. This was not a story that was reflected in public discourse in the area. Indeed, the Department of Social Services for the county had to operate on a skeleton budget, on the assumption that they were not really needed. Ideologically committed to the belief in its own elite status, county dialogue seldom admitted the existence of poverty within its borders (Logan, 2006).

This selective blindness is not unique to this particular county. Historically, little attention has been paid to the poor in suburban areas. On the face, one could argue that the greater wealth, higher tax base and more plentiful health care in the suburbs would provide the poor with better access to resources compared to persons with low income living in urban areas. This paper, however, uses qualitative data to show how indigent pregnant women of color often face the same, if not greater, barriers to prenatal care in the suburbs than have been reported in socially disadvantaged urban neighborhoods.

In the United States, approximately 75% of the population now lives within the environs of major metropolitan areas. Of this 75%, however, nearly two-thirds—comprising half the nation's population—live in suburbs surrounding the urban

centers. Until the 2000 census, this 50% of the country's population appeared to have little need for the field of public health (USHMC, 2001). Recent changes in the face of the modern suburb, however, indicate a need to consider a new and rapidly expanding phenomenon—health disparities in suburban minority populations.

The history of suburbs in the United States is one of “white flight” from decaying urban centers. Suburbs have been characterized by high relative incomes, lack of ethnic diversity and a plethora of high quality services readily available to paying clients. On the surface these trends have not substantially changed: most suburbs remain predominantly comprised of white middle to upper class residents. As a result, the issue of health disparities among groups has been largely viewed as irrelevant to suburban residents (Meyer, 2000).

Recent census reports show that the percentage of people of color in the suburbs is growing steadily. In 1990, nationally 18% of suburban residents were people of color. By 2000, that number had grown to 25%, and it continues to rise (SOCDS, 2000). Such increase in minority population does not reflect a corresponding rise in integration within suburbs, nor does it indicate a notable increase in the proportion of people of color in the middle class.

[M]inority suburbs tend to be poorer, less safe, and less capable of supporting quality public services. We need to ask whether minority suburbanization is accentuating divisions between successful and unsuccessful communities at the fringe of the metropolis, similar to the familiar disparities associated in much of the country with the city-suburb boundary. ...These demographic trends therefore raise political questions in two ways: whose voice will be heard, and what new issues will have to be addressed in the public arena. (Logan, 2001a)

As evident in this quote, the patterns of urban social and economic divisions appear to be reproducing themselves in suburban communities. Although many people of color who move to the suburbs are middle class individuals seeking the advantages of larger houses and better schools, it is no longer

the case that few poor people live in suburban neighborhoods (Macionis & Parrillo, 2007).

The county in this study is no exception to this trend. Suburban County is a suburb of New York City, and is among the oldest and most established suburbs in the country. Begun with the post-WWII development of affordable housing for veterans and their families, the Suburban County suburbs have followed the pattern of middle and upper class "white flight" from the city. Until 1958, discriminatory housing laws and practices prevented many people of color from living outside of designated communities, and the resulting pattern of residential segregation continued (NFHA, 2006). Many of the early thoroughfares were deliberately constructed to discourage travel of the poor and people of color by creating structural barriers to discourage commercial traffic and public transportation (e.g., bridges too low to accommodate buses or large trucks).

Suburban County is one of the most segregated counties in the United States, as measured by standardized segregation indices (Logan, 2001b). Such indices measure the range of concentration of racial and ethnic groups by geographic area. On a scale of 1 to 100 with 100 being total apartheid, Suburban County's average segregation index score was 74.4 in 2000, compared to the segregation index score for the average suburban region in the U.S. of 56.6. Suburban County's score has barely moved since 1980 when the level was 77.6 (Logan, 2006).

Suburban County has recently been identified as one of the nation's wealthiest counties in terms of per capita income and assets (Hevesi et al., 2007). It also ranks as one of the most expensive places in the country to live. Yet, a rapidly growing population of people of color characterizes it, with nonwhites comprising over 25% of the population (Long Island Index, 2007). Most people of color, regardless of class, are concentrated in a few towns, which are entirely in the southern part of the county, separated from the white and wealthy northern half by freeways, railroad lines and culture. In this regard, Suburban County is nearly an "ideal type" suburb for health disparities, where segregated groups of middle and lower class people of color live in an area more widely known for its wealth and

privileges (SOCDS, 2000).

Despite documented segregation and poverty in the suburbs, little attention has been devoted to the problems of disadvantaged suburban dwellers (Logan, 2001b). Part of the reason is the continuing appearance of affluence outside of urban centers, such as in Suburban County. The rising rate of poverty in the suburb is camouflaged by the often high average income reported at the community or county level. Higher than average rates of insured patients make the problem of the uninsured seem less urgent; and a high number of health care providers per capita give the appearance of accessible health care services (Berube & Kneebone, 2006; Terrazzano, 2005a).

On this basis one can argue that the advantages directed at the suburban middle class whites are also available to their more impoverished neighbors. On the other hand, the very assumption of middle to upper class status in the suburbs may actually exacerbate, rather than ameliorate, the burden of poverty. It is seldom a priority for policy-makers, service providers and average voters to address these issues, because summary statistics obscure suburban poverty. As a result, suburbs frequently lack a social welfare infrastructure that supports lower income individuals and families (Gaines & Kamer, 1994).

The goal of the current study is to demonstrate the impact of this social and economic gap through the juxtaposition of two apparently contradictory facts: 1) Suburban County is consistently among the wealthiest counties in the country; yet, 2) it has a larger than expected disparity in infant mortality rates (IMR) between whites and people of color. In Suburban County, the 2002 rate of infant mortality was 3.7 for whites, versus 12.2 for African Americans (E.R.A.S.E. Racism NY, 2007). This compares to a 2000 rate in New York State of 4.8 vs. 11.2 and a 2004 rate in New York City of 3.5 and 11.6, respectively (NYC Health, 2006).

While the recent improving trend in infant mortality rates (IMR) for New York makes it hard to generalize with data from different years, a racial gap is evident. Suburban County has a higher IMR among African Americans than either New York State or New York City, while the comparable IMR among whites is generally the same or lower. In other words, despite

its overall wealth and plenitude of health care facilities, Suburban County's health care disparity for infant mortality appears slightly worse for people of color relative to those living in New York City.

Working with a local voluntary network of service providers for women and children living in the county, we designed an exploratory study to try to tap into the prenatal and postpartum needs of disadvantaged women. Starting with existing literature on prenatal services and barriers to care, we sought insight into the experiences of poor pregnant women in a suburban health care system. We used a qualitative approach to determine whether the experiences of poor women in a wealthy suburb reflect access to the middle class services of the suburb, or if suburban barriers are similar to those faced by their impoverished counterparts in disadvantaged urban areas.

### Literature Review

Numerous studies have established that in the United States, disadvantaged women and women of color receive inadequate perinatal care (Aved, Irwin, Cummings, & Findeisen, 1993; Ickovics et al., 2003; Lia-Hoaberg et al., 1990; Sheppard, Zambrana, & O'Malley, 2004; Sword, 1999; Williams & Jackson, 2000). Research has also supported the notion that there are a number of barriers and obstacles to accessing perinatal care for low-income women and women of color (La Veist, Keith, & Guiterrez, 1995; Warner, 1997; Sword, 1999). The serious consequences of such barriers can be seen in complications for both mothers and infants (Sheppard, et al., 2004; Finch, 2003). Data have indicated that women of color and low-income women are at higher risk for low birth weight, preterm babies, and have higher rates of infant mortality than middle and upper class white women (La Veist et al., 1995; U.S. Department of Health and Human Services, 2005). Providing quality perinatal care has been considered the primary strategy to reduce harmful pregnancy outcomes and prevent maternal and infant death (Sheppard et al., 2004).

The literature presents numerous patterns, barriers and psychosocial stressors specific to disadvantaged and

minority women accessing perinatal and prenatal care in the United States. Discrimination, language barriers, and lack of access to transportation are often cited as the most frequent obstacles in the utilization and access of prenatal care by disadvantaged women and women of color (Aved et al., 1993; La Veist et al., 1995; Sword, 1999; Warner, 1997). Psychosocial variables associated with access to prenatal care include ambivalence, fear, or being unaware of pregnancy (Lia-Hoaberg et al., 1990; Harvey & Faber, 1993). Lack of knowledge about available prenatal services, or lack of perceived importance about the need for care has also been correlated with inadequate use of care (Kalmuss & Fennelly, 1990; Aved et al., 1993; Harvey & Faber, 1993). Finally, alcohol and/or drug abuse have also been found to be important factors in utilization of prenatal care, with fear of disclosure as the major deterrent to seeking care (Kalmuss & Fennelly 1990, Poland, Ager, & Sokol, 1991; Aved et al., 1993; Delvaux, Buekens, Godin, Boutsen, & the Study Group on Barriers and Incentives to Prenatal Care in Europe, 2001).

Aved et al. (1993), for instance, report the inability to find a physician willing to accept low-income women as the single largest barrier to obtaining care. Regardless of women's success in obtaining care, lack of transportation was reported as another significant deterrent (Aved et al., 1993). Other significant barriers included the inability to afford services, problems related to health insurance, and inadequate child care.

Significant attention has focused on financial issues related to accessing prenatal care. It has been well documented that financial barriers are a common impediment. For example, uninsured women receive fewer prenatal services and report greater difficulty in obtaining needed care than women with insurance (Andrulis, 1998). Even when financial barriers are removed, other variables have been found to be associated with inadequate prenatal care (Delvaux et al., 2001). Those who report inadequate or no care tend to be younger, less educated, single, and/or have other children as compared with those women who receive adequate care (Lia-Hoaberg et al., 1990; Aved et al., 1993; Harvey & Faber, 1993). Other psychosocial factors identified as obstacles in accessing care include excessive stress, depression, physical problems, job demands,

and the lack of time or energy to deal with personal and family problems (Kalmuss & Fennelly, 1990; Lia-Hoaberg et al., 1990; Kelley, Perloff, Morris, & Liu, 1992).

Last, studies suggest that lack of social support from friends, family and professionals is another important factor that has important consequences for the mother and the infant (Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993). Social networks encourage health service utilization through the transmission of advice and information, as well as providing tangible resources such as transportation and economic assistance (Stanton, Sears, Lobel, & DeLuca, 2002; Berkman, 1985).

There are a number of complex and multifaceted factors influencing the utilization of prenatal care for disadvantaged and minority women. Reports from research point to socioeconomic status and race as prominently associated with adverse pregnancy outcomes in the United States. Therefore, "it is essential that the research address the multidimensional concepts that account for interactive relationships between the social context of the pregnant woman and the socioeconomics of prenatal care delivery systems, including community based initiatives" (Sword, 1999, p. 1173).

To date, knowledge about barriers to prenatal care "has evolved largely through positivist research approaches and, therefore, is based on what service providers and researchers perceive as important factors" (Sword, 1999, pp. 1174-75). Considering that the rates of preterm birth, low birth weight infants and maternal and infant mortality have not decreased with the knowledge and information acquired over the last decade, data have not been sufficient to implement policy and procedure changes in health care provision. The use of quantitative methods may "oversimplify" the notion of barriers, as they do not allow for the exploration of the process that determines use of services.

Qualitative methods can expand our understanding through the exploration of personal perspectives and the contextual meaning of events, experiences and structure (Sword, 1999). It also allows for the discovery and exploration of the range of factors and issues identified as relevant to the women themselves (Miles & Huberman, 1994).

Qualitative research offers a unique opportunity to enrich our understanding of how neighborhoods affect individuals and families. In addition to unearthing the mechanisms through which place helps shape human development and socioeconomic opportunity in America—the “how” of such effects—qualitative research can provide corroboration for the aggregate trends detailed in quantitative survey-based research—the “what.” Qualitative research can also provide dramatic illustrations of these trends and processes in action. (Briggs & Jacobs, 2002)

Based on this existing literature, the current study attempts to capture these issues by asking questions about disadvantaged women’s experiences with prenatal medical care, social services and other non-medical resources, personal challenges and stigmas, social networks, and information. Using qualitative methods, we provided an opportunity for women to communicate and explain their experiences with perinatal services. Women could thoroughly describe their experiences with structural problems and access to care, the psychosocial factors including psychological and emotional stressors that affect their pregnancy, their social support systems and other available resources, communication and trust issues with their providers, the language or cultural issues influencing their health care, and their overall concerns with the adequacy of the care they received. These essential questions needed to be asked with enough time for these women to comprehensively explain and express their experiences.

### Data and Methods

Our study design involved focus groups with consumers of maternal and child health services. Flyers were sent to agencies participating in the network, instructing them to give copies of these flyers to their clients. Potential subjects contacted the County Perinatal Network to register for one of six focus groups: adolescent motherhood, substance abuse treatment, and African-American or Latina ethnicity. Due to the small number of teens and substance abusers who agreed to participate, only one group was run for each, compared to two groups



each for Latina and African American women. Interestingly, there were very few white, non-Latina women seeking services from the perinatal services network. This population, therefore, was not included as its own group, though they were not excluded from the teen or substance abuse groups (each had one white participant). Each group had from 8-10 participants who met the criteria for the group session (e.g., teenager, diagnosis of substance abuse, etc.). The Latina groups were run in Spanish by a bilingual moderator specially trained by the first author and a bilingual facilitator. The first author (who speaks some Spanish) was present as an observer. The remaining groups were run with a senior author as moderator, and a graduate student assistant as facilitator.

We ran the focus groups in a semi-structured interview format. Each group had 5 open-ended questions presented to the participants on a flip chart, with each question on a separate page. The moderator read each question and encouraged response. Once discussion was underway, the moderator intervened only as necessary to refocus, probe, or provide support as needed.

Audiotapes of the groups were transcribed verbatim and checked against the tape by the moderator. Spanish groups were transcribed in Spanish, translated into English, and then checked against the tape by a bilingual colleague to assure accuracy of translation. All transcripts were independently coded by the two senior authors, with frequent meetings to resolve differences in interpretation and clarify codes and coding procedures. Coding was accomplished in three stages. Transcripts were first hand-coded on the transcripts themselves, striving to capture the meaning expressed by each speaker. Then the codes were separately analyzed. Finally, emergent themes were tested against the raw data for fit and completeness. Due to the "single shot" nature of focus group data collection, we were unable to collect additional data based on initial findings, so a true grounded theory approach was not achievable (Charmaz, 2003). The resulting narrative was presented at a Perinatal Network meeting, and feedback was incorporated and checked against the data and coding scheme to increase validity.

There are many limitations to the design of this study. The

sampling frame is comprised of the clients of a single services organization in one county, and the participating sample was self-selected. The only contacts with the research informants in the study were the focus groups in which they participated, and no other data were collected. As is typical of qualitative research, the sample size is small, and the open-ended nature of the questions limits reliability.

## Results

There were two main themes that emerged from the data analysis which illuminated the experience of indigent prenatal care in the suburbs—disparities in medical care and barriers to services. The first theme was evident in a wide variation in quality of care received by different women, which was largely attributable to differences in continuity of care. Most women who were able to obtain care from a single provider or medical group practice had a consistent provider to oversee their care. Women using public clinics for their care tended to report seeing a different provider at each visit. Women with continuity of care were usually, but not always, those with private insurance or active Medicaid throughout their pregnancy. One woman praised her experience at one hospital because, “You can have your own private doctor.” Two others shared the importance of having a consistent provider:

I went to [name of hospital]. I had my two other kids there. Every time I had no complaints. I always seen the same doctors. All the doctors are great—delivery and everything. (African American Post-Partum Group)

[Name of hospital], they is nice. They don’t switch work, with all these doctors. You have one doctor, and he check on you two to three times a week. (Adolescent Group)

These women had a good experience over all, with the best reports coming from women who felt their doctors had time to give them attention. Such providers were described as being thorough and responding to the women’s concerns, allowing them to ask questions and providing clear and appropriate

answers. The women in these situations made statements like: "They [the hospital] checked on me constantly. It was a great experience..." and "All my pregnancies were excellent. I felt they listened to me. I have no complaints ever. They were great doctors."

Also of importance was the perceived attentiveness to the patient's needs. This depicted the provider as being caring, as promoting a trusting relationship, as showing respectfulness and as giving good care. They described the provider as taking the time to address the patient's needs (i.e., not feeling rushed) and helping them deal with difficulties related to their care. (See Francis, Berger, & Kim, 2008 for more on this point.) One woman said: "...You can ask as many questions as you want. No attitude; they didn't rush me out the room. They gave me their full attention with full answers." An interesting finding was that no one in any of the focus groups identified "locating a doctor" as a problem. This does not support the predominant findings in the literature that low-income women have difficulty locating providers. We can speculate that this may be a reflection of the greater number of doctors practicing in a suburban locale.

Several other factors identified as promoting a positive experience included: the perceived quality of care, defined as close monitoring, frequent medical tests, and treatment similar to middle class women; gentle physical care by the physician; and having a short waiting time to see a provider. A typical positive comment was: "Let me tell you, when you go to [name of hospital] and...you have an appointment they get you out in a half hour or forty-five minutes." Another indicated she had heard that others had not had her luck:

I like the female doctor 'cause she is very nice and she is very attentive since I walked in. She asks me how I am doing and wants to know how I am doing with the pregnancy. However, some of the women have told me that they have doctors which are not very nice. For example, they are very rough when they are examining you, while my female doctor is very gentle. (Latina Pregnant Group)

Ultimately, the medical experience of pregnancy was a positive one if the woman was able to develop a trusting relationship with her provider(s), for which continuity of care appeared to be a necessary, though not always sufficient, criterion.

For women who did not have access to a consistent provider—usually those who relied on public clinics and teaching hospitals' outpatient services for all their care—the experience was a very different one. These women generally had no insurance, or had not yet received their Medicaid card, though at least two women appeared to use a clinic because of transportation issues. Many of the negative factors for women who lacked continuity of care were polar opposites of the positive factors given by women who had consistent care. For women faced with fragmented, impersonal care, their pregnancies were marked by the constant struggle to obtain care. For the unlucky ones, these struggles devolved into nightmares.

My doctor told me nothing. First of all if he keep checking me he will see I would lose 10 lbs. This is not normal when you are pregnant. I went into the emergency room. They had to put a tube down my nose to pump out my blood in my stomach. He's reading the information to me telling me you're fine. I think every other day I was in the emergency room. And he would tell me, go ahead, go home. I would throw up on the table, he would see the bile, coming out of the lining of the stomach, he would see me throwing this up, and he would say you be ok, you're ok. And when they told me my son was dead inside me, it was like...it was so unprofessional. I wouldn't want a dog to go there. (African American Pregnant Group)

The variation in quality of care experienced by these women was dramatic, and the impact of poor care could be devastating to the women's experience.

Besides the issue of continuity of care, two additional points regarding medical care were particularly intriguing: women were very aware of the disparities in their treatment, and they often lacked basic health information. In the case of the former, the women in our study were often receiving care in the same

hospitals as the wealthy women in the county. They got to see very clearly how having middle class status and private insurance meant better preventive care ("Why didn't I get these prenatal vitamins that this lady got?") and shorter waiting times ("All these women got to go in before me and I was there first!"), not to mention more consideration. Even women with a consistent provider perceived differences in attitudes toward them—especially from staff—compared to middle class white women.

Second, despite their concern for their infants, many women did not have the basic knowledge or resources to provide proper nutrition for their infants. A repeated concern voiced by many women was the cost of formula, and the limited amount provided by WIC (supplemental nutritional assistance for Women, Infants and Children). Only one woman in the entire study was breast-feeding her infant, and no one reported that breast-feeding was discussed with them by their providers. Several women admitted to resorting to poor health practices with the baby's formula, including re-using formula from unfinished bottles, and diluting formula with water to stretch the amount. In an area with a high rate of infant mortality, appropriate nutrition and food safety should be huge concerns. Breast-feeding information is a common part of prenatal care in most obstetric offices now. Given that some women were receiving care in private practice or medical center settings alongside wealthier patients, it is particularly striking that they did not recall receiving counseling on the benefits of breast-feeding. While we have no data on the doctors or hospitals directly, future research might inquire as to whether this is a function of the assumption that patients in suburban hospitals are middle class, educated, and well-informed.

The second theme relating to prenatal health disparities in the suburbs was that of barriers to services for meeting basic needs. Probably the biggest complaint among these women was also the most intimately connected with medical care—the extreme difficulties and delays in getting Medicaid. As discussed in the previous section, the most important distinction we found in quality of medical care had to do with whether or not the women had insurance, including Medicaid. Thus, in this study, barriers to this service were among the fundamental

sources of problems with prenatal care over all.

By law in New York, a pregnant woman without insurance is supposed to be automatically eligible for Medicaid. However, at the time of our study, the average wait in Suburban County for approval of a Medicaid application was six months. As many of the women pointed out, a delay that long meant that many women did not have their medical benefits in place until just before the baby was due. This wait cannot be attributed to the state, as it stands in stark contrast to the two counties that flank the county under study. The neighboring suburban county has an average wait of six weeks for Medicaid approval. The urban county at the other border reported getting approvals for pregnant applicants in about three weeks. In Suburban County, Medicaid approval delays were a huge and consistent burden on participants, as captured in the following comments from several of the participants. "The bills keep coming in, and I just keep putting them aside, 'cause I got nothing to pay them with" (African American Pregnant Group). "I'm just hoping [the doctor] won't stop seeing me" (Substance Abuse Group). "The doctor tells me to ignore the bills, 'cause it's not my fault that Medicaid hasn't come through, but it's stressing me out" (Adolescent Group). One woman reported waiting exactly 40 weeks—the length of a pregnancy—to receive her benefits. Such delay undermines the goal of automatic eligibility for Medicaid to ensure prenatal care.

The next most consistent negative discussions across all groups related to the issues of public assistance programs and housing. Both were broad concerns expressed (often emphatically) across all groups of women in the study.

### *Public Assistance*

Not one participant reported a positive experience with public assistance. While complaints were too numerous to describe in detail, the litany of problems included:

- (1) Having to gather required information multiple times (e.g., given a list of material, bringing these to the next meeting, and being told to gather 3 more pieces of evidence and come back again).
- (2) Department of Social Services not giving information

about needed services unless asked, and not having the information easily available to women.

(3) Confusing rules and perceived inconsistency in their application.

(4) Internal contradictions—e.g. one needs a stable address to get public assistance, but needs the assistance to obtain/maintain a stable address.

(5) Lack of credibility—applicants assumed to be untruthful or withholding information.

(6) Disrespect—long waiting times, dirty and uncomfortable waiting rooms, rude staff.

(7) Lack of cooperation—some participants described having to be “aggressive” to get service, but were then perceived as difficult or hostile.

In describing their experiences with the office of social services, the women’s comments were peppered with expressions of their feelings of degradation:

I was supposed to have pregnancy allowance. No one gave it to me. I heard about it but when I applied I was supposed to get unborn child budget allowance and three months back pay and I didn’t receive it. I felt treated like a piece of garbage...(Substance Abuse Group)

Thus Public Assistance issues not only serve as barriers to access to care but become burdens in and of themselves. The emotional strain of not receiving much-needed benefits, which the recipient was entitled to receive during that critical time, created additional stress. This stress was exacerbated by the need to make numerous phone calls for people with limited access to phones, extra visits to offices with long waits for people with no transportation and little money, and by the loss of income due to receiving no pay when absent from work. Added to this is the lack of respect by many or all of the staff and the providers towards pregnant women whose physical and emotional reserves are already stretched.

### *Housing*

A second huge basic needs issue was housing. For all of the

participants, regardless of group, housing was a large and pervasive concern—unsurprising, given that Suburban County has one of the highest housing costs in the country. Many described living with family members who did not have adequate room for them and a baby, or did not want them there. Stress from overcrowded housing arrangements often had the side effect of undermining family relationships that were the woman's main source of support. Section XIII housing is limited, and the Suburban County office was reportedly closed to new applications. Subsidy allowances that were available were not adequate to cover the cost of housing to live alone, but the women could be penalized if it was reported that they were living with a partner with an income (another internal contradiction).

DSS is telling me they granted me like almost \$400 a month for rent and they're telling me I have to go out and look for an apartment with \$400 a month for rent and I'm telling her well how am I suppose to find an apartment for \$400? Well you have to find somebody to pay the difference for you. And I'm like, if I had somebody to pay the difference do you think I would be in this situation in the first place? (Substance Abuse Group)

Many reported having to live in crowded conditions, moving frequently, or having to depend on or take in unwilling relatives.

Well, my main [need] right now is just for a place to stay for me and my child, because right now I'm staying with my grandmother there. And it's like I have nowhere stable to go and I don't want my baby to be taken away from me. You know after I have it, not having a, you know, a place and permanent address and nothing and then I have to try to get on social service, to support. And you know and that really bothers me and sometimes it causes depression you know, so sometimes I just pray to God and ask God to just help me out. But besides that everything else is fine. (African American Post-Partum Group)



In the Latina groups, the women expressed a fear of losing housing because of the reluctance of landlords to rent to families with children.

Now that I am pregnant, I have had problems with the rent, and in the last few months I have been in a number of places, renting rooms. It has been very difficult for me to keep moving from one place to another. But today, we are planning to find a house because with children, they tell us that with children, they will not rent us rooms. (Latina Pregnant Group)

Because they were not citizens and were therefore unable to get housing benefits, finding and keeping housing was an on-going concern for Latina mothers.

A related concern was transportation. Participants said they had trouble getting to work and to medical appointments because of inadequate public transportation. "Being pregnant and walking down the street isn't easy." Some members talked about having to take taxi cabs. "I took a cab, it's \$3 each way." One added, "Cab fare can add up after a while." This comment about cab fare engendered a chorus of agreement in the adolescent focus group, followed by frustration about the inadequate bus system and the length of time it took to use. Despite the population and density of Suburban County, the lack of public transportation (and even sidewalks, in most communities) still reflects the expectation that everyone has a car.

The barriers to social services described relate both directly and indirectly to the first theme of this paper—disparities in medical care. The delay in receiving Medicaid is, of course, the most evident connection; women with health insurance of any sort were more likely to receive consistent and comprehensive care. Yet other factors discussed also play a role. The difficulty of finding affordable or subsidized housing means that, like their urban counterparts, most of the poor are concentrated in geographic pockets of poverty. Unlike the more densely populated city, however, in Suburban County these pockets can be quite far from needed services, such as medical care. The difficulties of transportation to reach such services sap time, energy, and finances and reduce motivation to seek

help unless absolutely necessary. For women who have or are able to acquire the basic resources—housing, transportation, health insurance—the suburb seems to hold promise of access to middle class health care. But for women who are stymied by these fundamental needs, this study shows their experience may be comparable to or even worse than that of the urban poor. As the reality of suburban poverty grows, these possibilities need further study.

## Discussion

The information that the women provided in these focus groups in many ways reflects the literature reported earlier in this paper, lending both validity and generalizability to the research. For instance, in keeping with the findings of Andrulis (1998), we find that having health insurance is likely to be a substantial predictor of better outcomes. In our study, the importance of insurance seems to be indirect, through increasing the likelihood of having continuity of care with a single provider or office. We also found many of the same barriers of language, discrimination and transportation described by other studies (Aved, et al., 1993; La Veist, et al., 1995; Sword, 1999; Warner, 1997).

However, there were also differences that have the potential to add to existing knowledge. Some of these differences are issues that can be viewed as positive, but which also illuminate negative dimensions of the problem. For example, Aved, et al. (1993) found the single largest barrier to obtaining care was the inability to find a physician who treated low-income women. The participants within our focus groups did not find this to be an issue; however, that did not guarantee that their experiences would be positive, nor did it guarantee parity in treatment. Those with insurance or active Medicaid usually had access to better continuity of care which produced notable differences in treatment, such as more preventive care measures, better communication, and higher satisfaction with care.

This issue of insurance and continuity of care highlights a contribution of this qualitative work that might not be uncovered by a survey study. Technically, many of the women

in our study qualified for Medicaid, and were in the process of getting it—in the sense that their applications had been approved and they were merely awaiting for an account and a card. These women were insured, in that their medical bills would ultimately be covered, and therefore would logically be marked as having Medicaid on a survey. However, the lengthy wait for a card and “provable” insurance left these women as *de facto* uninsured, and relegated them to the free clinics and public outpatient facilities that accept patients who are unable to pay. Health clinics, designed on an acute care model, are not necessarily a good fit for the developmental nature of pregnancy. The cost for these women manifested not in money, therefore, but in continuity of care.

A key finding of our study, then, is that the lack of infrastructure in community resources and social services may have played ultimately a larger role than medical care facilities in the disparities of IMR in Suburban County. While some women reported very good experiences with their medical care, experiences with the office of social services were uniformly negative. Many of the most difficult struggles these women faced during the prenatal and post-partum period were not medical issues at all. Social factors such as food, housing, transportation, and health insurance often were identified as having a greater effect on the health and health care of the women and their babies. Although other research has confirmed the relationship between the welfare state and health outcomes (Navarro et al., 2006; Chung & Muntaner, 2006), such aggregate-level data do not clarify the specific needs of the suburbs.

The issues in question fall squarely in the domain of social services, and despite the wealth of Suburban County, funding to such services was very low priority. As a result, the office of social services was severely under-staffed and under-funded, paralyzed by a long-standing hiring freeze, and burdened with dilapidated facilities and poor coordination (Rauch Foundation, 2003). The perception of staff working for the perinatal network organizations was that Suburban County was worse than the surrounding counties in terms of social services support. Popular news sources also report the poor state of local social services and Medicaid (Amon, 2008; Terrazzano, 2005a, 2005b). Little wonder, then, that staff had

so little ability, either materially or emotionally, to support the women in this study. Given such reports as emerged in this study, further research should address the issue of how much of Suburban County's disparity in IMR is due to problems of medical care, and how much to a dearth of "social care."

While we certainly cannot generalize our study beyond the county in question, we nonetheless recognize that there are many other wealthy, conservative, suburban counties in the country that put little emphasis on services for the poor. For them, the issues raised in this research may merit consideration. Indeed, some of the insights raised in this paper have been discussed for years in non-suburban contexts (Harvey & Faber, 1993; Ickovics et al., 2003; Kalmuss & Fennelly, 1990). With a growing population of suburban poor, issues once thought to concern only urban or rural settings are now increasingly affecting suburban areas as well. Suburban poverty has its own set of barriers, with resemblances, perhaps, to both urban and rural issues. The invisibility of the suburban poor, and the fact that they remain largely unacknowledged, potentially creates a unique system of obstacles to health care.

## Conclusion

The United States, as compared with other industrialized nations, is one of the wealthiest countries in the world, yet we rank poorly on health status by race, class, socioeconomic status and infant mortality (Organization for Economic Co-operation and Development [OECD], 2003). This paradox is exemplified by the wealthy suburb of Suburban County. The overall wealth in a county continues to mask the barriers to access to care for the poor, and enables the powerful to continue to ignore the needs of women of color who are pregnant and poor. In the particular county studied here, the lack of public infrastructure to meet the needs of poor, pregnant women may have more to do with the high disparities in infant mortality than does actual medical care. To the degree that suburbs continue to avoid recognition of suburban poverty in their policies, funding, and priorities, such disparities will likely endure.

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# Factors Predicting Residential Mobility Among the Recipients of the Section 8 Housing Choice Voucher Program

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*The Section 8 Housing Choice Voucher (HCV) program is the largest low-income federal housing program in the United States and has a policy goal of promoting mobility or "choice." This study explored the factors that predict residential mobility among the recipients of the HCV program in Columbus, Ohio by including variables found to predict mobility among the general population and two new variables that are specific to the HCV program: total tenant payment (TTP); and fair market rent (FMR). Although the findings revealed that race, gender, age and number in family were significant in predicting residential mobility, the variables affected by the housing market and the program's policies and budgets (increase in TTP and increase or decrease in FMR) were more significant in predicting mobility. The findings indicate that residential mobility among HCV recipients had more to do with changes in the housing market and the program's policies and budgets than individual characteristics.*

*Key words: housing policy; Section 8 housing; residential mobility, total tenant payment, fair market rent*

The Housing and Community Development Act of 1974 established a subsidized tenant-based housing program, Section 8 housing, with the stated goal of, "the reductions of the isolation of income groups within communities and geographical areas and the promotion of an increase in the diversity and

vitality of neighborhoods through the spatial deconcentration of housing opportunities for people of lower income..." [42 USC 5301 Sec. 101 (c)]. The Section 8 housing program was designed as a residential mobility program providing recipients with the ability to select housing and neighborhoods of their choice with the freedom to move to different neighborhoods, pending availability of housing units and receiving landlords (U.S. House, 2003).

The current subsidized tenant-based housing program, the Section 8 Housing Choice Voucher (HCV) program, was developed in 1998 under the Quality and Work Responsibility Act (U.S. Department of Housing and Urban Development [HUD], 2001) by merging the Section 8 voucher and certificate programs. HUD (2006a) states, "tenant-based vouchers increase affordable housing choices for very low-income families. Families with a tenant-based voucher choose and lease safe, decent, and affordable privately-owned rental housing" (p. 1).

Currently, the HCV program is the largest low-income federal housing program providing services to nearly 1.9 million households nationwide compared to nearly 1.2 million for public housing (HUD, 2008). The Section 8 HCV program is funded federally through appropriations granted by Congress, filtered through HUD, and usually administered by local public housing authorities (PHAs) who have applied for funding to implement the subsidized tenant-based voucher program. Families and individuals apply to receive a voucher from the local PHA and the vouchers are distributed based on need and recipients' income. The majority of PHAs have waiting lists to receive a voucher, which can result in a family or individual waiting up to 10 years to begin their home search (HUD, 2006a). Once a voucher is received, the recipient has at least 60 days and up to 120 days to find a rental unit in which the landlord is willing to participate in the Section 8 program and the unit is able to pass a site inspection (Grigsby & Bourassa, 2004).

The Section 8 HCV program seeks to meet the following policy goals: (1) promote economically-mixed neighborhoods by utilizing the private market to provide housing for low-income individuals and families; and (2) promote choice or "mobility" among the recipients by enabling them to select

housing of their choice in neighborhoods of their choice (U.S. House, 2003). HUD promotes residential mobility programs as a means to overcome "constraints imposed by place and race" (HUD, 1994). As a residential mobility program, the Section 8 HCV program is designed to allow recipients to obtain housing in better locations and where opportunities for upward mobility are potentially greater. This study seeks to explore the policy goal of mobility by examining the factors that predict residential mobility among the recipients of the HCV program, in Columbus, Ohio, as prior research has failed to examine such factors among the HCV program population. This study begins to explore the residential mobility of the HCV program recipients by asking the following research question: "What individual-level factors predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?"

## Literature Review

### *Residential Mobility*

Residential mobility is simply defined as "whether or not a move occurred," (Morris, Crull, & Winter, 1976, p. 309). Many individuals and families plan to move for valid reasons, such as employment, education, family and housing structure. Further, if an individual or family's needs are not fulfilled, residential stability could be problematic. The success or failure of residential mobility is all dependent upon the "desirability of a move, the reasons for relocating, and the cohesion and support among household members" (Scanlon & Devine, 2001, p. 120). Residential mobility is often necessary for individuals and families to fulfill educational and employment goals as well as to raise a family (Gober, 1993).

Scanlon & Devine (2001) explain how the United States is described as a "nation of movers," and according to Hansen (2001), "about one in six Americans move each year, with an average of 11.7 moves in a lifetime" (p. 1). Schachter & Kuenzi (2002) found the median duration of residence in 1996 for individuals age 15 and over to be 4.7 years. Approximately 19% had resided in their current home for less than one year, while 24.7% resided for one to three years, 26.7% for four to

ten years and 30% for longer than ten years. Residential mobility is often studied among the general population to further define the concept, explain factors that predict individuals or families to be mobile, or the impact of residential mobility on individual and family well-being.

Residential mobility has been found to yield both positive and negative consequences for individuals and families. For example, residential mobility has been found to be negatively associated with a child's academic performance, social connections, and total number of activities in which a child participates (Kerbow, 1996; Pettit & McLanahan, 2003; Scanlon & Devine, 2001). For adults, residential mobility has been found to decrease social integration, which often results in lower levels of social, psychological, and physical well-being, and increase rates of depression, particularly for women (Acevedo-Garcia et al., 2004; Fauth, Leventhal, & Brooks-Gunn, 2004; Magdol, 2002; Myers, 1999; House, Umberson, & Landis, 1988). To the contrary, residential mobility has been found to increase feelings of safety and housing satisfaction, and is also associated with changes in employment, education, or income level (Fauth et al., 2004; Morris et al., 1976). Although the consequences of residential mobility vary depending on the circumstances, a program that promotes residential mobility should examine the extent to which this occurs among the recipients as well as the factors that predict residential mobility among the recipients.

#### *Factors that Predict Residential Mobility*

Residential mobility is shown to differ according to a family's place in the life-cycle, with younger families moving more frequently than older families (McAuley & Nutty, 1982; Van Ommeren, Rietveld, & Nijkamp, 1999). Individuals and families are often concerned with various factors or characteristics depending on their current needs, such as housing size, neighborhood amenities, school quality, distance to stores or services, employment opportunities, and climate, with the needs differing depending on the current life-cycle stage (McAuley & Nutty, 1982). Age is associated with residential mobility as Foulkes & Newbold (2005) found that people aged 18-29 years were more likely to be mobile. Hansen (2001) discovered that

young adults in their twenties have the highest mobility rates with rates continuing to decline with age.

Race and gender are found to be associated with residential mobility. Blacks have higher rates of mobility than Whites (19.1% v. 16.2%) [Hansen, 2001], and Whites are noted to have an average tenure (4.9 years) that is one year longer than Blacks (3.9 years) [Schachter & Kuenzi, 2002]. Crowder (2001) discovered that Blacks are more likely to expect to move and more likely to actually move than Whites. In regard to gender, female-headed households tend to move more frequently than other families (Long, 1992) and single-mother households are shown to constitute the highest percentage of movers (39.9%) (Kerbow, 1996) with 26% of them moving to a new residence within one year (South & Crowder, 1998).

A change in the number of family members is found to be associated with both an increase and decrease in residential mobility, yet is often determined by the relationship of the family members (Crowder, 2001). Being married tends to decrease mobility (Schachter & Kuenzi, 2002), unless the couple is recently married, which results in an increase (South & Deane, 1993; Speare & Goldscheider, 1987). The presence of children often decreases mobility (Long, 1992), but has also been shown to increase mobility when the goal of moving is to access better schools or neighborhoods (Schachter & Kuenzi, 2002; South & Crowder, 1997). Finally, annual income is associated with residential mobility, as households tend to be more stable the higher the income. For example, Schachter & Kuenzi (2002) found that for households with incomes less than \$25,000, the median duration of residence is 3.6 years; \$25,000–\$49,000 is 4.3 years; \$50,000–\$74,999 is 5.4 years; and \$75,000 or more is 6.3 years.

Residential mobility is promoted as an advantage of the HCV program by enabling recipients to make a choice in where to live and by creating greater opportunities for upward mobility. Despite the promotion of mobility, or choice of the recipients, and the anticipation of upward mobility, the recipients are limited in experiencing social mobility or the “movement or opportunities for movement between different social classes or occupational groups” (Aldridge, 2003, p. 189). The HCV program was initiated primarily to deconcentrate the poverty

that had been created by building housing for low-income individuals and families in one location versus scattered sites. In order to disperse recipients concentrated in high-poverty neighborhoods, the government initiated the HCV program to utilize the private market to house recipients and transferred the decision of location to the recipient. Despite the program's aims, recipients are actually constrained to housing that has a rental rate approved by HUD and by housing where landlords are willing to participate in the program. Additionally, as a means-tested program, recipients lose their housing benefit if their income exceeds the eligibility threshold, thus actually limiting the extent of upward and social mobility that is attainable. Based on these constraints, recipients are not able to experience residential mobility in the same way as the general population and are not able to progress within the social hierarchy.

In the general population, residential mobility has been shown to occur with changes in family structures or as individuals or families become dissatisfied with their current housing structure or neighborhood. Prior studies have found both positive and negative consequences of residential mobility, such as a decrease in children's academic performance and social connections for children and adults or more positive results when individuals and/or families are moving due to changes in employment, education or family structure. Recipients of the HCV program are noted to have a median length of stay of just over three years in a single unit, thus highlighting the existence of mobility among this population (Devine, Gray, Rubin, & Taghavi, 2003).

Multiple moves while in the program are not necessarily encouraged unless the ability to move meets the needs and desires of recipients and their families. Residential mobility does not indicate that a recipient will reside in better neighborhoods with each subsequent move. A study by Teater (2008) found that recipients who were mobile over a seven-year period experienced no significant change in poverty or change in racial composition of neighborhoods with subsequent moves. The study found that on average the recipients made lateral moves versus moves to neighborhoods with significantly higher or lower levels of poverty and racial integration. Therefore, based

on the knowledge of factors that predict the general population to move, the negative and positive consequences of being mobile, and the research indicating HCV recipients tend to make lateral moves, this study seeks to determine the factors that predict HCV recipients to be mobile.

## Methods

Secondary data were provided by the Columbus Metropolitan Housing Authority (CMHA), a local public housing authority (PHA) in Columbus, Ohio, which is responsible for administering the HCV program vouchers under the supervision of the local HUD office. Currently, CMHA has over 10,800 housing units located within the city of Columbus and surrounding suburban areas connected with voucher-funded assistance, with 4,032 units devoted strictly to tenant-based vouchers (HUD, 2008).

### *Sample*

The population for this study consists of all the HCV program recipients at CMHA who received vouchers at any time during the years 1999-2005. CMHA stores administrative data that contain detailed information on the recipients, such as unit number and location, landlord, total tenant payment, fair market rent, the number of individuals residing in the home, as well as basic demographic variables of the recipient. CMHA extracted all HCV program recipients between the years 1999-2005 from the database (N=14,659), which was used as the sampling frame from which to randomly select the sample for this study.

A stratified random sample was determined based on the population characteristics of CMHA's HCV program recipients. The use of stratified random sampling enables the researcher to explore differences between subgroups while ensuring a large enough sample size to reduce standard error (Levy & Lemeshow, 1999; Pedhazur & Schmelkin, 1991). At the time of this study in 2006, CMHA recipients overwhelmingly identified as being either Black or White. For example, 75% of recipients at CMHA were Black/African American, 23% were White, 1% were Asian, 1% were Hispanic or Latino, less



than 1% were American Indian or Alaskan Native, less than 1% were Native Hawaiian or Pacific Islander, and less than 1% were any other combination (HUD, 2006b). Additionally, 84% of the recipients at CMHA were female and 15.9% were male. Therefore, an equal number of Blacks and Whites, males and females were selected to ensure adequate representation from each group, and to determine any statistical differences between the two on the variables of interest for this study. According to Levy & Lemeshow (1999) one would use stratified random sampling because "it combines the conceptual simplicity of simple random sampling with potentially significant gains in reliability" (p. 123).

The stratified random sample was selected by separating the original data set (N=14,419) into four categories: (1) White females (N=2,683); (2) Black females (N=9,434); (3) White males (N=949); and (4) Black males (N=1,353). When calculating the power analysis with  $\alpha = .05$ , power = .80, and an effect size of .3, a total of 180 recipients was suggested for each of the four categories (Kazdin, 2003; Cohen, 1988), yet a random sample of 250 recipients in each of the four categories was selected to further increase the power to .92 (Cohen, 1988).

### *Variable Descriptions*

The independent variables included race (Blacks=1), gender (Males=1), age, number in the family, annual income, total increase in fair market rent from 1999-2005, total decrease in fair market rent from 1999-2005, total increase in total tenant payment from 1999-2005, and total decrease in total tenant payment from 1999-2005. Residential mobility constitutes the dependent variable, which simply means that an HCV program recipient has moved from one residence to another during the years 1999-2005. The recipients in this study could move between zero to six times as the study spans from 1999-2005, therefore, a ratio of number of residential moves to number of years in the program was necessary in defining residential mobility as a recipient who moves four times in four years (1.00) will have a different residential mobility rate from someone who moves two times in seven years (.29).

This study included two new variables that have not been previously considered in the residential mobility literature

as they relate specifically to HCV program recipients—fair market rent and total tenant payment. Fair market rent (FMR) is the value placed on a rental unit by HUD and is set at the dollar amount below which 40% of the standard-quality rental housing units are rented within the metropolitan area (HUD, 2007). A PHA may request HUD to allow them to extend this to rental units above the 40% guideline if necessary to increase the availability of housing stock. A PHA then establishes their payment standards, or the total subsidy that they will give to the recipient, from 90-110% of the published FMRs, or even higher with HUD approval under certain market conditions (HUD, 2001). The recipient is responsible for entering into a lease agreement with a private-market landlord where the market rent is congruent with the PHA's established FMR.

Total tenant payment (TTP) is the amount of money a recipient is required to contribute to the rental unit on a monthly basis, which typically consists of 30% of the recipient's income. The recipient may be required to pay more for the unit if the recipient has selected a rental unit that has a market rent higher than the FMR established by the PHA for a unit of a certain size. In this case, the recipient will pay the difference between the market rent of the unit and the FMR established by the PHA, which is added to the recipient's TTP. The recipients are required to pay their portion of the rent to the landlord, and the local PHA is required to send the set payment standard, or subsidy, directly to the landlord.

The rationale for including these two variables is based on prior research findings that a decrease in income is positively associated with residential mobility (Schachter & Kuenzi, 2002). A change in FMR or TTP affects a recipient's financial situation, as such a change will result in the recipient paying more or less for rental units. FMR and TTP are set by CMHA based on their current funding from HUD and according to their current goals (i.e. deconcentration). For example, the established FMR for a two bedroom home in 2002 was \$673, yet in 2004 it decreased to \$640, in 2005 increased to \$674, and then increased again in 2006 to \$720. The FMR and TTP are not solely influenced and do not fluctuate with the rental market as they are calculated based on CMHA's budget, their policy goals, and the recipient's income.

Four variables were created in order to account for the increase and decrease in FMR and TTP during the years 1999-2005. The total number of increases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables "increase in FMR" and "increase in TTP." The total number of decreases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables "decrease in FMR" and "decrease in TTP." The FMR and TTP values were rounded to whole dollars. FMR is set by CMHA and never had a change smaller than \$5.00 during the years 1999-2005.

An ordinary-least-squares (OLS) regression was used to explore the factors that predict residential mobility among the recipients of the Section 8 HCV program. The analysis sought to determine if race, gender, age, number in family, annual income, increase in FMR, decrease in FMR, increase in TTP, and decrease in TTP contributed to residential mobility. The variables were entered simultaneously and statistical significance was set at a .05 level.

## Results

The sample for this study consisted of 1000 HCV program recipients who were recipients at any time between the years 1999-2005. The sample consisted of 50% males (N=500) and 50% females (N=500), and 50% Whites (N=500) and 50% Blacks (N=500). Of the females, 50% were White (N=250) and 50% were Black (N=250), and of the males, 50% were White (N=250) and 50% were Black (N=250). The mean age of the HCV program recipients was 45 years and the mean number in each HCV program recipient family was 2.27 with a mean annual household income of \$9,799.54. Table 1 illustrates the demographic characteristics of the HCV program recipients in this study by race and gender.

The mean for the TTP ranged from \$170 in 1999 to \$243 in 2005, and the mean for the FMR ranged from \$521 in 1999 to \$664 in 2005. In regard to increase in FMR, 47.8% of recipients experienced no increase in FMR during their tenure in the HCV program, yet 52.2% of recipients experienced between one to four increases in FMR. Over 68% of recipients

Table 1. Demographics by race and gender (N=1,000)

Variable	Black Female X (sd)	White Female X (sd)	Black Male X (sd)	White Male X (sd)
Age	39.1 (12.4)	42.9 (16.7)	47.1 (12.5)	50.6 (14.9)
Annual Income	10,852 (8,655)	9,245 (6,940)	9,053 (8,020)	10,046 (6,825)
Number in Family	3.2 (1.6)	2.2 (1.2)	2.0 (1.8)	1.7 (1.2)

experienced between one and five increases in TTP with 31.6% experiencing no increases. The majority of recipients (89.1%) did not experience a decrease in FMR, with only 10.9% experiencing between one and three decreases in FMR. Last, 47.5% of recipients experienced between one and four decreases in TTP, with 52.5% experiencing no decreases.

The dependent variable, residential mobility, had a range of between .000 and .833 with the majority of recipients (61.6%) never moving (rate of .000), 7.8% making one move every four years (rate of .250), and 4.6% making a move once every two years (rate of .50). Black females had the highest rate of residential mobility (.187) followed by White females (.118), Black males (.097), and White males (.058). The mean number of moves for the recipients while in the program was 0.58 moves. The mean number of years that a recipient remained in the program was 4.16 years with 4.8% remaining for only one year, and 20.1% remaining for all seven years. As Table 2 illustrates, Black females had the highest mean number of moves (0.94) followed by White females (0.58), Black males (0.48), and White males (0.31). Additionally, Black females had remained in the program for the longest amount of time with a mean of 4.61 years, followed by White females (4.04), White males (4.04) and Black males (3.96).

As Table 3 illustrates, the overall regression model is significant ( $p < .01$ ). The variables in the model accounted for 45.6% of the variance in residential mobility with race, age, gender, increase in TTP, increase in FMR, and decrease in FMR significant at  $p < .01$ , and number in family significant at  $p < .05$ .

Table 2. Total number of moves and total number of years in the HCV program (N=1,000)

Variable	Frequency (%)	Mean	Median	Std. Dev.	Range
<i>Total number of moves</i>		0.58	0	0.90	0-5
0	616 (61.6%)				
1	256 (25.6%)				
2	83 (8.3%)				
3	31 (3.1%)				
4	8 (0.8%)				
5	6 (0.6%)				
Black Females		0.94	1	1.00	0-5
White Females		0.58	0	0.93	0-5
Black Males		0.48	0	0.84	0-5
White Males		0.31	0	0.69	0-5
<i>Total number of years</i>		4.16	4	1.88	1-7
1	48 (4.8%)				
2	200 (20.0%)				
3	148 (14.8%)				
4	214 (21.4%)				
5	129 (12.9%)				
6	60 (6.0%)				
7	201 (20.1%)				
Black Females		4.61	4	1.81	1-7
White Females		4.04	4	1.93	1-7
Black Males		3.96	4	1.77	1-7
White Males		4.04	4	1.95	1-7

The findings revealed that being Black was associated with an increase in residential mobility by .034 and being female was associated with an increase in residential mobility by .039. For every one year increase in age, residential mobility was decreased by -.002, for each additional increase to number in family, residential mobility was increased by .008, and for each additional increase in TTP, residential mobility was increased

by .016. For each additional unit increase in FMR, residential mobility was increased by .024 and for each additional unit decrease in FMR, residential mobility was increased by .160. A decrease in FMR has the greatest influence on residential mobility ( $\beta = .212$ ) followed by age ( $\beta = -.181$ ), an increase in FMR ( $\beta = .135$ ), an increase in TTP ( $\beta = .125$ ), gender ( $\beta = -.115$ ), race ( $\beta = .098$ ), and number in family ( $\beta = .074$ ).

Table 3. OLS predicting residential mobility (N=1,000)

Variable	B	SE B	$\beta$
Race (Black = 1)	.034	.010	.098**
Age	-.002	.000	-.181**
Gender (Male = 1)	-.039	.010	-.115**
Number in Family	.008	.004	.074*
Annual Income	-6.0E-005	.000	-.015
Increase in TTP	.016	.005	.125**
Decrease in TTP	.005	.007	.021
Increase in FMR	.024	.007	.135**
Decrease in FMR	.160	.022	.212**
Constant	.140		
R <sup>2</sup>	.456		

\* $p < .05$ ; \*\* $p < .01$

## Discussion and Implications

This study examined the individual-level factors that predict residential mobility among the Section 8 HCV program recipients by considering factors found to predict residential mobility among the general population (i.e. gender, race, age, number in family, income) as well as two new variables specific to the HCV program—total tenant payment (TTP) and fair market rent (FMR). The findings from this study yield similar results to Foulkes and Newbold (2005), Schachter and Kuenzi (2002), Crowder (2001), Hansen (2001), South and Crowder (1998), Kerbow (1996), and Long (1992) in that Blacks experienced residential mobility at higher rates than Whites,

younger individuals more than older individuals, females more than males, and as the number of family members increased, mobility increased. Income was not found to predict residential mobility among the HCV program recipients, which could be explained by the means-tested nature of the program; as a recipient's income increases over the eligibility threshold, the recipient is no longer able to participate in the program. The variables specific to the HCV program, TTP and FMR, were found to predict residential mobility among recipients where an increase or a decrease in FMR and an increase in TTP were found to predict a move. In regard to factors that predict residential mobility, the model for this study not only confirms findings from prior studies (except for income), it adds additional factors—increase in FMR, decrease in FMR, and increase in TTP—that contribute to residential mobility for this particular population and provide implications for low-income subsidized housing policy and future research.

The findings indicate that changes in the housing market and HUD's policies and programs are actually more of a predictor of residential mobility than individual or demographic characteristics, as an increase in FMR, a decrease in FMR and an increase in TTP constituted three of the top four variables associated with mobility. Such findings have implications for low-income housing policy, particularly when addressing whether recipients actually have a choice in their mobility. The increase in FMR and decrease in FMR are within HUD's control and are often based on their budget and policy priorities. In the private housing sector, FMRs are basically the amount of money a property unit would be worth if it was open for lease (HUD, 2007). Therefore, FMRs respond to market conditions such as changes in property values or fluctuations based on supply and demand. For example, an increase in individuals and families losing their homes based on foreclosures could lead to a greater demand for rental property causing the FMRs to increase. Alternatively, if more people are purchasing homes, there may be a decrease in FMRs as fewer people are demanding rental units. Although this is how FMRs operate in the private sector, there are even more variables that contribute to an increase or decrease in FMRs in the HCV program.

In the HCV program, HUD establishes FMRs based on the

rental market, but they also hold several policy priorities and have a budget within which to operate which further affects the FMRs for recipients. FMRs could be increased if HUD creates a priority of expanding their housing stock to increase the number of housing units available to recipients or potential recipients. For example, a recipient could reside in a 2-bedroom home with an FMR (i.e. rental value) of \$640, yet this FMR is later increased to \$675 based on HUD and the local PHA determining that they need a larger housing stock of units from which recipients can choose. The increase in the FMR could lead recipients to move to another 2-bedroom home that is of greater rental value, which better meets the needs of their families, such as larger living spaces or a better neighborhood.

Alternatively, a local PHA may experience a decrease in funding from HUD to operate the budget. Rather than remove recipients from the program, they lower FMRs to operate within the recipients' means. This is exactly what occurred at CMHA, where a HUD budget cut led the PHA to decrease their FMR from \$853 for a 3-bedroom unit in 2002 to \$813 for the same 3-bedroom unit in 2004. The PHA then increased the FMR in 2005 to \$848. As a result of a lower FMR, recipients were left to either pay the difference between the old and new FMR or move to another unit where the rent was congruent with the new lower FMR. The findings from this study indicate the recipients opted to move versus pay the difference between the rent and the lower FMR.

In addition to a change in FMR, this study also found an increase in TTP was significantly associated with residential mobility. Changes to recipients' TTP occur when recipients have a change in income. The basic calculation of recipients' TTP is 30% of their income and any increase or decrease to recipients' income automatically leads to a change in their rental payment. As an increase in TTP leads to a higher rent, recipients may choose to move to locations that best match their payment abilities (i.e. a smaller unit with lower FMR). The findings from this study indicate that recipients are choosing to move with an increase in TTP (i.e. increase in their rental payment), but not when they receive a decrease in TTP (i.e. decrease in their rent payment). The findings suggest there is no incentive for recipients to increase their income while in the program as an



increase in income leads to an increase in TTP and, additionally, an increase in income that puts recipients over the income eligibility threshold requires a removal from the program.

As described, this study provides implications for low-income subsidized housing policy as the current HCV program seeks to combat the concentration of poverty and enable recipients to have a choice in housing and neighborhoods. The fluctuations in FMRs and TTPs contribute to the uncertainty of housing affordability for recipients and only discourage the ability of recipients to actually participate in upward mobility. The results demonstrate how mobility in the HCV program is correlated with a change in FMR and an increase in TTP. These factors are not controlled by the recipients and, therefore, mobility in this program may not actually be a choice as the program promotes, but more a result of changes in the housing market and the budget priorities of HUD.

As stated above, HUD promotes residential mobility programs as a means to overcome "constraints imposed by place and race," yet when HUD makes adjustments to FMR and the cost of a recipient's housing unit decreases, the recipient is either forced to contribute more to rent or move to a less expensive unit, further constraining a recipient's choice in housing unit and neighborhood. Additionally, this notion of fluctuating FMRs appears to contradict the goal of "increasing affordable housing choice," as the choice in affordable housing is actually determined by HUD's budget and current priorities and not solely the housing market. According to Scanlon & Devine (2001), residential mobility that is based on fluctuations in FMRs and increases in TTP would be considered a failure, as the move is not dependent on the needs and desires of recipients and their families, but based on variables out of their control.

If the HCV program would like to encourage residential mobility where the act is the result of a choice and not necessity, then housing administrators are encouraged to stabilize FMRs and TTPs in order to prevent unforeseen fluctuations in a recipient's financial situation. The stabilization of FMRs and TTPs is not an easy task for housing administrators, as the budget of the housing authority depends on the appropriations granted to HUD by Congress, and thus, often requires

local authorities to adjust their budgets to changing budgets in HUD. Housing administrators, HUD and the federal government should be informed of the influence of these factors on residential mobility and, thus discourage budget reductions. When a budget change is necessary, attempting to stabilize FMRs and TTPs as much as possible is necessary, making shifts in other areas of the budget that are less likely to negatively impact the recipient.

Several limitations exist within this study. First and foremost is the use of administrative data, which limited the variables that could be used in the analysis. Although the administrative data provides a vast amount of information regarding HCV program recipients, the inclusion of several variables could have strengthened the outcome of this study in regard to predicting residential mobility, such as income sources, disability status, marital status, educational level, employment status and receipt of social care services. The construction of variables for this study was limited based on the usage of the data mainly for administrative purposes by the PHA (i.e. residential mobility; increase and decrease in TTP and FMR). Finally, this study revealed that among 1,000 recipients in this study, 38.4% experienced at least one move and over 25% experienced at least one move every four years. The rate of residential mobility differed when taking into account race and gender, as Black females were found to have the highest rate of residential mobility followed by White females, Black males and White males. Although such findings confirm prior research exploring residential mobility among the general population, this study fails to explain why such gender and racial differences exist in terms of residential mobility. Future research should continue to explore the gender and racial differences in residential mobility by focusing on the reasons for the consistent differences.

Despite the above mentioned limitations, this study has examined factors that predict residential mobility among HCV program recipients and have included two new variables which have not been included in prior research. A benefit of using administrative data for this study was the ability to examine mobility of the HCV program recipients over a seven year period, which could not have occurred in a timely manner

if the data were collected in the field. The findings provide a clearer picture of the act of mobility, an HCV program policy goal, among the programs' recipients, and this study has provided implications for policy and future research.

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# The Development of an Unequal Social Safety Net: A Case Study of the Employer-based Health Insurance (Non) System

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*The U.S. social safety net exacerbates labor market inequalities rather than ameliorating them. This paper traces this theme within an important historical case study: the emergence of the employer-based health insurance system. Employers became the dominant and tax-preferred provider of health insurance in the United States without any federal legislative action. Understanding how this happened may inform current reform efforts. This case study highlights two important factors. The first is path dependency, discussed by Skocpol (1992) and Pierson (2000). They argue that the ambiguous divisions of power and a pluralistic governance framework favor incremental processes of social policy formation in the United States. The second factor is the divisions within the American workforce (Esping-Andersen, 1990). Divisions by race and sex have often led to disadvantaged workers being left out or underserved by U.S. social welfare policy.*

*Key words: Social welfare history, health insurance, low-wage work, U.S. Welfare State*

Compared with those of other Western industrialized nations, the U.S. social safety net is exceptional in numerous ways. Federal, state, and local governments in the United States spend far less on social welfare per capita than do peer nations (Gilens, 1999; Rank, 2004). Social benefits are divided

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into a visible welfare state and a "hidden" welfare state, which provides support primarily to the middle class through the tax code (Howard, 1997), and social welfare programs are divided into public and private benefits, relying heavily on firms to provide for their workers (Hacker, 2002). All of these factors result in the same exceptional outcome: the U.S. social safety net exacerbates labor market inequalities rather than ameliorating them. Low-wage workers are far less likely to access unemployment insurance than their high-wage counterparts (General Accounting Office, 2000); they are less likely to have health insurance (Collins, Schoen, Colasanto, & Downey, 2003); and they are far less likely to have pension coverage (Mishel, Bernstein, & Allegretto, 2005). Thus, inequalities in the labor market are matched by inequities in the social safety net.

This article traces these themes within an important historical case study—the emergence of the employer-based health insurance system in the United States during the 1940s. In one decade, without any formal legislation, employers became the dominant and tax-preferred provider of health insurance in the United States. Understanding how this system took root offers important insights for those who wish to reform it. The analyses presented here find that two important factors were critical in determining this social policy result. The first is path dependency, discussed by Skocpol (1992) and Pierson (2000). They argue that the ambiguous divisions of power between levels of government within a pluralistic governance framework have led to an incremental process of social policy formation in the U.S. The second factor is the divisions within the American workforce (Esping-Andersen, 1990). Divisions by race, class, and sex have meant that those at the bottom of the economic ladder have often been left out or underserved by the resulting safety net. The following case study draws on existing literature and offers primary historical evidence to show the role of these factors in the development of the employer-based health insurance (non) system in the United States.

## Background

Rank writes, "compared to other Western industrialized countries, the United States devotes far fewer resources to

programs aimed at assisting the economically vulnerable" (Rank, 2004, p. 60). Some have referred to this as *American exceptionalism* (Ikenberry & Skocpol, 1987). A variety of theories attempt to understand American exceptionalism. Some trace ideological themes prevalent throughout U.S. social welfare history, such as a historical distaste for government and a strong belief in personal responsibility, which have jointly resulted in moral differentiations by society between the deserving and the undeserving poor (Handler & Hasenfeld, 1991; Katz, 1989, 1996). Others highlight the unique role businesses have played in the development of the safety net (Jacoby, 1997). Some contend that the structure of modern capitalism leads to recurring crises, and that the liberalization of welfare is one way that elites pacify poor workers and stabilize the capitalist system (Piven & Cloward, 1979, 1993). Still others examine differences in class and labor organization in the United States relative to other industrialized nations, suggesting that the divided character of the U.S. labor movement has kept the working class in the United States from securing universal entitlements seen in more generous welfare states (Esping-Andersen, 1990).

Hacker (2002) and Gottschalk (2000) contend that the true cause of American exceptionalism is its long-term reliance on private welfare benefits. Over the years, public and private social welfare programs have become inextricably interwoven so that any reform of one will seriously affect outcomes of the other (Hacker, 2002). Pierson (2000), Skocpol (1992), and others have developed an institutional theoretical perspective for understanding the development of the U.S. social safety net. Such a perspective contends that current public policy debates are limited by past policy decisions. The ambiguous divisions of power between federal, state, and local authorities, along with other characteristics of its governing structure, make systemic change in the United States particularly unlikely. Institutional theory does not preclude change, but rather boxes in the possibilities.

In line with this institutional perspective, the U.S. social safety net has developed slowly and incrementally over time. Most social welfare histories stress the importance of the New Deal, and without question this was a critical juncture. Less appreciated, however, is the importance of the post-World War



II era. In 1945, total government spending on social insurance programs was only \$735 million. It doubled in 1946, and by 1955 grew to eight times that size (Historical Statistics on the United States, 2006, nominal dollars).

During the post-war era, many of the divisions within the safety net took shape. Perhaps most important has been the development of social insurance, which many scholars consider to be reserved for "labor force members with a reasonable history of job attachment" (Blaustein, O'Leary, & Wandner, 1997, p. 21). Throughout the history of the U.S. safety net, however, there have always been certain classes of workers with substantial labor force attachment who have been excluded from social insurance benefits based on characteristics of their employment. Agricultural and domestic workers, for example, were categorically excluded from Social Security and Unemployment Insurance for many years (Quadagno, 1988; Norton & Linder, 1996).

In this way, employment characteristics have acted as mechanisms of exclusion: criteria by which certain groups of workers have been ruled ineligible for some of the major social insurance programs in the United States. Job characteristics as mechanisms of exclusion play a particularly important role in the case study offered below. As employer-based health insurance incrementally came to dominate in U.S. health care, many workers and their families were covered quite well. Others, however, were left out, and the key mechanism of this was labor market discrimination that marginalized women and people of color.

### The Emergence of Employer-Based Health Insurance

At the turn of the 20<sup>th</sup> century, only an eclectic group of fraternal organizations, employers, and private insurers offered some form of "sickness" benefits, and most Americans had no health coverage (Hacker, 2002). Employer-based health insurance only became common during the post-World War II era. It has been called an "accidental system" (Cabel, 1999, p. 62), and during the 1940s, few anticipated that it would become the dominant mode of health care coverage (Gottschalk, 2000).

President Roosevelt decided not to include a health care

program as part of the 1935 Social Security Act because of threats from the American Medical Association (AMA). The AMA had proven to be a virulent critic of such proposals in the past, and Roosevelt felt that including a health care program might jeopardize the entire bill, threatening his unemployment insurance and social security programs (Quadagno, 2005). Thus, he postponed action on health care, planning to return to it later. The refocusing of the country on World War II, however, meant that health care did not return to the top of the administration's agenda again during Roosevelt's presidency. In 1939, Senator Robert Wagner of New York proposed adding health care provisions to the existing Social Security Act. Roosevelt, however, did not back the Wagner bill, and it was never reported out of committee (Poen, 1979).

Instead of a national health program, a number of factors spurred the growth of employer-based health benefits during the 1940s. Many argue that the wage freeze imposed during World War II—which set wages at pre-war levels—led firms to offer health benefits in an effort to compete for workers. Hacker (2002), however, writes that the freeze “did not, as is often claimed, single-handedly drive up coverage during the war” (p. 218). In fact, by the end of the war (1945), still fewer than one in four Americans were covered by private insurance. The period of most dramatic growth started a few years after the war, when employer coverage exploded. By 1960, two-thirds of the population was covered by some form of private insurance, with employer-based insurance making up the greatest fraction of this.

A number of other important public policy decisions during the postwar era created clear economic incentives for employers to provide health benefits to their workers. Quadagno (2005) credits the Revenue Act of 1942, which levied an immense tax on corporate profits that rose above pre-war levels. Importantly, the act excluded from profits employer contributions toward health insurance programs and group pension plans, creating an incentive for companies to shift excess profits into benefit trust funds (Gottschalk, 2000). Once the funds were created, there existed institutional momentum to continue them. Also important was a 1943 National War Labor Board ruling that employers' contributions toward

health insurance for their workers would not count as wages and were therefore tax-deductible for employers and exempt from income and payroll taxes for workers. This provided a long-term incentive to compensate and retain employees by offering fringe benefits. These tax benefits were not extended to individually purchased insurance policies. The ruling further meant that labor unions could bargain for increased health and other fringe benefits in lieu of wage increases.

While each of these policy decisions was undoubtedly important in the growth of employer-based coverage, most recent historical accounts point to the power of influential interest groups in U.S. health policy debates over the years (Hacker, 2002; Gottschalk, 2000). Quadagno (2005) stresses the vehement and long-term opposition to nationalized health plans by doctors, headed by the American Medical Association (AMA), which feared that such a system would usurp their autonomy and power. Employers have also historically strongly opposed nationalized health care, lobbying against such reforms each time they were under serious consideration (Jacoby, 1997).

Interest group opposition stood in the face of postwar public support for a more active role by government. In the late 1940s, more than 80 percent of Americans were supportive of health care reform that would reduce the costs of care (Blendon & Benson, 2001). Thus, national health insurance reform remained regularly on the public agenda following 1943, when Senators Robert Wagner, John Dingell and Phillip Murray introduced the Wagner-Murray-Dingell bill to Congress (American Historical Association, n.d.). This legislation would have added a national health program to the Social Security Act by establishing a national medical care and hospitalization fund, to which employers and employees would each contribute 1.5 percent of the first \$3,000 of their yearly wages. The self-employed could participate if they contributed the full 3 percent themselves. The fund would have paid for all doctors' care, including specialists, hospitalization up to 30 days, x-rays, and lab tests, but would not have covered dental care or prescription drugs (American Historical Association, n.d.).

The Wagner-Murray-Dingell bill was vigorously supported by organized labor, including the American Federation

of Labor (AFL) and the Congress of Industrial Organizations (CIO), but opposed by the National Physician's Committee, the AMA, and other groups of organized physicians, who denounced it as "socialized medicine" (Poen, 1979, p. 47). It was also criticized for being too centrally administered by the federal government, for not including funds for hospital construction, and for not covering citizens who were not working (American Historical Association, n.d.). Like its predecessors, the bill died in committee.

On April 12, 1945, Harry Truman was sworn into office as president after Roosevelt's sudden death. He wanted to move quickly on a national health insurance program, which he considered the missing piece of the New Deal. Responding just one month later, Wagner, Murray, and Dingell introduced the second version of their bill (American Historical Association, n.d.). It was very similar to the previous version, but the new bill also included coverage for dental and nursing care, as well as offering alternative administrative procedures to protect private medical cooperatives (Poen, 1979). Despite Truman's support, the revised bill still remained stuck in committee.

On November 19, 1945, Truman sent a special message to Congress asking for national health care legislation. He made five specific requests: (1) funds for hospital construction; (2) state grants for public health services and maternal/child health; (3) funds for medical research; (4) expansion of compulsory insurance under Social Security; and (5) cash benefits for sick and disability leave (Truman, 1945). That same month Wagner, Murray, and Dingell re-introduced the health care provisions of their previous plan as yet another bill (American Historical Association, n.d.). This bill, their third attempt, included medical insurance, home nursing, and dental care, as well as grants to states for public health work and infant and maternal health.

Organized labor was essential to advocacy efforts for a national health insurance bill during this period, as they grew in size and influence. In 1940, they represented only about 17 percent of the non-farm U.S. labor force. By 1950, they represented 29 percent of all workers and 40 percent of private sector employees. In contrast, today only 7.5 percent of private industry workers belong to a union (Bureau of Labor Statistics,

2008).

In February of 1944, labor leaders, a group of liberal doctors, and Wagner, Murray, and Dingell, among others, formed a group that would later become known as the Committee for the Nation's Health. This advocacy entity served as a crucial meeting place for organized labor and other allies to coordinate lobbying in support of national health insurance (Poen, 1979). Many labor leaders testified in support of the Wagner-Murray-Dingell bill that spring in hearings before the Senate Committee on Education and Labor. In fact, analyses of the committee transcripts find that 16 individuals representing unions testified in front of the committee in 1946, and these representatives were overwhelmingly in favor of the bill. In comparison, that same year 15 individuals testified representing medical societies (although more than 50 individuals related to the medical profession testified).

William Green, president of the AFL, argued that "though in our opinion the need is for the immediate adoption of an inclusive and comprehensive program, we support this proposal to provide for a national health program because it represents to us a worthy step in the right direction" (National Health Program Part 1, 1946). Solomon Barkind, research director for the Textile Workers of America, made clear that he viewed private insurance only as a stop-gap measure and that his union "favored the introduction of these systems pending establishment of an adequate health insurance program" (National Health Program Part V, 1946). James Carey, secretary treasurer of the CIO, echoed this sentiment saying, "We believe in a Federal System because under it our members and all working people can obtain for themselves and their families complete medical and hospital care." He further argued that "coverage under the voluntary plans is today quite inadequate" (National Health Program Part 2, 1946).

Despite active support by unions and other advocates, like its predecessors, the bill continued to be held up in committee and remained there until the Republicans seized the Congressional majority in November of 1946. This was the first time the GOP had controlled both Houses since 1928. The election was widely considered a referendum on an unpopular president, and it seriously dampened the prospects of serious

movement of his policy agenda, including health coverage reform.

Despite showing strong support for a government health coverage program in 1946, other factors pushed most unions to become bureaucratic entities focused on worker benefits (Root, 1982; Zinn, 1999; Gottschalk, 2000). In June of 1947, the Taft-Hartley Act (formally the Labor-Management Relations Act) passed. This act greatly restricted the powers of organized labor. Among other provisions, it prohibited secondary boycotts and wildcat strikes, allowed states to prohibit closed union shops, and raised doubts about whether fringe benefits were subject to collective bargaining. A 1948 National Labor Relations Board ruling affirmed that fringe benefits were subject to collective bargaining, and this judgment was codified in a Supreme Court ruling that same year. Thus, Quadagno writes, "fringe benefits became organized labor's key strategy for recruiting and retaining workers" (2005, p. 52). As a result, instead of advocating for universal government social insurance, the energies of most labor unions were redirected toward aggressive advocacy of fringe benefits for members. Between 1946 and 1957 the number of workers covered by health insurance plans dramatically increased from 1 million to 12 million (Quadagno, 2005).

This change in emphasis remained a source of division within organized labor. Reuther of the United Auto Workers (UAW) hoped to eventually push employers to support universal government policies by substantially raising fringe benefit costs (Gottschalk, 2000). Whatever the reason for this strategic change, a result was that national health insurance legislation did not receive the same kind of support from organized labor later in the decade that it enjoyed in 1946.

In May of 1947, Truman once again sent a special message to Congress requesting that a national health insurance program be enacted (Social Security Online, n.d.). Later that month, Wagner, Murray, and Dingell introduced a fourth version of their bill, with some concessions based on earlier criticisms. That summer, hearings were held on the latest Wagner-Murray-Dingell bill, but once again it did not come up for a vote (Social Security Online, n.d.). Truman further appointed Oscar Ewing to head the Federal Security Agency (FSA) as

a way to demonstrate continued commitment to health care reform (Quadagno, 2005). In early 1948, Ewing established the National Health Assembly, a group of civic, business, and labor leaders. This body agreed that equal access to health insurance should be guaranteed regardless of race but did not collectively advocate for a national health insurance program to meet this goal (Quadagno, 2005). Simultaneously, the AMA launched a "National Education Campaign against National Health Insurance Proposals" (Social Security Online, n.d.).

In September of 1948, Ewing released *The Nation's Health: A Report to the President*, which shed light on the vast numbers of U.S. citizens who were uninsured and in poor health. The report called for national health insurance. House Republicans immediately moved to discredit the report and Ewing (Quadagno, 2005). They publically investigated AFL- and CIO-run lobbying workshops facilitated under the auspices of the FSA in an attempt to bolster charges that the FSA was using federal funds to spread false information about national health insurance (Quadagno, 2005).

Through all this, most Americans remained supportive of government-led health care reform that would reduce medical costs, even as they became less supportive of a national health insurance plan (Poen, 1979). Truman unexpectedly won reelection in November of 1948, and the Democrats regained control of Congress. Truman, who had campaigned on national health insurance, quickly encouraged Congress to take action on the issue in his third special health message in April 1949. Three days later, Murray introduced an administration-sponsored health bill similar to his previous bills. It is commonly referred to as the Truman Plan. The new bill banned racial discrimination in health care but, in a concession to the South, allowed separate but equal facilities for non-white patients (Quadagno, 2005).

This time around, crucial groups that had previously been supportive lined up to oppose the bill, including the Roman Catholic Church. In 1949, only four individuals representing labor unions testified in front of the Senate Subcommittee on Labor and Public Welfare. James Carey of the CIO testified in favor, saying, "Unions are often accused wrongly of being selfish and seeking their own welfare... We advocate

a national compulsory program in part because we want everyone covered and sharing in the benefits" (National Health Program Part 1, 1949). Nelson Cruikshank of the AFL testified that "Senate bill 1679 presents a complete and comprehensive program to meet the health needs of the nation, resting on the firm foundation of the proven principle of contributory social insurance" (National Health Program Part 1, 1949). Despite these few examples, labor was far less active in support of the bill in 1949, compared to earlier in the decade. With little support and virulent opposition, the Truman Plan, like its predecessors, failed to be reported out of committee.

That same year, a number of alternative health care measures were also forwarded. The first was the Hill-Aiken bill. Partially written by the AMA, it included a government-supported plan to help pay for private insurance for those who could not afford it. Additionally, the Taft-Smith-Donnell bill (S.1581) was a means-tested program to provide federal funds for medical care for the poor. Labor unions opposed these measures because they were aimed only at the poor. Harvey Brown, president of the International Association of Machinists was "unalterably opposed to S.1581 because it rests on the un-American principle of charity medicine" (National Health Program Part 1, 1949). Carey of the CIO furthered the case, saying "any adequate health legislation must meet the needs of the middle-income group of Americans" (National Health Program Part 1, 1949). Poen (1979) contends that Hill-Aiken might have been the best chance for serious legislative action during this period, had Truman been willing to back it. However, Truman never endorsed it for fear of alienating organized labor (Poen, 1979). With the failure of the Truman Plan, the failure of these means-tested proposals, and continued growth of employer-based health insurance, the course of health care in the United States was set for years to come.

### The Context: Race and Sex Employment Discrimination During the Postwar Era

As discussed above, private health insurance coverage expanded rapidly during the postwar years. These benefits, however, did not spread to all Americans—or even all



workers—evenly. Marginalized groups were particularly unlikely to be offered employer-based health insurance, mainly because they were excluded from many employment opportunities. U.S. postwar labor relations were marked by race and sex discrimination on the part of employers, unions, and consumers. Blacks and other disadvantaged people of color were excluded from many skilled jobs and relegated to menial ones. Women were excluded from whole industries and occupations, and married women were only able to enter the labor market in larger numbers after institutionalized barriers such as marriage bars (laws that required women to leave their jobs when they married) were repealed. Women were also unlikely to be union members. Thus, in a variety of ways, characteristics of employment such as industry, occupation, unionization, and job status acted as mechanisms of exclusion from economic opportunity. As the country continued down the path of employer-based health benefits as described above, this further stratified labor market and social benefit outcomes.

#### *Blacks and Health Insurance during the Postwar Era*

Because of limitations presented by available historical data, this discussion is restricted to understanding health insurance access among blacks during the postwar era. Blacks were the largest minority group in the United States during the period, and available historical research has documented the considerable employment discrimination they faced during the postwar era. During the war demobilization, blacks were typically the first to be fired from wartime industries (Rosenberg, 2003). Black men consistently had a higher unemployment rate than white men throughout the period, and those with jobs were “concentrated in lower status, lower paying jobs” that were less likely to offer benefits (Rosenberg, 2003, p. 142). Some econometric studies of postwar labor market trends have found that racial discrimination in employment receded during the period (Alexis, 1998; Smith & Welch, 1989). Reich, however, found that, after accounting for migration patterns and resulting changes in the occupational distributions, the data “suggest continuity rather than change in racial economic inequality in the period 1950-1970” (Reich, 1980, p. 131).

Unions were complicit in employment discrimination

during the postwar era. A 1946 survey by the American Civil Liberties Union (ACLU) found that roughly 30 unions at that time had official policies discriminating against blacks (Discrimination, 1947). The ACLU further found that few states had laws that adequately protected blacks and other racial minorities from discrimination by unions. Clyde Summers (1946) looked systematically at admission policies among labor unions. At least in terms of official policy, he found that industrial unions fared better, as exclusionary policies were more common in the skilled craft and railroad unions. Summers found that among the marginalized groups he examined, "Negroes are unquestionably discriminated against most severely" (p. 91).

Discrimination in the labor movement persisted throughout the postwar era. As of 1960, the Brotherhood of Railway and Steamship Clerks still maintained segregated lodges and unequal seniority rankings, and the United Brotherhood of Carpenters and Joiners continued to enforce segregated locals. Herbert Hill, labor secretary for the National Association for the Advancement of Colored People (NAACP), gave a report to the NAACP's membership in 1961 detailing racist practices within organized labor. He reported that "the national labor organization has failed to eliminate the broad pattern of racial discrimination and segregation in many important affiliated unions," and that most existing efforts were "piecemeal and inadequate" (p. 109). Hill concluded that discriminatory practices took four major forms: (1) outright exclusion; (2) segregated locals; (3) separate seniority lines; and (4) exclusion from apprenticeships. He warned that the "concentration of unskilled, low-paying jobs with a lack of employment stability together with other income limitations...all contribute to an explanation of why Negroes constitute a permanently depressed economic group" (Hill, 1961, pp. 117-118).

Period data on health insurance coverage by race are limited. Thomasson (2006) has analyzed a 1957 nationwide survey administered by the National Opinion Research Center (NORC). This survey was one of the first to collect nationally representative data on race and insurance coverage. Survey estimates suggest that 75 percent of whites had private health coverage in 1957, compared to 52 percent of blacks (Thomasson,

2006). Among the employed, the current author's analyses find that white workers were more than 20 percentage points more likely to have insurance than black workers, and differences in take-up rates do not explain this gap. Nearly all the black families who were offered group coverage chose to enroll. Thomasson concludes that much of the gap "appears to be in access to group insurance" (2006, p. 534).

As employer-based health insurance became the primary mechanism for health coverage, many blacks found themselves excluded from coverage. The decisions by major unions to focus on employer-based health benefits for members compounded the effects of discrimination. Health outcomes were similarly bifurcated. Thomasson (2006) reports that the "reduction of white infant mortality from 1947 to 1960 was twice that of black infant mortality and was concentrated in causes of death that tend to respond to antibiotics" (pp. 532-533). Certainly access to employer-based health insurance was not the only factor driving this and other differences. Medical facilities continued to be segregated. Nevertheless, health insurance access undoubtedly played a role in the postwar health disparities separating whites and blacks.

#### *Women and Health Insurance Access during the Postwar Era*

Only about 14 percent of married women worked for pay in 1940. During the postwar era, this grew rapidly so that by 1970, that proportion was 40 percent. Many factors led to this increased participation in the paid labor force. Some women demanded a wider range of employment opportunities to match rising rates of education. Macroeconomic changes further meant the jobs available to women changed compositionally. By 1970, clerical work had become the largest occupation among women (Costa, 2000). Clerical jobs were less dangerous than manufacturing jobs previously available. Part-time work went from being virtually nonexistent to fairly prominent during the 1940s and 1950s, driven by firms seeking to attract married women. During the postwar era, firms faced a declining supply of unmarried women because of increasing college enrollment, the baby boom, and other factors. In response, firms began to offer part-time jobs, hoping to appeal to married women (Costa, 2000).

Reskin writes that "sex segregation was remarkably resilient over the first 60 years of the twentieth century, despite broad economic and social transformations" (1993, p. 245). Before 1940, sex discrimination was institutionalized in the form of marriage bars. For reasons similar to those spurring the growth of part-time work, marriage bars were eliminated during the 1930s and 1940s. Even as women entered into new occupations and industries, though, they were denied opportunities for promotion (Reskin, 1993). Most female workers continued to be in jobs that were stereotypical for women (Rosenberg, 2003). Sex segregation by industry also meant that women were unlikely to be union members, making up only 17 percent of union members in 1950.

Differences in paid labor market participation between the sexes interacted with the rise of an employer-based health insurance system to create a paradigm in which women were often dependent on their husbands or other family members for coverage. As health insurance came to be treated as compensation, providing it became an extension of the role of men as breadwinners. Drawing again from the 1957 NORC survey (Anderson, Collette, & Feldman, 1958), analyses by the author suggest that about three-quarters of male-headed households reported some form of health insurance in 1957 while the same was true of just under 60 percent of female-headed families. Race appears to have been a compounding factor among female-headed families: only one in four black female-headed households reported any health insurance coverage.

## Discussion

The institutional theory of Pierson (2000), Skocpol (1992), and others contends that during any time period, current public policy debates are limited and structured by past policy decisions. The ambiguous divisions of power between federal, state, and local authorities, and other characteristics of its governing structure, make systemic change in the United States particularly unlikely. Policymakers tend to modify existing policy structures incrementally instead of pursuing major reforms. Institutional theory helps in understanding the development of employer-based health insurance in the U.S.

As employer-based coverage grew rapidly during the 1940s, it became less and less probable that a government program would replace it.

This institutional legacy is evident in current health coverage policy debates. The plans currently under serious consideration would attempt to expand health coverage and limit burgeoning medical costs through a mixed private-public approach (Baucus, 2008; Whitehouse.gov, 2009). The Obama Administration's proposal works mainly through existing private insurers. It includes some critical changes, such as mandating that insurers cover pre-existing conditions. It also would open up the current public program that covers Congress to citizens as one option along with private options in a new "National Health Insurance Exchange," while leaving the current health coverage infrastructure largely intact. While many analysts agree that a public-private approach is not the most efficient way to reform the system, the lessons from this article make clear why this system is more politically viable than anything approaching a single payer plan.

Despite the current groundswell of support, the history offered above suggests that there remains some chance no reform will be successful. As they have in the past, many of the country's most powerful interest groups will participate vigorously in the current health coverage debate to defend their interests. Still, it is possible that Reuther's strategy of overloading employers with the costs of fringe benefits has finally proven successful, half a century later. Major employers in the U.S. finally appear willing and perhaps eager to consider and even support serious health reform, and this may be the factor that tips the balance.

If current efforts prove unsuccessful, this or future administrations might consider attempting to harness this new widespread support among employers through a different option: a federal employer health insurance fund. In such a plan, all U.S. firms and the self-employed would be given the opportunity to join a federal program and cover all their workers for a fraction (perhaps one-half or two-thirds) of the average current cost of health insurance for a company of their size. By creating an incentive for firms to buy into a federal program instead of requiring or mandating a change through legislation, a federal

employer health insurance fund might prove more viable than plans that either require participation from all, or plans that allow individuals to buy in. Importantly, it requires no comprehensive legislation. Congressional and executive approval to create a plan in which employers can choose to participate may prove easier to pass than current proposals. Second, it makes the current mandate debate unnecessary. By working through employers, this program takes care of the social insurance pool issue, minimizing concerns about adverse selection with a heterogeneous pool of workers. Importantly, this proposal secures employer funding for much of the program cost. Such a program could simultaneously lower most employers' costs while securing much needed revenue for the program.

Whatever plan ultimately proves successful, the most important role for social welfare advocates is to maximize coverage and quality of care for vulnerable populations. Perhaps the greatest legacy of the employer-based health insurance (non) system—and the U.S. social safety net as a whole—is the extent to which it was and remains based on exclusion rather than inclusion of workers. Many workers with reasonable job attachment have been excluded from health care coverage because they were excluded from employment or relegated to secondary jobs. Industry, work hours, occupation, unemployment and tenure have all kept workers from receiving social benefits in the United States. Further, the major existing public program ostensibly meant to serve the poor—Medicaid—is not well targeted: Less than half of all Medicaid expenditures are spent on the very poor (Grogan, 2008).

In other Western industrialized countries, those facing discrimination in the labor market have been guaranteed health insurance. In the United States, labor market discrimination has been compounded by exclusions from health care coverage and public social insurance programs. A key factor in this has been the divisions among U.S. workers. Organized labor in the United States has secured countless benefits for its members and, often by extension, for all workers in the United States. But during the post-war era, organized labor made a strategic decision to focus on employee benefits and, at the same time, joined employers and government in discriminating against people of color and women. Were the working class not divided

by race and sex, perhaps a more comprehensive result would have been possible. Certainly the 45 million uninsured and many more underinsured Americans is the greatest failure of the employer-based health insurance (non) system. Rectifying this failure through whatever policy changes are possible—be they incremental or, less likely, comprehensive—should be the top health policy priority of social welfare advocates.

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## BOOK REVIEWS

David Paul Haney, *The Americanization of Social Science: Intellectuals and Public Responsibility in the Postwar United States*. Philadelphia, PA: Temple University Press, 2008. \$54.50, hardcover, \$24.95 papercover.

In 2005 the American Sociological Association celebrated its 50<sup>th</sup> anniversary, providing an opportunity for scholars to reflect upon and provide accounts of the intellectual and institutional history of the profession in the United States. David Paul Haney's *The Americanization of Social Science* is a welcome contribution to this scholarship. Haney examines the struggle for a coherent professional identity among sociologists between 1945 and 1963. In particular, he focuses on the tension between sociologists' quest for scientific status and academic standing vis-à-vis social relevance and public engagement. Haney argues that those who erected the structural-functional scientific edifice primarily at Harvard and Columbia Universities during this period intentionally relegated to the margins of the discipline those whose works had methodological groundings in the humanities, such as David Riesman, C. Wright Mills, and Vance Packard, and thereby more popular appeal.

In the postwar period, scientific status and statistical analysis played increasingly central roles for social scientists' professional authority and legitimacy. Haney devotes separate chapters to each development. He highlights the unsuccessful efforts of the Social Science Research Council and Talcott Parsons to have sociology included in what became the National Science Foundation whose leadership believed that sociology was not a science. Haney shows how large-scale government support for the technical competent and socially useful quantitative study *The American Soldier* advanced quantitative analysis.

In a chapter devoted to social theory and alienation, Haney shows how mainstream sociology moved from structural analyses and to measurement of individual attitudes and opinions.

Paradoxically, it was Riesman's *The Lonely Crowd* which jettisoned the term anomie from its Durkheimian use to characterize social structures to a character type of individuals. Later, as Haney vividly shows in a subsequent chapter, the popularity accorded *The Lonely Crowd*, because of it eschewed academic jargon and journalistic style, contributed to Riesman's estrangement from the dominant currents of 1950s sociology. In 1958 Riesman accepted a position at Harvard, teaching undergraduates in general social science (rather than sociology) in the Department of Social Relations, considered by the university's "best students" as an "intellectual slum," a sentiment apparently shared by Harvard historians who asked nothing of the social sciences "other than that they drop dead." In perhaps the most eye-opening chapters in the book, Hanley draws on archival professional correspondences as well as book reviews to capture the mixed feelings and dynamics associated with the marginalization of diffident sociologists such as Robert S. Lynd, Pitirim A. Sorokin, Riesman, C. Wright Mills, and Vance Packard.

Robert K. Merton personifies in Haney's narrative the best that sociology has to offer, approaching the study and communication of socially relevant topics in a scientifically rigorous matter, building a cumulative knowledge base and moderating truth claims consistent with empirical findings accordingly. Merton countermanded arguments about sociology's descent into triviality and arcane language and his advocacy for middle-range theories has lasting appeal. Haney ends the book with a discussion of the prominent role of public sociology came to play within ASA since the mid 1990s, even as the influence of postmodern theories precludes theoretical coherency and perpetuates the unintelligibility of much of contemporary sociological research.

I have some quibbles with the book. The title gives the impression that social sciences other than sociology will be examined, but references to economics, psychology, anthropology, and political science are minimal at best. There is no discussion of how these other professions juggled quest for scientific status and academic standing vis-à-vis social relevance and public engagement. Further, although Harvard and Columbia played a significant if not dominating role in advancing

methodological positivism, Chicago, Wisconsin, Michigan, and Berkeley are virtually ignored. Finally, there is no mention of sociology dissidents led by Alfred McLung Lee forming in 1951 the Society for the Study of Social Problems.

*Richard K. Caputo, Yeshiva University*

Marjorie L. DeVault (Ed.), *People at Work: Life, Power, and Social Inclusion in the New Economy*. New York: New York University Press, 2008. \$25.00 papercover.

Social scientists including social policy scholars have extensively documented the dramatic changes that have taken place in recent decades in well-established employment patterns associated with industrialization. Instead of working in secular jobs for most of their lives, increasing numbers of people now change jobs regularly and responsibility for livelihoods, social benefits and careers are passed from organizations to individuals. As is well known, the individualism of the new economy is associated with far greater flexibility, risk taking, individual decisions and responsibility.

The question of how the real-life experiences of people are affected by this environment is explored in this interesting book by scholars who use what is known as institutional ethnography to gain insights into the way lives are shaped by the wider social context. Although the case studies in the book interpret these experiences from a subjective perspective, they are linked to much wider systems and structures of rules and controls. In studying lives, institutional ethnographers also make extensive use of broadly defined texts that provide powerful insights into the phenomenology of everyday experience. The result is an eclectic collection of papers that cover issues such as working on an electronic manufacturing assembly line, managing family life, employment and children's education, the experiences of Indian immigrants in the information technology sector, the role of microenterprise in addressing the problem of poverty, the way people with disabilities seek to integrate into the job market and the experiences of women subjected to time limits in terms of the TANF program.

The book is the result of papers originally presented at

a conference at Syracuse University under the leadership of noted sociologists Marjorie DeVault who is recognized as an leading exponent of the institutional ethnographic approach. She has successfully organized these very diverse paper is into a coherent collection that examines the way the everyday experiences of people are shaped by wider systems. Although the book is primarily written for sociologists and ethnographers, its concern with vulnerable people and those on the margins on the new economy will be of particular interest to social workers and social policy scholars. Indeed, the book contains several chapters on issues that are of direct social welfare interest such as disability, poverty and income maintenance and support. Despite its academic nature, the book is eminently readable and it makes a valuable contribution to professional as well as scholarly literature.

*James Midgley, University of California, Berkeley*

Robert Chaskin and Jona M. Rosenfeld (Eds.), *Research for Action: Cross-National Perspectives on Connecting Knowledge, Policy, and Practice for Children*. New York: Oxford University Press, 2007. \$42.95 hardcover.

The themes of cross-national collaboration and learning have increasingly appeared in literature on child welfare policy. Likewise, the notion that research should not be an end goal but should rather serve a practical purpose that effectuates social change has moved from the realm of idealism to become an expectation in policy research, particularly social policy research. This text attempts to move researchers one step closer to action research by providing a framework to engage diverse stakeholders in the research and knowledge dissemination processes.

Robert Chaskin and Jona Rosenfeld divide the text into three parts. In Part I, they provide an overview of the cross-national promotion of evidence-based policy and cross-sectoral governance that involves not only a collaborative sharing of research information between government, non profit, and private sectors, but also the adaptation and application of strategies and technologies among stakeholders. The editors

posit that despite the increased incorporation of evaluative approaches into program implementation, there remains limited understanding about effective means for implementing evidence-based policy and practice within the social welfare and human services fields. The introduction provides a textual roadmap of questions and issues for the reader to consider when reviewing the six case studies that comprise Part II of the book.

Prior to providing the reader with a theoretical framework for the problem and placing the text's contributions within the context of existing research literature, the editors expose the reader to six distinct narratives, all focused on child welfare interventions, arising from experiences in Northern Ireland, South Africa, the United States, Israel, the United Kingdom, and Dublin, Ireland. The case studies are arranged to progress from a macro-level policy focus involving researcher experiences with studies targeting policy development and implementation to shared experiences with studies primarily targeting micro-level practice and administration. The voices and perspectives of service recipients are shared in the sixth case study that focuses on the process involved with disseminating an educational handbook to youth in residential care in Ireland. The next case study focuses on the impact of the Northern Ireland Family Support Research Project to child welfare policy in Northern Ireland. This is followed by a similar analysis of the role that the Child Health Policy Institute at the University of Cape Town played in the development of firearms control legislation in South Africa. The next discusses the implementation of the Quick Response project with reflections about the impact of collaboration between Chapin Hall Center for Children at the University of Chicago and the Illinois Department of Children and Family Services. This is followed by a retrospective report on the relationship between the Myers-JDC-Brookdale Institute and the Children and Youth Services Division of the Israel Ministry of Social Affairs in implementing the RAF (regulation, assessment, and follow-up) method for quality assurance in residential settings. The last case study provides an overview of the development and implementation of the Going Home? practice tool aimed at reducing the time children spend in out-of-home placement in



the United Kingdom.

In Part III, Robert Chaskin extracts the lessons and key themes suggested by the six case studies and assess their overall contributions to theory and practice. The final chapter is written by both editors, and provides a framework for integrating future research, policy, and practice to more effectively fuse these often distinct "communities" with the purpose of facilitating action at both the organizational and systems levels. The editors reject the notion that the relationship between explanation (research) and change (action) is intrinsically dichotomous and instead argue that fostering a dialectical relationship among researchers, policymakers, managers, and practitioners can lead to inventive approaches to action and generate new questions and inquiry. While the editors acknowledge the complexities of cultivating interactions between diverse stakeholders with varying degrees of power, they view this as an opportunity to build relationships centered on shared core values such as the desire to improve the well-being of children and young people as illustrated in the six case studies.

The volume was ambitious in its scope and the case studies presented provide varying levels of usefulness for the intended audience of researchers, policymakers, practitioners, and advocates. The text is very relevant to child welfare researchers and policy students. The cross-cutting themes and lessons and the analysis of researcher roles, relationships, and engagement styles are valuable contributions to the research on cross-sectoral governance, which has up to this point largely ignored child welfare policy as a focus. The questions raised in the book's introduction are also useful for guiding students in analyzing case studies generally, not only those included here.

*Ann Reyes Robbins, University of Southern California*

Andrew Battista, *The Revival of Labor Liberalism*. Champaign, IL: University of Illinois Press, 2008. \$45.00 hardcover.

In this book, Andrew Battista situates himself nicely in a long-standing academic dialogue. He makes four central claims in the book. One, the rise of unions and labor shaped the American political and social landscape. Second, the

labor-liberal alliance faded in the late 1960's and thereafter. Third, a slight resurgence of the labor-liberal alliance occurred in the last two decades. Fourth, he claims that an understanding of both the tension within the labor-liberal alliance in its modern structure and the tension between the labor-liberal alliance and the business-conservative alliance are essential for understanding present day American politics and society. The overarching argument put forth by Battista, and certainly one to engender further academic dialogue, is the belief that the ongoing decline of union density and fragmentation of liberalism must be abated if the labor-liberal coalition is ever to be fully restored.

Battista organizes his arguments within the three parts. In Part I, he deals with the rise and decline of the Labor-Liberal Coalition and includes a presentation of theoretical and historical background. In Part II, he provides case studies on the revival of the coalition and includes detailed case studies of the political organizations of the dissident unions such as the Progressive Alliance, Citizen Labor Energy Coalition and National Labor Committee). He also offers a careful analysis of the wings of the labor movement and dissident labor organizations such as the Democratic Agenda, the Economic Policy Institute and Jobs with Justice). Part III presents the conclusions and arguments about the central and interrelated uses of the book and speculates in future trends.

The book has several strengths. One major strength is the inclusion of a myriad of stated details, nuances, and future possibilities of the tension between the labor-liberal alliance and the business-conservative alliance. An additional strength is the author's historical understanding relayed to the reader of the political meanderings of the country since the decade of the 1960's. Another strength is the immediate applicability of the book and its contents to the policy and financial woes of the country in 2008. Battista convincingly discusses the relationship of the "regulatory state" with labor liberalism, but also fine-tunes the claim by describing fully the three traditions of liberalism and how they differ in their political strategies.

A weakness of the book is the assumed advanced expertise of the readers. The book is clearly not for the faint of heart. While Battista is digging deeply into an understanding of the

rise and fall of the labor—liberal coalition, he clearly anticipates an audience of readers with a solid foundation in political science, labor economics, and public policy. Academicians and advanced graduate students are the groups that come to mind. While I recommend the book—certainly anyone who lived through the last four or five decades and possesses a scholarly interest in American politics will find themselves informed—the aforementioned foundation of knowledge will be critical to partaking of the book and concluding that it was a “good read.”

*Larry Nackerud, University of Georgia*

Amilcar Moreira, *The Activation Dilemma: Reconciling the Fairness and Effectiveness of Minimum Income Schemes in Europe*. Bristol: Policy Press, 2008. \$110.00 hardcover.

Although the task of providing income support during times of hardship has traditionally been carried out by religious and charitable bodies, governments have become increasingly involved. The poor relief programs established by the municipal authorities in Northern Europe in the late medieval period were subsequently augmented by national programs such as the Elizabethan Poor Law in England. This statute formed the basis for many subsequent programs designed to provide a modicum of support to the poor and destitute. By the 20<sup>th</sup> century, these programs had become commonplace even though there were periods of retrenchment when benefits were restricted as well as periods of relative generosity when social assistance was more widely used.

The issues of equity and effectiveness have often been invoked by both the opponents and supporters of social assistance or “minimum income schemes” as the author of this interesting book, calls them. He points out that arguments about the alleged ineffectiveness of these programs and claims that they unfairly target benefits on indolent, undeserving claimants have been frequently invoked in recent years, and in some countries have legitimated the curtailment of these programs. On the other hand, social assistance has also been denounced

for stigmatizing those in need and failing to provide adequate support.

However as Moreira reveals, minimum income schemes are widely used in Europe today. Despite the criticisms which have been levied at these programs by both the political right and left, they continue to play an important role in income protection. He also suggests that the normative perspectives which have been used to criticize these programs, such as those of Lawrence Mead and Philippe Van Parijs, are inadequate. Instead, he draws on the writing of Emile Durkheim to formulate a normative theory for sustaining social assistance based on the notion of "the right to personal development". This notion not only ensures that the right to a minimum income is fulfilled, but provides a basis for employment activation. Personal development, he contends, invokes notions of rights and responsibilities and creates the social expectation that those who are able to engage in productive employment should do so. Using these principles, Moreira examines social assistance programs in eight European countries showing that the most successful programs draw on these ideas and effectively combine the twin notions of right and responsibility. This approach, he suggests, resolves the "activation dilemma".

Although this book is to be commended for its use of theoretical concepts, it is sometimes unclear in articulating their application to social policy leaving the reader to infer conclusions that are not explicitly stated. On the other hand, it tackles a much neglected topic, and its argument that a viable normative basis for social assistance can be found is helpful. Its empirical analysis of social assistance in Europe and the cataloging of the many different programs that are used in Europe today is a major accomplishment. Despite its high price, this book is a valuable addition to the literature which has historically glossed over social assistance's contribution to income protection. It will be a major resource for students of comparative social policy everywhere.

*James Midgley, University of California, Berkeley*

Richard A Settersten, Frank F. Furstenberg Jr. and Ruben G. Rumbaut, *On the Frontier of Adulthood: Theory, Research, and Public Policy*. Chicago, IL: University of Chicago Press, 2008. \$29.00 papercover.

Early adulthood has been the subject of a body of rapidly developing research over the past decade. This period of life, broadly defined as the age of majority through the early thirties, has received increased interest in response to numerous social, economic, and demographic shifts that have altered the timing of marriage, childbearing, completion of education, and attainment of financial independence for many young people in post-industrial societies. Settersen, Furstenberg, and Rumbaut's edited volume on early adulthood is a significant contribution to this growing field.

Part One of the book provides an outline of the remaining chapters and an overview of key themes in early adulthood research, which would be helpful as an orientation to any beginning scholar in this area. Part Two features large national and international studies that present the experience of early adulthood across time and nations, as well as by sex, race, ethnicity, and immigration status. In Part Three, the chapters focus more specifically on early adulthood in the United States, exploring such themes as subjective feelings about when adulthood begins, substance abuse, social class, and education. Part Four consists of a chapter on three vulnerable populations of young adults (those leaving the child welfare, special education, and juvenile justice systems) and provides an in-depth discussion of policy implications drawing on the findings of the entire text.

The strengths of this text include its broad scope, use of rigorous, empirical research to explicate the themes, clear writing, and sophisticated grasp of the multiple perspectives necessary for understanding the changes in early adulthood over the past century. The numerous tables summarizing key study findings and index make the book a valuable resource for researchers experienced in this field, who can quickly locate the information needed for a literature review or lecture. The policy chapter that concludes the text is thorough and provides suggestions for strengthening institutions so that they

can better facilitate the transition to adulthood, particularly for those young people whose families lack the resources to support them through the lengthening transition. These suggestions include increasing the accessibility of the community college system, improving school-to-work transitions, creating family-friendly work environments, and developing better safety nets for young people at-risk of experiencing poor outcomes in the transition to adulthood.

As noted above, the text emphasizes large-scale studies, and though these are appropriate given the broad scope, more integration of young people's voices would be welcome for enriching the reader's understanding of the experience of early adulthood. A mixed methods study in the book that does this well is presented in Chapter 14, by Mollenkopft, Waters, Holdaway, and Kasinitz, which compares the educational trajectories of immigrant and native young adults in New York and New Jersey.

Despite this limitation, *On the Frontier of Adulthood* is highly recommended for students, researchers, and policymakers who are interested in the emerging field of early adulthood. It is comprehensive, yet readable, and would be an appropriate graduate course text, and a welcome addition to a more experienced scholar's library.

*Sarah Taylor, University of California, Berkeley*

Stephen A. Marglin, *The Dismal Science: How Thinking Like an Economist Undermines Community*. Cambridge, MA and London, England: Harvard University Press, 2008. \$35.00, hardcover.

Economists are the rock stars of the social sciences and appropriately, the opening supportive quote of Stephen Marglin's new book is provided by Bianca Jagger, the ex-wife of one of rock and rolls biggest stars. Marglin is best known for his 35 year old classic paper *What Do Bosses Do?*, which begins with the question: "Is it possible for work to contribute positively to individual development in a complex industrial society, or is alienating work the price that must be paid for material prosperity?" In similar vein, *The Dismal Science* broadly examines

the relationship between alienation, free market economics, and individual aspiration for material prosperity.

Intermingling the poetry of T. S. Elliot with citations from Aristotle, Socrates, Descartes, Adam Smith, Hobbes, John Stuart Mills, and quotes from economists ranging from Keynes to Larry Summers and Greg Mankiw, Marglin deconstructs the assumptions underpinning modern free market economics in 13 chapters and 265 pages. The data and analyses presented by the author are not the central aim of the book but serve a more illustrative purpose, demonstrating Marglin's logical points. This approach to the subject of economics contrasts sharply with the New York Times Best Seller *Freakonomics*, which focused strongly on data and analyses, showing the public how sophisticated econometrics can be used to answer a variety of interesting behavioral questions.

In the first three chapters, Marglin develops arguments supporting the ideas that community is important to human beings, the free market undermines community, economics legitimizes the normative standard of efficacy over community that is central to free market functioning, the foundations of economics are not laws of nature, but instead assumptions, and finally, that these foundations have serious logical flaws. One of Marglin's more powerful examples of these points is the Amish and their eschewing of insurance as a way of distributing risk. By doing so each member of the community is responsible for helping other community members in need. These arguments are more finely tuned in Chapters Four to Nine in which the modern western society's focus on individualism is explored in light of expanding material wealth. Later chapters seem less focused on the issue of community and present a more general critique of free market economics.

Marglin uses an ecological approach to develop a better understanding of economics. He argues that the irrational behaviors of markets can be comprehended when algorithmic (quantitative) knowledge is merged with experiential (qualitative) knowledge. The mixing of experiential and algorithmic knowledge is particularly appealing to those of us who believe that both forms, when combined, are most likely to produce useful knowledge. Applying this lens, Marglin examines "the paradox of our age"—that even in the midst of abundance we

still feel uncertain about the future. One particular example highlights this point, Marglin's description of Dr. Cline, a surgeon making \$300,000 a year who continues to worry about retirement and college costs for his children despite being in the top two percent of US income earners.

The most significant weakness of Marglin's argument is that maybe community may not have disappeared, but simply morphed. In modern society we are parts of various overlapping communities of work, our children's schools, and our neighborhoods. Although these communities do not raise barns like the Amish, they tie our social and economic well-being together in ways that are not always easily recognized. Further, these communities are much more open than are communities defined by race, religion, or country of origin. This seems like an important feature of community functioning in the post-race ethos of the 21<sup>st</sup> century.

In general, *The Dismal Science* represents true outside the box thinking. The book is beautifully written, widely accessible and fun to read—it is highly recommended.

Christopher R. Larrison, *University of Illinois at Urbana-Champaign*

Glenn Firebaugh, *Seven Rules for Social Research*. Princeton, NJ: Princeton University Press, 2008. \$24.95 papercover.

Knowledge, science, construct, measurement, quasi-experiments, validity, and reliability...the list goes on. These are chapter titles in standard textbooks of research design. They are dry; they make sense to people who already know them, but hardly to those who study them for the first time. They function as references, by sections, but less as a book to read through to its end and a coherent guide to develop a research strategy.

In contrast, Firebaugh (2008) sends seven core messages about research design that academic researchers will remember. His easy prose draws on examples from a broad sampling of the social sciences: the 2000 Presidential election; foreign direct investment and economic growth; smoking and lung cancer; the happiness of working women vs. the happiness of



housewives. While most research design books introduce data lightly and leave the "Then, what?" questions hanging, Firebaugh's examples are interesting, substantial, and conclusive.

Unlike other highly positivistic textbooks, Firebaugh treats research as an organically evolving process and provides tips rather than standards. Each chapter is titled to deliver a message; for example, "Build Reality Checks into Your Research" (Chapter Three) and "Replicate Where Possible" (Chapter Four). He then describes common pitfalls in sampling or validity, and possible strategies to avoid them. The coverage, succinct explanation, and validity of those strategies demonstrate the author's breadth of knowledge.

Perhaps, the most important rule is the Chapter Seven, "Let the Method Be the Servant, Not the Master." Scholars often fall into the trap of learning a specific, sophisticated method, such as statistical estimation, and becoming overly enamored with it. Firebaugh underscores that methods can inadvertently and dangerously become the masters in practice when the "research is designed around the method rather than the method designed to fit the research (p. 207)." He introduces decomposition analysis and the incorporation of context effects in order to decrease dependence on regression and to highlight the cautious use of it.

While these strategic messages for research are helpful, some rules apply only to certain types of research. For example, Chapter One opens with the statement that "there should be the possibility of surprise in social research." While most will agree that research with surprising findings is a plus, some scholars seek to confirm arguments with evidence. For instance, the answer to the question of whether we have had more or less income inequality over the past 20 years can hardly yield a surprising finding because the answer will be 'more', 'less,' or on rare occasion, 'the same.' Nonetheless, this not-so-surprising finding will be important and have substantial policy implications.

Likewise, Chapter Two, "Look for Differences that Make a Difference," is a sound strategy for comparative research and regression analysis, which attempt to correlate the difference in the independent variable with the difference in the dependent

variable. However, such a rule does not apply to all types of research. For instance, in exploratory research the objective is to describe the structure of social phenomena. In other words, elaborations on good research are limited to specific types of research. Therefore, readers will be encouraged to let the seven rules be the servant, not the master of their research.

Firebaugh claims that the book is designed for upper-level undergraduates and graduates; however, many quantitative examples in the book require more than elementary statistical knowledge, of which undergraduates may have little familiarity. The book, and especially its chapter exercises, is most suitable for graduate students with an intermediate quantitative background.

The author states that the book is "to serve as a second methods textbook (p. xi)" in the social sciences. This is a modest statement. As long as students pursue the types of research that Firebaugh discusses, this should be among the first books introduced in the course of research design.

*Yasuyuki Motoyama, University of California, Santa Barbara*

Flavio Francisco Marsiglia and Stephen Kulis, *Diversity, Oppression and Change: Culturally Grounded Social Work*. Chicago, IL: Lyceum, 2008. \$49.95 paper cover.

Globalization is encouraging the proliferation of cultural diversity in the contemporary era. Culture has become a focus of the social work profession as diversity emerges as a key challenge for research, practice, and policy development. It necessitates a dramatic paradigm shift that calls for culturally grounded approaches. It is critical to understand how culturally grounded social work should be implemented in order to achieve positive outcomes for individuals, groups and communities with different culture heritages. In this book Marsiglia and Kulis explore the relationship between cultural diversity, oppression, and social change in the context of social work, and provide both a theoretical foundation and specific approaches for social work practice to take advantage of the strengths and resilience inherent in different cultures.

The book is organized into four parts. Part I provides an

introduction to the culturally grounded approach to social work. The concepts of cultural identity, race, ethnicity, and cultural diversity are carefully examined, followed by a discussion of culturally grounded knowledge, attitudes and behaviors in social work. Intersectionality, which refers to the multidimensionality and complexity of human cultural experiences resulting from the intersection of multiple identities, is introduced, with its implication for individual lives as well as social workers practice. Part II presents an overview of relevant theories and perspectives with an emphasis on diversity, inequality, and oppression. The review spans from classical theories of oppression, to theoretical perspectives that emphasize inclusiveness, and finally to contemporary applied social work perspectives that guide social work practice, research, and policy development. The authors end this part of the book by proposing a culturally grounded approach to social work which includes three key components: honoring narratives, integrating narratives in appropriate social and political contexts, and developing critical consciousness. Part III examines the racial, ethnic, gender and sexual orientation identities by placing the explanation of minority status and identity formation in social and historical contexts. It elaborates how these socially constructed identities intersect with each other and with other factors to influence the behavior of individuals as well as the way they are perceived and treated by others. Importantly, it discusses how social work practice can be informed by knowledge of the intersectionality of these identities. Part IV is the essence of this book: It first discusses various factors and aspects of clients' cultures that should be considered as social workers develop culturally appropriate interventions. It then provides a comprehensive elaboration of the methods used in culturally grounded social work practice with individuals and their families, with groups, and with communities, followed by a discussion on how culturally grounded social work can be applied at the policy level and also in research and evaluation. Finally, this part addresses how globalization facilitates the development of a culturally grounded approach in social work.

Overall, the book provides a practical guide for both social work practitioners and educators to understand the culturally grounded approach and to apply this approach in their

practice. It conveys a strong message that culture, is essentially a source of strength and resilience. One of the salient strengths of the book is its efforts to place each concept in a real world context and to incorporate case studies throughout the text to illustrate these concepts. It presents a logical continuum from embracing diversity, to understanding the causes and mechanisms of oppression, and to proposing a culturally grounded social work approach that facilitates positive social change. Nevertheless, the case studies in the book are mostly characteristic of an American scenario. Considering that diversity and oppression are both global challenges, the book would have had broader relevance if the authors engaged readers in a discussion of how culturally grounded social work can be applied in different international contexts.

*Qiaobing Wu, University of Southern California*

Stephen Pimpare, *A People's History of Poverty in America*. New York: The New Press, 2008. \$27.95 hardcover.

Since the first surveys of poverty were undertaken in Europe at the end of the 19th-century, academic research into poverty has proliferated and a huge amount of information about its incidence, extent and effects has been accumulated. In addition, academics have devoted a good deal of attention to defining poverty and much of their research has been concerned with the development of poverty lines which purport to measure the proportion of the population experiencing material deprivation. Poverty line research has yielded a voluminous amount of quantitative data about poverty which has been amenable to statistical analysis and the formulation of hypotheses about the poverty's correlates.

Although this research has been accompanied by in-depth qualitative studies based on interviews with poor people, these studies have not addressed what Stephen Pimpare believes to be a major drawback of academic investigation into poverty, namely the voice of poor people themselves. Even carefully designed ethnographic studies cannot provide an adequate vehicle for the expression of the authentic voice of poor people. Drawing on a wealth of documentary evidence, the author

seeks to provide a people's history of poverty which expresses the views, attitudes, feelings and responses of poor people in the United States over the centuries.

The book has nine chapters followed by an epilogue which thematically organizes a huge amount of material culled from a great variety of published sources including newspapers and magazines, journal articles, books, novels and government reports. Among the themes covered by the different chapters are the characteristics of poor communities, homelessness, nutrition, employment, women and children, race and poor relief services. This chapter leads on to a brief discussion of organized movements of poor people which have engaged in different types of resistance to secure social justice. The book's epilogue, which could arguably have been placed at its beginning, discusses the different ways poverty has been defined by social scientists.

The book is a fitting contribution to the New Press "People's History Series" edited by Howard Zinn and it admirably meets the goal of giving voice to America's poor. The author's use of a multitude of sources and his ability to organize them coherently is astonishing. There is much in this book that will be of interest not only to scholars and students but to popular readers who will be fascinated by the book's impressive historical sweep. The author is also to be commended for augmenting the book's chronological narrative with a balanced perspective on a variety of issues. For example, the communities in which poor people live have been viewed by scholars from both a strengths and deficit perspective. Pimpare allows the reader to weigh the evidence and digest different interpretations without pressing his own views. The book has many other strengths and should be widely consulted by anyone interested in the topic of poverty in America.

*James Midgley, University of California, Berkeley*

Neil Gilbert, *A Mother's Work: How Feminism, the Market and Policy Shape Family Life*. New Haven, CT: Yale University Press, 2008. \$26.00 hardcover

What do women want with respect to work-family balance, and what factors are paramount in influencing this choice? These are the essential questions that guide Neil Gilbert's new book. As the subtitle suggests, Gilbert focuses largely on the ways feminist expectations, market demand and policy options frame, or in some cases constrain, the choices that women can make. Thus, he adds his voice to one of the most important political, social, economical and moral debates of our times.

The book is organized in three broad sections. First, "Responding to the Tensions of Work and Family" focuses on trends in childbearing (or motherhood in decline), labor force participation by women (the exit of women), and the division of labor in the home. Next, "Capitalism, Feminism, and the Family-Friendly State" dissects the impact of advanced capitalism, particularly materialism, the ideals of women in the workforce espoused by feminism, and the seemingly supportive policies that ultimately prove to be highly gendered. Finally, in "An Alternative to the Male Model," Gilbert presents a policy solution that allows women an alternative option to balancing the work-family juggling act, namely a home care benefit for parents to opt out of the labor force for a period of time.

Gilbert demonstrates insight and sympathy regarding the many pulls on contemporary mothers. He is particularly adept at deconstructing several myths concerning mothers' decisions to work—specifically the often unquestioned belief that it is economic necessity that drives women away from child bearing/raising and into the labor force. He argues that most families, including those in poverty, are affected by the need for purchased goods and services that 30 years ago would not have been considered essential (i.e. dishwasher, air conditioner). Raising the potency of consumerism is an important one, and should have been emphasized more as it demonstrates the insidious nature of capitalism on individual and societal "choice."

In demonstrating that economic factors alone, do not account for how or why women choose home, work, or a combination of the two, Gilbert is then able to turn his attention to social or cultural messages regarding meeting one's potential, contentment, and self-worth. He raises feminism as a primary producer of messages regarding what constitutes equality for women (fulfillment in the workforce), the nature of domestic labor (mostly drudgery), and the imagery of "having it all." Rightly so, Gilbert underscores how many of those advocating for equality through work are themselves in the better sectors of the labor market, so it is little wonder that they would see work as both desirable and the primary mechanism for gender equality. As he notes, most women, and men for that matter, labor in numbing, controlled, and monotonous environments, and for them, domestic labor could very well be seen as the more fulfilling option.

Yet at times it seemed that feminism was the "straw woman" in his account. Many of his references are not from feminist theorists or analysts, but from their critics, which means that feminist thought isn't truly allowed free reign in his discussion. While he notes that he is interested in "prevailing" feminist messages, he doesn't provide evidence to support why his version of feminism is the dominant one. This is unfortunate, because much of what Gilbert desires in terms of real options for working mothers have been considered by socialist feminists, who address the complexities that arise at the intersection of class and gender.

Gilbert settles on sequential choice as a viable option—women moving in and out of the labor force depending on personal and family needs. The key is to not penalize women in terms of economic stability and career building potential. While this isn't viable for all women, a delayed career start could work for most, provided financial considerations are met. A home care benefit is his answer.

Gilbert offers a thought-provoking analysis and policy response to an issue of critical importance. Yet one important factor is missing—the decisions of men. As long as work-life balance is termed a "women's issue," the solutions will not be sufficient. What is needed is an all out effort that reconfigures

the male work and family model, so that men, women and children all can benefit.

*Cheryl A. Hyde, Temple University*

Ronald P. Formisano, *For the People: American Popular Movements from the Revolution to the 1850s*. Chapel Hill, NC: University of North Carolina Press, 2007. \$35.00 hardcover.

Academic inquiry into the nature and extent of populism has faced formidable problems over the years. The most obvious of these is the difficulty in defining populism. Although sociologists, political scientists and social theorists have attempted to analyze populism and offer a definitive account of its characteristics, there is little agreement about what populism entails. It is now generally accepted that attempts to formulate a workable definition are unlikely to succeed and that social science inquiry into this complex phenomenon should focus instead on its historical evolution and manifestations in different parts of the world.

It is in this context that Ronald Formisano has written an extremely interesting and thorough account of the history of populism in the United States from the time of the nation's founding to the mid-19th century. This may strike some as unusual since populism is generally associated with late 19th-century agrarian social movements and the campaigns of the People's Party against the gold standard. But the author shows that populist ideas and activities were at the very core of the American Revolution and that they continued to influence the country's early political development after independence. Despite their own populist proclivities, the founders had to deal with local discontent and even uprisings directed at what some regarded as their growing political elitism. Populism, he also points out, was integral to the anti-Masonic movement of the early 19th-century, the rise of evangelical fundamentalism, to Jacksonian politics and the campaign for abolition. Were the book to continue into the 20th and 21st centuries, the author would no doubt include the election of Arnold Schwarzenegger in California and the Obama campaign in his chronological catalog of American populist politics.



A major issue, which returns to the question of definition, is what types of political activities in United States may be categorized as populist. The author devotes the first chapter of the book to this question but prefers to use the phrase "populist movement" rather than to attempt a standard definition. But populist movements are mercurial and can have both progressive and reactionary goals or veer in one direction or other. The author's discussion of the characteristics of these different movements is particularly helpful. In addition, his historical knowledge is prodigious and his account of the dynamics of populism in the country's early decades is obviously definitive. While the book can hardly be viewed as light reading, it sheds light on the enduring phenomenon of populism and its pervasive influence on American society. It will also be a helpful resource for anyone researching the role of populism in the evolution of American social welfare policy.

*James Midgley, University of California, Berkeley*

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(Revised November, 2007)

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Progress reports can be obtained by e-mailing the editor at [rleighn@asu.edu](mailto:rleighn@asu.edu). Reviewing normally takes 120 days.

### Preparation

Articles should be typed, double-spaced (including the abstract, indented material, footnotes, and references) on 8 ½ x 11 inch white bond paper with one inch margins on all sides. Tables may be submitted single-spaced. Please provide a running head and keywords with manuscript.

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Overall style should conform to that found in the Publication Manual of the American Psychological Association, Fifth Edition, 2001. Use in-text citations (Reich, 1983), (Reich, 1983, p. 5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the references. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

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Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than, "the blind"). Don't magnify the disabling condition ("wheelchair user" rather than "confined to a wheelchair"). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

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