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What's Need Got to Do with It? Barriers to Use of Nonprofit Social Services

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In recent years, legislators have called upon private nonprofit and proprietary organizations to assume a larger role in provision of public benefits to poor persons. Little research, however, has examined poor people's willingness to use nonprofit agencies in lieu of public welfare. This analysis draws data from over 2 years of fieldwork and in-depth interviews with twenty poor women in Philadelphia. I demonstrate that decisions to use nonprofits are contingent upon stigma, information, practical predicaments (e.g., agency hours), and perceived need. I explore the implications of these impediments in a post-welfare reform landscape, while focusing on how decisions to use private services differ from those to use public welfare. One cannot assume that because people have needs they will use nonprofit services to meet them.

Introduction

With passage of the 1996 welfare reform (Personal Responsibility and Work Opportunity Reconciliation Act, P.L. 104–193, henceforth, PRWORA), the federal government no longer has responsibility for determining welfare eligibility, nor are welfare recipients "entitled" to such benefits by law. The responsibility for providing for America's needy families now rests mainly on the states; however, PRWORA also allows for private nonprofit and proprietary organizations to take on a larger role in the provision of public benefits to poor people by allowing them to act as subcontractors of the government (Katz, 2001). In addition, many policy makers assume that private, nonprofit social service organizations (NPs) will assist current and former welfare recipients
reach self-sufficiency and make ends meet with their own private funds.

Encouraging local nonprofit and governmental agencies to provide aid to poor peoples is nothing new (Katz, 1989; 1996). Policy makers, however, are increasingly applying market models to social policy, often regarding private agencies as more efficient than public agencies, largely because of their ability to compete (Katz, 2001). A growing number of politicians believe that NPs should directly relieve the ills of poor women now and as time limits hit, replacing the government in this role. Questions remain, however, as to how poor persons think about receiving aid from NPs, what kind of services they use, when they will use them, and what factors inhibit their use. In the eyes of poor women, private delivery of services may not be favorable to public delivery.

Literature

Many politicians and scholars alike assume that if former and current welfare recipients need additional help to make ends meet or to improve their lives, they will be willing and able to access private, nonprofit social services. Researchers have tried to track participation in government (public) social service programs (see Coe, 1983; Bishop, Formby, and Zeager, 1992; Blank and Ruggles, 1996; Kim and Mergoupis, 1997; Gleason, Schochet, and Moffitt, 1998), but fewer individuals have examined participation in nongovernmental (private nonprofit) social service programs. The existing research on NP use tends to study utilization within a larger examination of poor individuals' social support and survival strategies (Stack, 1974; Stagner and Richman, 1986; Snow and Anderson, 1993; Edin and Lein, 1997). Overall, researchers have found that use of NPs is rather limited, and poor individuals are likely to seek aid from family and friends over NPs. For example, Stagner and Richman (1986) extensively examined "help-seeking behavior" among poor, largely AFDC-reliant, Chicago household heads in the early 1980s. Respondents identified the top three problems they faced during the past year and how they attempted to resolve these problems. Half (49%) of the respondents did not turn to a social service provider (i.e.,
churches, government social service programs, and private social service agencies) for any of their reported problems. Only 23% of the respondents had sought help from a private social service agency while 28% had used churches or government services but not private providers. Reasons for nonuse of known provider services included the procedures of the provider (43% of cases), the respondent’s attitude about receiving help (29% of cases), the personnel at the provider (17% of cases), and location (9% of cases). In 31% of the cases, the respondents claimed “something else” was the reason for nonuse.

In their four-city study, Edin and Lein (1997) reported higher percentages of women receiving help from private charity than Stagner and Richman (1986) reported ten years earlier. Thirty-one percent of the welfare-reliant mothers and 22% of wage-reliant mothers in Edin and Lein’s sample reported receiving cash or a voucher from a private charity in the past year. A larger percentage had received in-kind help from agencies in the past year—over half of the welfare reliant mothers and about a third of the wage-reliant ones. Edin and Lein (1997), however, argue that receiving assistance from nonprofit agencies ranked very low on the mothers’ list of survival strategies, largely because they were humiliating and offered little help.

Other studies have also briefly examined why people do not use NPs. Brabson and Himle (1987) in their survey of rural poor and unemployed Michigan residents found that most of these individuals would not utilize services of “social welfare agencies” because the agencies were not open when needed (25%); their location was unknown (24%); they feared what others might think (14%); and/or the agencies were too far away (13%). Chen and Marks (1998) found that the parents of the Akron youth they surveyed did not know where to go for help.

These studies help us understand how poor people think about and use, or resist using, NP services. However, they do not study this resistance in any detail or let us hear the voices of the potential clients themselves. In addition, without specific knowledge of NPs on which to probe respondents, these studies may actually underestimate use or miss aspects of the nonparticipation story (see “Data and Method” section). Furthermore, more studies in specific locales are important given the varied
landscape of NP services available to poor populations and the devolved nature of public aid (Boris, 1999). Finally, none of these studies compares how poor persons think about public versus private aid in any depth.

Data and Method

This analysis draws data from over 2 years of fieldwork as well as qualitative, in-depth interviews with 20 poor women living in the Kensington section of Philadelphia. I began fieldwork in Kensington in the summer of 1997 for Manpower Demonstration Research Corporation's (MDRC) Project on Devolution and Urban Change. For MDRC, I interviewed executive and program directors of various Kensington NPs and conducted an informal neighborhood census. Separate from the MDRC project, I also was a participant-observer at a local soup kitchen, where I had volunteered for about 6 years.

Early in my fieldwork, I compiled a census list of the names and addresses of Kensington NPs by three main methods. First, I, along with two colleagues, drove and/or walked down every street in the main Kensington census tract, logging each nonprofit agency we saw. Second, I drove through the other sections of Kensington less systematically and logged additional NPs. Third, I used the phone book, the internet, NP referral literature, and word of mouth to locate previously undetected agencies. The resulting list of over 50 social service NPs included multi-service, grassroots, basic needs, and community development organizations.

This list and my fieldwork served as a foundation for my interview questions on voluntary NP programs, such as food and clothing distribution, housing, children/youth services, adult education, energy assistance, domestic violence, drug rehabilitation, employment services, and life skills programs. I asked respondents about a variety of agencies and programs in an attempt to maximize heterogeneity and capture the broadest range of agencies and possible users.

Each respondent first named all the agencies that she had heard of and/or used in the neighborhood. Then, I asked her about use and knowledge of specific agencies that I named. When
I mentioned specific agencies, the respondents reported being aware of about twice as many agencies and recalled using roughly twice as many services than they did before this probing. These results suggest that surveys that ask, "Have you used any social services in the last year?" or "Do you know of an agency that provides [X] service?" might underreport social service use and knowledge by not probing on particular agencies. In addition, researchers may fail to recognize nonuse of known services and the reasons for this nonuse.

After determining agency knowledge and use, I asked respondents to describe their experiences with nonprofit social services, when they would be willing to use and had used services, their decision-making process in using services, their reliance on other types of support (public or private), as well as a host of other related topics. The tape-recorded interviews lasted between 30 minutes and 3 hours and occurred between December 1998 and March 1999.

The Study Site and Sample

In Philadelphia, as in other urban centers across the U.S., welfare caseloads dropped more slowly than those nationwide. Caseloads in Philadelphia declined only 36 percent between 1994 and 1999, while Philadelphia's share of the state's welfare caseloads increased from 39 percent in 1994 to 49 percent in 1999. Philadelphia County contained 4.2 times the share of Pennsylvania's welfare cases as its share of Pennsylvania's total population in 1999, which was fourth highest in the nation (Allen and Kirby, 2000). This is not surprising, since Philadelphia's unemployment rate (about 6.0) was a couple of points above the national average.

The Kensington section of Philadelphia has long been a working class and poor white ethnic neighborhood; however, in recent years more African Americans, Puerto Ricans, and Albanian and Vietnamese immigrants have entered the neighborhood. While Kensington's residents are ethnically diverse, its whites live in highly segregated blocks with many white Kensingtonians refusing to share their streets with other racial and ethnic groups. The study participants live in a section of Kensington where roughly 33% of residents lived in poverty in 1990, 26% received some form of public assistance in that year, and approximately
85% of the residents were white (US Census). By William Julius Wilson's (1987) classification, this area is a "high-poverty area" as its poverty rate exceeds 30%. Thus, in Kensington, whites live in conditions of concentrated poverty more typical of the minority poor.

Of the 20 poor white women in the study, 17 received TANF at the time of the interview or had received it within the previous 2 years. Ten of the women worked and six of the workers combined welfare and work. All workers earned less than $8 an hour and were therefore roughly representative of users of NPs and those at risk of utilizing welfare. All the study participants had one to six children under 18 years old at the time of the interview. The women were between 21 and 50 years old; most were between 30 and 40 years old. Because the sample included only white women, these findings may not be generalizable to other ethnic groups, to whites not living in concentrated poverty, nor to males.

Historically, Kensingtonians are distrustful of outsiders, especially intellectuals (Binzen, 1970), and will not talk to researchers without a personal contact. Because of this and the sensitive nature of the interview topics, I decided to gain the sample through a non-randomized, snowball method similar to Edin and Lein (1997). I first recruited respondents through referrals from social service providers. I then asked these respondents to refer me to another person whom I may not find through an agency. The two differently recruited groups of respondents did not vary in service knowledge or use. However, given the network ties between the agency-recruited and respondent-recruited groups, this study still may overestimate service use and knowledge among low-income women with dependent children by over-sampling users.

I coded all the interview data across a variety of themes connected to reasons to use and not to use agencies and services. I derived some of these themes inductively, while others I drew deductively based on the literature on nonparticipation in public welfare and NP programs. I began coding the data while I still was conducting other interviews, so that as new themes emerged, I could go back into the field to probe respondents on these themes, a process known as theoretical sampling (Corbin and Strauss, 1990).
Results

While most respondents had used at least one nonprofit service in the last year, the main story the women told was unequivocally one of nonparticipation. Respondents used very few Kensington agencies and did not have plans to do so in the future. On average, the women had only used 1.9 programs in the past year and were eager to share their reasons for not using NPs.

Information Barriers

Lack of knowledge about NP assistance was one of the main differences in use of private versus public aid. While all the women were aware of public welfare and how to apply for it, many of the mothers did not know where to go for aid from NPs, even with many social service agencies in the neighborhood. In fact, most of the women lived within a few of blocks from several NPs. After I asked the respondents about specific agencies in the neighborhood, the women reported having “heard of” anywhere from six to 24 different organizations. The average respondent expressed familiarity with 13 agencies. Before probing with specific examples of local agencies, the average respondent could only identify six different agencies.

The women as a group knew 66 different nonprofit agencies in Kensington and did not express more familiarity with services within any particular domain. Four agencies were especially well known, with over 15 respondents having heard of them. One was a soup kitchen, another offered only educational services (e.g., GED, ABE), and the other two were very large multi-service agencies offering over 30 different programs. At least ten of the respondents knew about another four agencies—a CDC, a soup kitchen, a small multi-service agency, and a very small church that offered children’s services and a food cupboard.

We discussed over 150 neighborhood services extensively. For these services, the respondent’s social network was the most likely source of information. Nearly half of the time, the women named a family member or close friend as the source of information on an agency or service. They also heard of NPs from other network sources, such as neighbors, welfare caseworkers, and staff at other nonprofit organizations (20%); local newspapers (9%); “just seeing” the agency (8%); or flyers (5%). When they
could not remember how they had found out about an agency (9%), most had “always” known about it through “growing up” or being “from the neighborhood.” Because knowledge sometimes came from walking or driving by an agency or “from the neighborhood,” residential stability may be a factor in knowledge. Since Kensington’s residents typically have lived in the neighborhood many years or all their lives, this level of agency knowledge among poor women may be a best-case scenario.

I also coded the extensiveness of each respondent’s network and analyzed the relationship between the number of network members and number of agencies the respondent knew. I found no relationship despite my expectations that those with extensive network ties, both strong and weak, would know more agencies, just as those who have larger networks know more about jobs (Granovetter, 1995). I found three potential explanations for this paradox. First, some of the women with the largest networks did not have knowledge of or seek out services because their networks provided them with in-kind and cash support. In these cases, families and friends acted as a private informal safety net, rather than as information resources about nonprofits. Samantha, a mother of a young child, stressed that her family, specifically her mother, provided her with all the support she needed. She said, “Luckily, I have a good mom. She helps me [a lot]. If I’m running out [of food] she’ll pick up some odd and ends things . . . If it wasn’t for her, I don’t know where I’d be.”

A second reason some women with large networks did not have information on agencies was that they said they did not receive or share information about social services with family and friends. The women may not have exchanged information about “stigmatized” services due to the embarrassment of admitting having known about or used them. When using what they considered a high-stigma service, like a food cupboard, the women often said they did not share this information with others. However, if they perceived no stigma costs in obtaining a service, such as an after-school program, then they did tell others about it. For example, Becky reported that she told others about a parenting support group that she really loved, but not about the housing, food, job placement, and energy assistance programs that she also knew about and in some cases had used. On the other hand,
respondents who were aware of many nonprofits felt strongly that one should share this knowledge with others. Eileen, who named 14 neighborhood agencies, incredulously asked, “If it helps someone else like it helped me, why not spread the word?” Through telling others of their experiences with agencies, the respondents often heard about other agencies in return, thus increasing their own service knowledge.

A third reason some women with large networks had little agency knowledge was that they did not have friends and relatives who used or knew about the types of services that they needed. Melissa complained that she did not know of any food cupboards and that “none of my friends use them.” If a woman’s network members do not share her class position or if they do not use services for some other reason, they may not be very helpful in referring her for certain types of help. Overall, it is the composition and type of one’s networks not the size that matters.

Those women who were well informed could choose among agencies and stop going to agencies that they perceived exacted a high psychological toll, opting instead to use “nicer” agencies. The majority of respondents, however, did not have this luxury of choice. Most did not “shop around” for the best or most desirable agency; rather, once they found an agency that offered the service they needed, they “stopped looking.” Repeatedly, when I asked respondents if they knew of another agency that offered the same service they replied, “No,” after giving me an inquisitive look (as if the question was completely inappropriate). This occurred despite the fact that multiple neighborhood agencies offered many of the same services.

Often, the respondents, especially those that worked, did not know of alternative agencies because they did not have the time to look for them. Finding nonprofit social services often required high search costs with little gain in return. Many nonprofit organizations in the neighborhood did not advertise their services, but instead relied upon word of mouth to gain clientele (unpublished data). Therefore, if one did not know of an agency from a member of her network, finding out about an agency and its programs may involve considerable effort. For example, after staff at a NP told Jennifer she could not attend a computer class because she was ineligible, she did not look for a substitute class. She explained,
I was working full-time during the day, so it's not like I was out looking around for other places—I'm sure that there were some if I had looked . . . By the time you get off work, all those places are closed . . . Between taking care of the household and the kids and working full-time . . . there's not much time left after that [to look].

**Location**

While knowledge was a large part of the nonparticipation story, location was also important. For most respondents how far an agency was *within their neighborhood* did not matter very much as long as the NP was accessible via public transportation. Becky, who used a parenting program that required her to switch buses twice, said, "If you really like something and it is helping you, [the distance] is worth it because you are getting positive feedback." However, when all else was equal (e.g., in terms of stigma costs, administrative hassles, etc.), the women chose agencies that were closest to them, especially when they used food cupboards and had to carry groceries home. Most respondents walked to the NPs they used; some also drove, got rides from friends, or took public transportation.

More important than distance, however, was *location*. Nine of the respondents said they did not use a service that they otherwise would have because the agency was in a "dangerous" section of the neighborhood. The women had strong conceptions of boundaries between safe and unsafe zones and generally agreed where these boundaries were. The streets that demarcated these boundaries often were only a couple blocks from their homes. Agencies in an unsafe zone might thus be closer than other agencies. Given respondents' racial views, it is not surprising that the "bad zones" corresponded to those areas of Kensington where the African American and Hispanic populations lived. Most did not say directly that they avoided these sections of Kensington because of the presence of Latinos and blacks (though some did); rather, they identified the areas as dangerous because of the presence of prostitutes, drugs, and violence. Danielle avoided all agencies located in the "Badlands" of Kensington:

I don't like the spot where you got to go [to use the daycare/youth program] in Kensington. All the prostitutes are out there; there are drugs all over. I mean the kids aren't out(side), they are inside [the
agency], but when they come out, that is what they have to look at... No, no, no, I would be afraid to [put my kids in that program]. If I had a car, if I get out of the car, am I going to get mugged?

Sometimes the women recounted experiences that they said had taught them to avoid certain locations. For example, Eileen described an attack in a "bad" area of Kensington:

I would not let [my children enter an after-school program] because it was down on the Avenue and I do not want them down on that part of the Avenue... I got jumped [in that area,] some guy... wanted my water bill money [that I had just gotten from an agency] and he had this big ring on and he hit my face and left me laying on the ground... I do not knock the program because it sounds pretty good but I do not like the area...

Similarly, Ashley refused to use NPs located in the "Badlands" of Kensington after someone stole her $700 paycheck once and almost raped her another time. She said, "I'm like not going to go down there [where she was attacked] or other areas like them... people might say that she's probably really racist, it's just in certain neighborhoods—they just scare me."

Ironically, the welfare office that the women used was located in the area that they deemed too dangerous to enter for NP services of any kind. When probed about this contradiction, the women claimed that the public welfare office had more security in the vicinity and was on the police's beat. Private nonprofits did not offer this same sense of security.

Stigma

Even when the women knew of available nonprofit social services in safe locations, they often chose not to use them because of stigma. Not all services were equally stigmatizing, however. Overwhelmingly, when the women talked about shame, embarrassment and loss of self-respect as reasons for nonuse of NP services, they were discussing basic need services, especially services related to food distribution, basic health care, and utility assistance.

Researchers have argued stigma costs are highest when use of a service is extremely visible (Coe, 1983; Rogers-Dillon, 1995). It is little wonder that soup kitchens and food cupboards, where one
might have to wait outside in line and are open to "identification," engendered the most feelings of stigma among the women. Tara, a mother of one teenaged and four adult children, did not use a soup kitchen initially because she feared others would see her:

I don’t think I was too proud for it . . . I think I was just feeling like someone was going to see me going in there . . . You just didn’t want to go to those places . . . while you are standing there, you are thinking, what if someone comes by and sees me?

The women especially worried about what their children thought. For example, Catherine, a laid off mother of two, said her children would “make fun” of her if she used a soup kitchen.

Sometimes we pass it [soup kitchen] and the kids will start laughing at the people in line and I have to tell them that’s wrong and you can’t be laughing at them. But we’ll never get in that line. We’d be hungry [before we would get in that line].

Most respondents considered themselves different from users of basic need services and felt using the services would mark them as “tainted.” Eileen, who worked for minimum wage at a laudromat, believed that soup kitchens were only for people willing to “degrade” themselves:

[The agency has a] soup kitchen, but I would never be caught dead in there . . . Because they are not my kind of people . . . They are like from the Avenue, street people, people that use drugs, or that are hookers. You don’t know what they got in their hair, and they look like they need a bath, it can get pretty messy, people that lived in abandoned houses go there . . . that would be one place you would not get me. . . . It’s not that I think I’m better than them, I just want to hang out with someone a little more normal.

Race of clientele mattered to some as well. The women avoided services that few whites used. When asked if she would go into a local soup kitchen for a meal, Jennifer, a mother of two on unemployment insurance, responded, “Hell no! Definitely not! . . . If you want me to be straight up honest, all I see are some, I’m going to say, a bunch of black guys in their 20s and 30s, North men [those living in the Latino/African American section of Kensington] . . . So, I wouldn’t want to go there for the fact that it is all black men there.”
Many women believed the staff at some agencies made them feel “ashamed” and “worthless.” With most feeling badly about using services, staff that degraded them worsened the situation and discouraged some from using NPs in the future. For example, Marie, a welfare-reliant mother of two, stopped using a food bank because she felt the staff treated her badly.

[The staff] are real snobs; nobody really likes going there. They act like they are giving you something that’s like gold, and it’s coming out of their pocket, and they look down at you like you are a piece of trash. I will never go there again . . . I wouldn’t go there even if I was starving.

Months later when Marie’s son stole her food stamps and she literally was starving, she still refused to go to that food cupboard. Marie dropped from 120 pounds to 85 pounds.

The women were not just concerned about the loss of others’ respect for them or how staff at agencies would treat them; they worried about a loss of self-respect for failing to make it on their own. Carly, a welfare-reliant mother of two boys, refused to use most services because it violated her belief in self-sufficiency. She claimed she would not go to a clothing bank,

[Since] I am not one that goes for just having people handing it to me. I had to work for it, have to pay for it . . . [if I used a food pantry] I would feel like I cannot take care of my kids on my own. It all has to do with motherhood pride, motherly pride . . .

Many scholars have discussed the stigma associated with public welfare use (Horan and Austin, 1974; Kerbo, 1976; Loewen- berg, 1981; Snow and Anderson, 1993; Bobo and Smith, 1994; Handler, 1995; Rogers-Dillon, 1995), and much of what the respondents said about using NPs was strikingly similar to these accounts. The notable difference was that these women relied upon public aid despite the stigma, but refused to use or severely restricted their use of stigmatizing private aid, often because agencies did not offer enough aid to compensate for the stigma costs. For many of the women use of basic need services was actually worse in terms of stigma than use of welfare. Lisa, for example, “did not like” being on welfare but remained on it, while she found use of NPs embarrassing and would not use them. She
said she would not go to a food bank or soup kitchen, “Because I would feel funny about it. I am so dependent on myself, that just to go down there. I wouldn’t feel right. I don’t even like being on welfare, [use of a food bank] is like an embarrassment.”

The women alluded to numerous differences between NP and public aid, although the data do not allow me to tease this out fully (current research underway will). First, use of NP basic needs services was more visible than use of public aid like food stamps, largely because the Philadelphia Department of Welfare (DPW) disperses food stamps via EBT cards making their usage less noticeable. When agencies gave the women vouchers to use at a grocery store, since it was more like food stamps, it was less stigmatizing. Second, the women lived in communities where welfare receipt was common and where they knew others receiving it. Less common (or known) was use of NP services, making it less acceptable in the women’s eyes. Third, the women often believed that use of NP services signified not only that one was in hardship, but also that one was actually worse off than those who just received welfare. In addition, it often meant that one had no family to which to turn. Finally, some of the women argued that welfare was less stigmatizing than NP aid because it was an “entitlement,” while NP aid was “charity.”

Administrative Nightmares

The women also frequently complained about “administrative nightmares,” such as long waits, elaborate paperwork, and tedious documentation, associated with receipt of NP basic need services. For example, Carol refused to use a CDC for utility assistance anymore because of the paperwork, despite the fact that her provider had threatened to shut off her utilities for delinquency. Carol, who cares for her son, her mother-in-law and frequently has to go to the doctor and psychologist herself, claimed,

It is too much work, too much hassle [to use the agency], I have no time for getting together a bunch of paperwork and everything else—I just don’t have the time, I’m too busy running around every day doing everyday things. I just don’t have the time.

More accurately, perhaps, is that Carol was not willing to make the time to go to the agency, since she had made the time to get
certified for her SSI, which involved many hours of paperwork, doctor's appointments, and interviewing.

Some women complained about the "business-like" attitude of some NPs and the routines of some faith-based organizations. Kelly, a welfare-reliant and mother of three, claimed, "They wanna give you these little [religious] pamphlets. It's things that they do—they have routines, it's not like they are doing it with feeling. It's hard to explain... Oh yeah [I avoid places like that]. I don't go anymore."

In addition, the women emphasized the amount of questioning that they received from the NPs and the uncertainty of assistance. Carol related that at the food cupboard,

You can only get food once every 3 months, and they would always be prying, "Why, why, why? Why are you out of food so soon? Why don't you have the money for food? What are you using your money on?" Oh, it was awful, they were so nosy—that's the word, nosy. My nerves were shot by the time I left and every time it was about 45 minutes to get the food—you would wait 45 minutes and if you were qualified, if they thought you were desperate enough, then you might get a bag of food. There were times I went down and I didn't even get a bag of food... They said "You don't need it, you don't qualify for it." It was terrible... They [shouldn't] probe you for every last detail of your life and then turn you down, you know?

One also has to endure scrutiny from welfare, but only once (plus during re-certifications), and a client gets more for her trouble. At the food cupboard, for instance, staff might inspect a potential client every time she needs a meal (as in Carol's case above), and the gains are low. In essence, there are high transaction costs and great uncertainty, making use of NPs less desirable for the women than reliance on welfare.

**Perception of Need**

While some respondents were not using NPs because they felt they did not "need" the help, many more were not using services because they felt those more disadvantaged should receive aid in their place. The women were psychologically comforted by thinking themselves relatively better off than other community residents; however, I often considered them worse off than their
neighbors (e.g., based on their housing conditions). They believed NPs did not have enough resources to serve everyone; and their using a service, especially emergency services, meant another needier could not. Tara worried about taking services for which she was not “desperate,” even during times when she had no income coming into the household. She said,

[I didn’t use the food cupboard] because I thought someone . . . let’s say a woman with four little kids could use it more than me . . . I only use them if I was really, really need to. There are some people that I ran into that don’t have nothing. If it wasn’t for the free breakfast and lunches at school, these kids might not even eat. So if their family can go down there and get two days worth of groceries I’d rather them go. Because what if I did that, what if I went up there and I stocked my refrigerator and my cabinets and they were overflowing and some little child that is 5 or 6 years old goes hungry that night?

Similarly, Eileen, who herself has six children, thought others needed food assistance more than she, despite having had her utilities shut off when she chose to buy food for her family instead of paying her bills. She believed “there is always someone else out there [in more need] who is elderly, or maybe another needy family with a lot of kids.”

The women criticized those who did not share their views on what constituted need and “abused” NPs by selling food from food cupboards or using services to “hoard” their money. Granted, only one or two respondents actually could name a person whom they thought did this—but the urban myth of service abuse was strong in the women’s minds (and probably agency staff’s minds, hence their prying). No respondent thought to use NPs to assist her getting out of poverty; that is, to use services to save money for a home, a car, an education, or other things that may improve her life. This was unacceptable because doing so might mean another needing the service for survival might “go without.” For example, Samantha complained,

I know a lot of people that go there [to NPs] that have money. It’s not like they need it . . . I feel the people who need it should be the people who get it . . . because when they [the food bank] run out of food . . . the people who really need [food] can’t get it.
Interestingly, the women's belief that their using a service would mean others would go without in most cases was unfounded. Through fieldwork, I learned that most programs (except residential ones) in Kensington were not at capacity and could handle more clients to varying degrees. Some agency heads expressed they did not even have a "capacity," and they could and would meet the needs of any number of people who walked through their doors. Note, however, that while not at capacity, many NPs could not have handled an immense increase in clientele. Perhaps, the women's views on what constituted "true need" prevented a flood on services.

The women did not worry about the resources of DPW in the same way they did about NPs. While many thought welfare reform was unfair for targeting the deserving poor and not going after the "druggies" or "cheats," they did not think welfare would fail to provide assistance because it lacked resources. Their welfare reliance, therefore, would not harm another in need.

Scheduling, Cost, and Pregnancies

Respondents, especially working ones, also offered the inconvenience of NP hours as a reason for nonparticipation. Managing the hours of programs that required frequent participation (such as adult educational services) or two trips in a day to the agency (such as daycare or a youth recreational program) was particularly problematic. Lisa, a single working mother of two boys, had to pull one of her young sons out of a preschool program at a church because she had no time to take him there and pick him up. The woman who had been taking him for her had just found a job to fulfill her own welfare-to-work requirements. Lisa, who really thought that the preschool program was good for her son who has Attention Deficient Hyperactive Disorder (ADHD), substituted informal care provided by her family and friends on a rotating basis. Lisa also had stopped attending GED classes and a nutritional program that provided food because her work schedule conflicted with program hours. She wanted to go to counseling and parent support group meetings but said "it is too late by the time I get out of work." She acknowledged that
even if agencies offered these programs in the evening, she would probably be too exhausted to attend.

None of the respondents said they had considered contacting an agency to see if their hours had changed recently, which I knew was the case for several programs in the area (unpublished data). For example, a respondent who had used a daytime playgroup at one nonprofit complained of needing a nighttime playgroup since she had begun working. She was unaware that the agency had already added an evening group; even though the agency had implemented the night group some 6 months prior to accommodate working mothers.

It is disconcerting that women who had recently moved from welfare to work could no longer manage programs that they believed beneficial for themselves and their children. Researchers have shown that infants and toddlers benefit cognitively and academically from center-based care (NICHD Early Child Care Research Network, 2000), school-aged children benefit academically and socially from after-school programs (Posner and VANDELL 1994, 1999), and children benefit from stable environments (McLANAHAN and Sandefur, 1994). With mothers struggling with the transition from welfare to work, removing children from stable, center-based care will likely harm children.

Besides having scheduling problems, many respondents complained they did not use certain programs (particularly daycare, after-school, and recreation programs) because they cost too much. Eileen pulled her children out of a half-day preschool program at a church when she could not afford the new fee of $10 a week per child, despite the fact that she really liked the program. She said, “The environment is really great. They teach the kids responsibility, learning to clean up after themselves, learning to get along, how to share. I just can’t afford it no more.” As nonprofits respond to declining federal assistance with increased use of fee-for-services (Salamon, 1993), more poor children may lose access to center-based programs.

Finally, pregnancy was a factor. Respondents gave pregnancy, along with inconvenient hours, as the main reason for discontinuing educational programs. Melissa quit a GED program because of a “trouble pregnancy,” and Carly quit one when she became pregnant and “couldn’t handle” the stairs or the “heat” in the non-
air-conditioned building. Differences between public and private aid may be less salient when we consider cost, scheduling, and health as reasons for nonuse of services; I suspect it does not matter if the government or a NP ran the programs.

Discussion

The findings from this study in many ways buttress previous research on utilization of NP services. The respondents were generally not using many NPs, often because they lacked information on them or they disliked their location. In addition, the women offered more specific reasons to avoid basic needs NPs, notably high stigma costs, administrative nightmares, and perceiving others were more in need. The women did not use youth and educational services because of scheduling difficulties, pregnancies, and affordability.

While the women may have given me rationalizations for their behavior, in many ways, the reasons they gave for not using basic needs services reflect the weaknesses scholars often attribute to the nonprofit sector. Lester Salamon (1987) argues that there are four primary failures of the nonprofit sector: philanthropic insufficiency, philanthropic particularism, philanthropic paternalism, and philanthropic amateurism. The first factor, philanthropic insufficiency, refers to the problem nonprofits have generating reliable resources adequate to provide their services. The women felt this issue keenly as they often refused to use NPs because they felt that they did not have the resources to serve all that were needy. In addition, many NPs may have restricted their aid because of resource insufficiency, thus making service use not worth the costs (e.g., stigma). Furthermore, unreliable funding streams may cause inconsistent service delivery, a complaint that the women had about private aid. The second factor, philanthropic particularism, refers to the tendency of nonprofits to target certain subgroups. The women had detected this, believing that certain NPs were for certain types of people (e.g., the homeless or Hispanic population). Additionally, the prying that the women criticized may reflect agency staff’s attempts to serve the most deserving poor and weed out those who are not. The third factor, philanthropic paternalism refers to the fact that those who command resources
(e.g., funders) define community needs, leaving clients often passive and dependent. This also leads NPs to provide aid as a matter of charity not a right. The women felt this distinction; many thought that private aid was more stigmatizing than public aid. The fourth factor, philanthropic amateurism, refers to nonprofits' connection to amateur approaches to remedying problems. The women experienced this problem when they received religious instruction and moral inspection from volunteer staff when all they wanted was food.

Of course, with PRWORA, the public sector now mirrors much of the weaknesses of the nonprofit sector. Public welfare has lost its foundation as an entitlement and the reliability of its funding. In addition, as the discretion of welfare caseworkers increases, the uncertainty of welfare receipt also grows, even when one goes through all the administrative hassles. As policymakers move more towards private service delivery models, we might expect that women who previously relied on public welfare will come to view public assistance in similar ways to private NP assistance and stop using it. Welfare rolls will continue to decrease, and nonprofits will not be flooded (since the same barriers will be at work there too). Policymakers may then trumpet tales of success but poor women surely would tell a different story.

References


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