Implementing Welfare Reform

Ending Welfare Through Work First: Manager and Client Views

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Abstract
This paper examines how one state implemented a “work first” approach to moving welfare recipients into employment. It also looks at how program managers and clients evaluate the adequacy of this program model in light of the diverse needs of welfare recipients and how those needs affect their success in the labor market. We describe the evolution of work first policies and question the appropriateness of this quick labor force attachment model as the exclusive strategy for assisting all recipients. We use data from an implementation study of local welfare programs in Michigan and from a survey of a random sample of single mothers who received welfare. Local Work First program managers and recipients give the Work First program mixed appraisals, and the two studies identify many barriers that may keep clients from effectively participating and finding jobs. The barriers noted in both studies are sometimes consistent with each other, but Work First program managers tend to underestimate the prevalence of some problems. If future policy and program changes were responsive to these concerns, work first programs would expand assessment of client needs and provide additional services, supports, and training opportunities.

IN 1996, WHEN CONGRESS created the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), it transformed the provision of welfare and welfare-to-work programs by devolving more responsibility to the states and instituting time-limited cash assistance in the form of a block grant known as the Temporary Assistance for Needy Families (TANF) program. A central tenet of the new program is its focus on work. Included in PRWORA are provisions that:

- Disallow receipt of benefits to individuals who are not working or in work-related activities after two years of receiving assistance;
- Require states to place an increasing proportion of their caseload each year in work or work-based activities; and
- Define “work” in such a way as to limit or prohibit use of education and training as an acceptable activity for clients.

Prior to the 1996 law, many states were moving in the direction of a work-oriented welfare system by seeking waivers from federal regulations (Savner and Greenberg, 1995). National welfare reform, coupled with this trend, has led to widespread implementation of “Work First” programs in most states (Nathan and Gais, 1999; U.S. Department of Health and Human Services, 1998). In typical programs, welfare recipients are required either to search for work or to participate in short-term activities designed to move them directly into the labor force.

This paper examines how Michigan implemented its Work First program and describes the activities in which clients participate. We then present assessments by program managers and clients of two elements key to the success of welfare reform: 1) the adequacy of the state’s mandatory job search program and 2) the needs of clients that may pose barriers to employment and how these needs are addressed by the program. We discuss the implications for gaps in services and suggest some directions for welfare reform that would address the concerns of both recipients and service providers.

Policy Evolution of Work First

The phrase work first can refer to programs in which participants receive assistance with job searches, as well as a philosophical belief about how to move welfare recipients into employment. This philosophy as-

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sumes that finding a job (typically unsubsidized) as quickly as possible and developing work skills through direct experience—rather than participating in education and training—will be more effective in moving recipients off the rolls. The work first philosophy gained acceptance during the mid-1990s as many policymakers became discouraged by low participation rates in the Job Opportunity and Basic Skills (JOBS) program, the welfare-to-work program instituted by the Family Support Act of 1988, and the weak emphasis on employment in most state JOBS programs (U.S. General Accounting Office, 1995). Among recipients who did participate, the majority were in education-related activities (U.S. House Committee on Ways and Means, 1996). Participation in education or training programs often became an “end” unto itself, instead of a transition into employment (Holcomb, et al, 1998).

Additionally, evaluations of various welfare-to-work approaches were interpreted as documenting not only the weakness of education and training as a way of moving recipients off assistance, but also the strength of a work first approach. The Work First approach taken in Riverside, California, for example, received a great deal of attention by the media and by policymakers for its “success” in placing recipients into jobs (Bloom, 1997). The Manpower Demonstration Research Corporation (MDRC), the evaluator of Riverside and other JOBS programs, was careful to stress some unique features of Riverside, including a strong management focus on job placement, which may have contributed to the outcomes (Riccio, Friedlander, and Freedman, 1994).

Finally, Work First models respond to the conservative critique that welfare dependency itself contributes to the problems of the poor (rather than offering a solution), a belief that fueled the call to “end welfare as we know it.” The 1996 Act aims to end dependency, in part by mandating specific work participation requirements. The law reflects the new political consensus that welfare recipients should not be on assistance for long periods, even to participate in education programs, but rather should work (Nightingale and Holcomb, 1997). In fact, a number of states already had implemented Work First programs within the context of JOBS (Holcomb et al, 1998; U.S. General Accounting Office, 1998), reflecting this new consensus.

However, Work First programs may be appropriate only for some recipients. Under AFDC, reasons for welfare exits included marriage and income increases other than from employment. Cycling on and off welfare between spells of employment was quite prevalent. Whether such phenomena occurred because of a “lack of obligation to work” (Mead, 1992; 1997), or because not all recipients could successfully compete in the labor market (for either environmental/structural or personal reasons), is unknown. In the new era, access to cash assistance is largely conditional upon mandates to work or search for work. The extent to which programs promoting quick employment can meet the diverse needs of recipients is the focus of this paper. We review Michigan’s Work First program and explore the perspectives of both those who deliver and those who receive services.

The Context in Michigan

Each state’s policy context shapes how its welfare system is being transformed, potentially decreasing the applicability of one state’s reform experiences to other states. However, there are several reasons why Michigan provides a good case study of the evolution of work first programs under TANF. First, Michigan’s program requires that cash assistance recipients, with a few exceptions, must quickly secure employment through their own efforts or complete job search activities under the supervision of a local Work First provider. While federal law requires engagement in work or work-related activities within 24 months of receiving assistance, many other states have opted, or are introducing legislation, to require work sooner, as does Michigan (National Governor’s Association, 1999).

Second, Michigan has an administrative structure that is typical of welfare systems across the country. Increasingly, states have tightened the linkages between “human services” departments, traditionally responsible for cash assistance, and employment and training agencies. Twenty-nine states, including Michigan, transfer TANF funds to the state employment and training agency (National Governors’ Association, 1998). While the state welfare agency, the Family Independence Agency (FIA), remains responsible for determining eligibility for cash assistance, the Michigan Jobs Commission (since re-named the Michigan Department of Career Development) is responsible for welfare-to-work services.

Research Questions and Data Sources

This paper addresses the following questions:
- How has Michigan implemented the welfare-to-work system and how do clients experience the new program requirements?
• How do managers and clients assess the adequacy of the program?
• What client characteristics and problems make it difficult for them to comply with Work First and find jobs, according to the program managers?
• How prevalent are such problems among program participants and how are they related to employment?
• How might manager and client concerns be better addressed within welfare-to-work programs in the future?
• The data used to answer these questions come from two studies, one that documents the implementation of welfare reform in Michigan and another that follows the employment and well-being of a cohort of single mother recipients in the post-PRWORA period.

The implementation study has three primary goals:
• To describe the local organizations serving welfare recipients and the services provided to them;
• To examine the roles of local office managers in the implementation process; and
• To explore factors in the organizational structure, environmental context, or needs of program clients that might promote or inhibit successful implementation of welfare reform.

Telephone interviews were conducted between October 1996 and June 1997 with the population of local managers across the state who are responsible for the implementation of both cash assistance and Work First programs. Semi-structured interviews were conducted with 98 Family Independence Agency managers who oversee all 117 county or district welfare offices (100% response rate) and with 106 managers of Work First programs (93% of the identified providers). This paper analyzes interview data from the Work First managers that describe and assess the program and how it addresses the needs of the clients.

The second data set is from The Women’s Employment Study (WES), an ongoing longitudinal survey of a random sample of 753 single mothers with children who received cash assistance in an urban county in February 1997 (86% response rate). They were first interviewed in fall and early winter of 1997. This study comprehensively examines the work readiness of recipients in a variety of domains that prior studies suggest may affect readiness to work (Kalil et al, 1998). During in-person interviews, respondents were asked about personal characteristics, including mental and physical health, substance dependence, educational attainment, labor market experiences and skills, job search and employment training experiences, and access to child care and transportation. The measures used for this analysis are described in the Appendix.

The Work First Program in Michigan

In October 1994, Governor John Engler’s administration initiated a new welfare-to-work program, Work First, based on the labor force attachment model described above (Seefeldt, Sandfort, and Danziger, 1998). Initially, Work First was one component of the state’s JOBS program, but since implementation of the state’s TANF plan on October 1, 1996, nearly all cash assistance clients are required to participate.

The introduction of Work First led to a new organizational arrangement for the welfare agency, the Family Independence Agency (FIA). Previously, FIA administered all welfare-to-work activities directly or through referrals to or local contracts with not-for-profit and public agencies. The governor shifted this responsibility to a newly created agency, the Michigan Jobs Commission (MJC), in 1994. The MJC was charged with improving the state’s business climate through a range of initiatives, including workforce development. Currently, the authority for administering all workforce development programs, including Work First, is the responsibility of Workforce Development Boards that allocate resources at the local level. This decentralized workforce development system and the FIA share responsibility for TANF recipients; the FIA determines and monitors eligibility, refers clients to Work First, assesses clients’ reasons for not attending the program, and imposes sanctions for non-compliance. Most Work First agencies provide job search assistance and monitor clients’ employment status for 90 days (although some provide more specialized services, such as assessment and post-employment training).

Recipients of cash assistance in Michigan must interact with both agencies. An applicant’s first contact with Work First occurs at a mandatory orientation session, where program participation rules and work requirements are explained. Attendance at orientation is part of the application process; if she does not attend, her case will not be opened.

Unless she is deferred from participation, the client must engage in activities offered by a local Work First
provider. The types of assistance and the sequencing of services she would receive vary, depending on the program model chosen by the local provider. Michigan Work First programs conform to one of four different models (Seefeldt, Sandfort, and Danziger, 1998; Seefeldt, Danziger, and Anderson, 1999). In just over half of the 82 Work First programs providing job searches, the client participates for approximately one week in a structured workshop offering “job search readiness” activities, such as resume and cover letter preparation and mock interviews. After that, she typically has three weeks to search for work. During the period of job search, she has access to phone banks to call employers, newspaper want ads, and lists of job openings culled from the state employment agency. Additionally, staff call employers on the client’s behalf, supply her with leads on jobs, bring employers to the Work First site for interviews, and/or take clients on interviews.

Other providers used program models that reverse this process; that is, staff first work with clients to find employment and then provide workshops on interviewing, applications, etc. to those not employed after two weeks. These programs also offer pre-employment workshops and give clients access to resources used during the job search (e.g., newspapers, phones, job listings), but place primary responsibility for finding the job with the client; or provide assistance, usually on a one-on-one basis, to clients while they use the program’s job search resources but again, require clients to search for work on their own.

If the client does not secure a half-time, minimum-wage job, some agencies keep her in Work First, while others may place her in a work experience position or in a vocational training class. If she has not found work and has dropped out of the program or is otherwise determined non-compliant, her case will be sent back to FIA for a review and conciliation visit. If the FIA case worker finds that the client does not have a legitimate reason for not working or cooperating with the program, the client’s benefits will be reduced or potentially stopped. Otherwise, if this client gets a job, Work First will check at 30-day intervals to see if she remains employed, up to the 90th day on the job. If she loses her job and is still on cash assistance, she will be re-referred to Work First and start the search again.

Results

Program Managers’ Assessments of the Work First Model

We asked managers of Michigan Work First pro-

grams to assess how the program model met both local economic conditions and the needs of their clientele. We obtained their sense of both the limitations and strengths of this rapid labor market entry approach.

Most local managers expressed some support for the work first model. For example, nearly all believed that the quick labor force entry model produced positive outcomes for clients. The strengths they noted are shown in the top panel of Table 1. Over a third believed that the program empowers and motivates clients to succeed in the labor market. The approach, said one manager, allows staff to “put hope out there, in front of [clients], and talk about what a better existence their children can have if they can get work somewhere and provide for the children.”

A quarter of managers cited the forceful message that clients must seek work and take personal responsibility for their lives. Other managers noted the assistance provided, both in helping clients find jobs and offering the necessary support services, e.g., childcare and transportation. Although this assistance is not necessarily a philosophical underpinning of the model, these managers considered such services essential for clients’ success in employment. Just over a tenth of managers reported few or no advantages to this approach, saying instead that the program pushes unprepared clients into jobs without adequately dealing with barriers to employment or other complicated problems clients may face.

Although Michigan’s Work First managers were largely hopeful about Work First; they also recognized several limitations of the model, shown in the bottom panel of Table 1. More than two-fifths suggested that the program should offer more education and training. Without more skill building, some contended, Work First will not get people off of welfare. One manager said:

*When you look at our labor market and see what jobs are available, you’ll find that these positions require an increase in technical ability. If you’re not helping participants get these abilities, then are you helping?*

These managers were skeptical that just getting a job will give clients more skills and opportunities to move up the employment ladder. Their doubts are supported by their assessments of the jobs available to clients. Even though Michigan’s overall economy was very strong at the time of the interviews (like most states over the 1997-98 period) and few managers reported having difficulty in finding jobs for clients who wanted to work, jobs tended to be in the service industries: fast food chains, retail outlets, hotels, and housekeeping/mainte-
nance. Many of these jobs were part-time, paid the minimum wage, and did not include benefits.

Welfare clients’ ability to secure and keep even entry-level jobs may be undermined without adequate support services. Over one-third of managers cited a need for improved services to help clients maintain employment (bottom panel, Table 1). Even though many program managers saw support services as a program strength, others believed more resources should be allocated for these services.

About one-third of Work First managers commented that available jobs will not move people “beyond the ground floor” and out of poverty (bottom panel, Table 1). Some of them believed that job retention and job development services needed to be enhanced. One manager said, “You can find people jobs, but if they are not jobs where they can grow, they won’t last, they won’t be family-building jobs. People need to continue to develop for a lifetime.” These managers suggested more intensive follow-up services, such as individualized case management to help clients keep jobs and further training to help them develop skills for better-paying, more stable jobs.

Just under a third of Work First managers believed that more clients might get jobs if staff spent more time working with them on job search preparation activities (bottom panel, Table 1). Some noted that the pressure on them to place clients quickly into jobs meant that some clients were not well prepared. Clients with little previous contact with the labor market may need more time to find work. According to a manager, “For you and me, four weeks of job search is a lot of time. But if you’re taking someone with a GED who is marginally literate, this might not be.”

**Welfare Recipient Views of Work First**

In the first wave of the Women’s Employment Study (WES), 53% of the entire sample (n=401) had participated in a Work First program during the last year. Of the 47% who had not attended, over two-thirds reported finding employment on their own. African-Americans were significantly more likely to have attended Work First than were Whites. Over two-thirds of respondents who participated in these programs reported receiving instruction in how to prepare resumes and obtain applications and job leads from program staff.

As shown in Table 2, most WES respondents believed that the Work First program produced beneficial outcomes such as improving their feelings as workers (72%), teaching them skills to be successful at work (62%), and helping them get jobs (61%). However, most also had negative views about actually attending the program, saying that it was difficult to juggle attendance with other activities they need to do (61%) or that it was frustrating or a waste of time (56%). One reason that Work First may have been perceived as a waste of time is that the programs may not have addressed their skills or needs. We assess the potential mismatch by comparing the services provided by the Work First programs in the county from which our WES sample is drawn with the recipients’ personal and labor market characteristics.

**Does the Program Model Match Client Needs?**

The Work First programs in the WES county stressed immediate job search, with classroom workshops reserved primarily for those unable to find a job within the first two weeks of participation. In contrast, most other Work First programs in the state tended to start clients in structured classroom “job readiness” activities prior to job search. The managers in the study county endorsed the goal of rapid placement and reported having a sufficient supply of jobs due to the booming economy. According to the program managers, Work First staff provided employed clients with post-employment services, including periodic meetings to resolve potential problems with child care or transportation and calling employers to monitor the client's adaptation to employment. In early 1997, these were not common practices in most Michigan Work First programs.

This service orientation in the WES county, and the Work First model generally, assumes that the main issue for clients is a lack of experience in work settings. However, information obtained from WES Work First participants suggests the opposite—they were familiar with the world of work. Thus, the programmatic push into the workforce may not be the best way to transform them from “dependents” to earners. For example, only 6% of the Work First participants in the WES sample had never worked for pay, and only 18% had worked in 20% or less of the years since they had turned 18.

Even though most have some prior work experience, state administrative data indicate that of clients who participated in Work First and found jobs during the 1996-97 program year, only about half remained employed three months later (Michigan Jobs Commission, 1997). Although the reasons for losing jobs are not entirely clear, clients’ own barriers may contribute to these out-

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1 For all subsequent analyses, though, we only use cases without any missing data on our employment variable, so that the sample size is 386
2 African Americans were 61% of the Work First participants but 51% of the rest of the survey sample.
comes, a factor cited by a fifth of managers as a deficiency of the program model (21% in last row of Table 1). Indeed, as welfare caseloads have declined, many policymakers, advocates, and researchers are concerned that the remaining clients may present more barriers to getting and keeping jobs. Many local program managers noticed this trend in their caseload. As one manager noted:

Many of the longer-term recipients we’re getting now are handicapped in a way: they may have speech impediments, they may have the shakes from long-term drug abuse. They don’t interview well, so no matter how much training you give them, they just won’t do it well.

Diverse Mix of Client Needs and Program Capacity

Local managers were asked which characteristics made their clients difficult to serve. While most do not collect systematic assessments of clients on these dimensions, their descriptions of the “hard-to-serve” show that they believed a wide array of problems that can undermine program success are prevalent. We discuss the factors they cited and the degree to which the program design accommodates those needs. Table 3 shows that Work First managers characterized hard-to-serve clients as those who have uncooperative attitudes (34%), followed by child care difficulties (26%), and low educational levels (25%). Even though in some programs clients participated in activities and exercises meant to promote positive attitudes, managers believed that lack of motivation makes clients unlikely to benefit from the program. One manager described hard-to-serve clients as those who “just know how to manipulate the system and refuse to believe that they can’t continue to do this any longer [collect welfare without working].”

About one-quarter of managers believed that child care barriers make clients hard to serve. Many did not believe that there is a simple way to resolve these barriers, in part because day care centers typically operate during business hours, and clients working second or third shift jobs may have difficulty finding care. Furthermore, several managers noted that clients who have several young children often need multiple child care arrangements, which are difficult to plan and balance with work schedules. Finally, despite the availability of childcare subsidies, managers believed that some clients “are unwilling to leave their children with someone they don’t know.”

Educational deficiencies were also a frequently identified problem of the hard-to-serve, but Work First program managers saw their options to address this issue as constrained by federal welfare reform guidelines regarding the education and training services that can be counted toward work participation requirements. Even in a tight labor market, managers noted that clients with low education levels face dim prospects because they lack the skills employers want.

Managers in rural, suburban, and urban areas were equally likely to cite transportation barriers as common problems for hard-to-employ clients, noting that public transportation either does not exist or operates a limited number of hours and goes to a limited number of locations. Clients often do not live near routes, and many do not have cars. One manager noted: “If the bus isn’t running in the right direction, then what good is a job?”

Fewer managers perceived substance dependence (13%) and mental or other health problems (16%) as core issues. This may reflect an inability to detect these problems, their low incidence, or the cross section of the caseload that Work First programs serve. Because substance dependence and chronic health problems can be incapacitating and require extensive medical treatment, clients with severe problems may not be referred to Work First. Even if they are referred and required to participate, their problems may keep them from attending Work First activities and following through with job search and employment. Thus, fewer managers may have identified these needs among the hard to serve, because recipients with these problems have not been active program participants.

Low self-esteem (12%) and a lack of “soft” skills (8%), such as how to interact appropriately with supervisors and co-workers, were mentioned by relatively few of the managers. This could be because managers believed that their Work First programs adequately dealt with these issues during workshops or other program activities. On the other hand, managers believed that some characteristics of the hard to serve lie beyond the purview of current program structure, both because of clients’ personal deficiencies and because of the limits of what these programs are allowed to do.

Prevalence of Client Needs and Relation to Work

The barriers managers cited as characteristic of the hard-to-serve tended to be based not on assessments of clients, but rather on managers’ own impressions. If the proportion of clients with these barriers is large, it suggests that Work First programs should be re-designed to address some of these problems. If managers’ appraisals are correct, clients who attended Work First, but were later not employed, would be more likely to fit the pro-
file of the “hard to serve” than would those who attended the program and became employed. The latter group should be least likely to have many barriers if they succeeded in obtaining a job.

Although Work First managers do not know the true extent of barriers among their clients, we asked WES respondents about many potential barriers to work. We found substantial prevalence rates for many of the characteristics that managers cited as making clients hard-to-serve. In addition, we found that these barriers were indeed more common among the women who were not working at the time of the survey than among those who had jobs. Table 4 provides information on the proportion of non-working and employed WES Work First participants who reported having one of ten “hard-to-serve” characteristics, as defined by Work First program managers, and any differences between these two groups. The definitions or cut off points that define whether the person has a potential barrier to work are explained in the Appendix.

While not all of the WES measures in Table 4 mirror the managers’ appraisals of client needs (for example, we have no measure of participants’ “attitudes”), there is overlap in the factors identified. childcare problems and educational deficits were cited by one-quarter of the managers as characteristics of the hard to serve; both of these were high for participants who were working but significantly more prevalent among those not employed at least half time. Over a third of the non-working respondents had experienced at least one childcare problem that kept them from working or participating in Work First. About 44% of respondents who were not employed lack a high school education, compared to 29% of those who were working.

A fifth of managers identified lack of prior work experience as a characteristic of the hard to serve. In two measures of prior work experience, amount of time employed since age 18 and specific job skills used, the employed respondents had significantly more work experience. However, the majority of respondents in both groups had enough years of previous work experience so as not to be classified as having “low work experience” (see Appendix for criteria).

In contrast, the majority, just over three-fifths in both groups, had received welfare for at least five years during their adult lives, and there were no statistically significant differences by employment. Note from Table 3 that about one-fifth of Work First managers thought this was a serious problem.

The differences between workers and non-workers on the other measures indicate that managers have underestimated the extent and effects on employment of health problems, mental health problems, and transportation barriers. Among WES respondents not employed half time or more, the majority (54%) had at least one health or mental health problem, compared to 37% of those who were working. Most prevalent were transportation problems—70% of those not working lacked transportation, compared to 46% of the employed.

Substance dependence was equally rare among respondents, regardless of their work status (3%), as was lack of knowledge of workplace norms of behavior (8% to 10% of the women). In contrast, lacking a sense of mastery was as common among those not working (38%) as were childcare problems (by these criteria). Significant differences between the proportion of working and non-working participants with low mastery scores, however, could also be a function of success on the job. Participation in a Work First program could also lead to this outcome, if part of the program’s goal is to promote morale, efficacy and/or self-esteem. Nonetheless, managers may be underestimating the problem of low efficacy and its connection to work.

Discussion and Summary

Michigan, like most other states, adopted a Work First model to move welfare recipients quickly into employment. Local program managers of these Work First programs expressed general support for the labor force attachment model but also raised concerns about how well this model works—both in principle and in practice. Their concerns reflect internal program limitations, client deficiencies, and the need for broader interventions (e.g., different types of child care services, transportation systems, or educational opportunities).

Clients in the Women’s Employment Study who participated in Work First also gave the programs mixed appraisals, noting that while the program helped them find work, it was also often frustrating and a waste of time. Interestingly, of those who went through the program, 60% were employed at the time of the interview, a rate that is consistent with post-reform studies of welfare recipients across the states, regardless of participation in Work First-type programs. For example, Brauner and Loprest (1999), using a national sample, find that be-

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3 We define “working” as being employed 20 hours a week, the level that fulfilled PRWORA’s work requirement at that time. A small number of WES respondents, four %, worked less than 20 hours per week. We group them with the “unemployed” for the purposes of this paper (see also Danziger et al, 2000).
between 51% and 69% of the recipients who left the welfare rolls are employed at a particular point in time.

Managers identified many barriers that could keep clients from effectively benefiting from Work First, citing both structural and personal issues. Many factors that they believed would impede program success were indeed prevalent among Work First participants in the Women’s Employment Study, and were especially common among those who were not working. Both transportation barriers and educational deficits were significantly associated with employment and outside the scope of current program efforts. Health and/or mental health problems were higher among the women who were not working, but women with substance dependency comprised an equally small proportion of both the employed and unemployed. On the other hand, child care problems, low sense of personal mastery, and lack of job skills were more prevalent among women not working than among the employed, with about one-third of those not working having one of these risks, whereas about one-fifth to one-quarter of the employed women had these problems. Less common, but still significantly more frequent among the non-working women, was the lack of work experience.

Since the findings from the Women’s Employment Study represent a point in time, caution must be used in interpreting the direction of causality. That is, higher rates of mental disorders among the non-working may indicate that depression is a barrier to obtaining employment, or, alternatively, employment may mitigate depressive symptoms. Additionally, findings from both surveys are more exploratory than one could derive from a study that actually measures the effects of work first services (or that analyzes the employment effects over time of these client characteristics in a multivariate model). Nevertheless, our results suggest plausible directions for future program design, since the information comes directly from those involved in the day-to-day operations of welfare reform—program managers and clients.

What directions might Work First models evolve were they to address the insufficiencies raised by local managers and Work First participants? That is, if these assessments of the program and data on the prevalence of barriers and their relation to work were the primary influence on the shape and contour of future programs, how might services change?

First, more clients would be assessed and treated for health and mental health problems and perhaps treated prior to searching for work. A number of Work First managers noted these as characteristics of the hard to serve, and these problems are more prevalent among non-working WES respondents, suggesting the need for more services. Perhaps programs should allow some clients to fulfill their work requirement by participating in treatment. While these activities do not count toward the federal work participation requirement, states are not precluded from assigning clients to non-work activities. Supported work activities, traditionally provided through vocational rehabilitation agencies to the physically and developmentally disabled, are another option for some clients with health and mental health issues. A number of Work First providers in Michigan are vocational rehabilitation agencies, and in some, the Work First program is linked to vocational rehabilitation services. Work First clients identified as having health/mental health problems, as well as those with very limited work experience, can work in a closely supervised setting, receiving support from agency staff and obtaining job skills, typically in light manufacturing or industrial services.

Second, clients with few work skills and little prior work experience, along with the large proportion who have educational deficiencies, would be referred to more intensive training to address labor market barriers and to help them gain access to jobs with upward mobility. Long-term investments in education and training are outside of the scope of what is allowable under PRWO-RA, since most activities that count toward the work participation rate are work-based, such as employment (including employment that is subsidized), community service, job search, and job readiness. However, states may place up to 20% of their caseload in short-term vocational training (of 12 months or less). In fact, in Michigan since 1997, the Work First program has moved in this direction, allowing clients to participate in “condensed vocational training,” an approved training program no longer than six months in duration, or to combine work with training or participation in GED preparation. Although GED preparation does not count toward work participation rates (except in the case of teen-aged recipients), programs can promote GED attainment as a step toward employment (Strawn, 1999). However, in order to participate in education or training, clients still need to have other potential barriers identified, assessed, and addressed through support services, given that child care, transportation, and health-related problems are so prevalent and can impede effective participation in employment or training.

Work First programs might also provide more transportation assistance. In many states, new initiatives have been unveiled to do just that. Michigan Work First pro-
grams, for example, now can help clients with car purchases and repairs. A number of states and localities have also received grants through a new federal program “Access to Jobs and Reverse Commute Program,” operated through the U.S. Department of Transportation, with the goal of improving transportation options for welfare recipients.

The economy (in particular, the labor market for entry-level workers), a state's funding and resource allocation to Work First programs, and the politics of welfare reform at the state and national level will no doubt dominate what happens in these programs in the future. However, given the range of barriers in the caseload that can limit the success of a narrowly focused “work first” program, the rapid caseload reductions seen in the first few years of post-PRWORA may level off. In fact, many local managers expect the proportion of multi-problem and hard-to-serve clients to expand in the future. Research such as that presented here, which monitors client work readiness and needs and documents implementation processes from the perspectives of those who provide and are served by these programs, should be utilized in planning future reform initiatives to expand the services and training opportunities available to welfare recipients.

References


Appendix: Survey Measures in The Women’s Employment Study (WES)

The indicators analyzed in this paper are from the following list of measures that are included in the first wave of the WES survey, conducted in the fall of 1997.

Work and Employment History. We ask respondents about their current employment status and the characteristics of their current/most recent job (wage, hours per week, occupation, industry, whether self-employed). If they are not currently employed, we ask when, if ever, they last worked. The employment questions are adapted from those in the Panel Study of Income Dynamics (PSID) and the National Longitudinal Study of Youth (NLSY).

If, at the time of the interview, the respondent was currently employed at a minimum wage job for at least 20 hours a week, she was coded as “employed.”

| TABLE 1. Work First Managers’ Views of the Strengths and Limitations of the Work First Model |
|---------------------------------|---------------------------------|
| Strengths | % of Work First Managers Who Cited Strength |
| Empowers and Motivates Clients | 35% |
| Forces Work and Personal Responsibility | 25% |
| Provides Assistance in Finding Employment | 14% |
| Provides Support Services | 13% |
| Approach Has No/Few Strengths | 11% |
| Limitations | % of Work First Managers Who Cited Limitation |
| Clients Need Education and Training | 42% |
| Support Services Too Limited | 35% |
| Need More Time to Work with Clients | 31% |
| Does Not Remove Clients from Poverty | 30% |
| Clients’ Barriers too Severe | 21% |

Percentages do not add to 100% due to multiple responses. Infrequently mentioned responses are not shown.

| TABLE 2. WES Respondents’ Evaluation of Work First Program |
|---------------------------------|---------------------------------|
| Statement about Work First | % WES Respondents Who Agreed with Statement |
| Improved feelings of self as a worker | 72% |
| Taught skills needed to be successful at work | 62% |
| Helped in getting a job | 61% |
| Made it difficult to get other activities done | 61% |
| Was frustrating or waste of time | 56% |

Percentages do not add to 100% due to multiple responses. Infrequently mentioned responses are not shown.
TABLE 3. Work First Managers’ Characterization of “Hard-to-Serve” Clients

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>% of Work First Managers Who Cited Characteristic (n=106)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncooperative Attitude</td>
<td>34%</td>
</tr>
<tr>
<td>Child Care/Child-Related Barriers</td>
<td>26%</td>
</tr>
<tr>
<td>Low Education Levels</td>
<td>25%</td>
</tr>
<tr>
<td>No/Little Work Experience</td>
<td>20%</td>
</tr>
<tr>
<td>Long-Term Welfare Receipt</td>
<td>18%</td>
</tr>
<tr>
<td>Health/Mental Health Problems</td>
<td>16%</td>
</tr>
<tr>
<td>Transportation Problems</td>
<td>15%</td>
</tr>
<tr>
<td>Substance Abuser</td>
<td>13%</td>
</tr>
<tr>
<td>Low Self-Esteem</td>
<td>12%</td>
</tr>
<tr>
<td>Lack “Soft” Skills</td>
<td>8%</td>
</tr>
</tbody>
</table>

Percentages do not add to 100% due to multiple responses. Infrequently mentioned responses are not shown.

TABLE 4. Barriers to Work by Employment Status of Women’s Employment Study Respondents

<table>
<thead>
<tr>
<th>Barrier</th>
<th>% of Unemployed WES Respondents with barrier present (n=154)</th>
<th>% of Employed WES Respondents with barrier present (n=232)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Problems</td>
<td>34%</td>
<td>22%</td>
</tr>
<tr>
<td>No HS diploma/GED</td>
<td>44%</td>
<td>29%</td>
</tr>
<tr>
<td>Low Work Experience</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>Knows Fewer than 4 Job Skills</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>On AFDC/TANF 5 or more Years</td>
<td>62%</td>
<td>62%</td>
</tr>
<tr>
<td>Health/Mental Health Problems</td>
<td>54%</td>
<td>37%</td>
</tr>
<tr>
<td>Lack Transportation</td>
<td>70%</td>
<td>46%</td>
</tr>
<tr>
<td>Substance Dependence Problem</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Lowest Quartile Mastery Scale</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>Knows 5 or Fewer Work Norms</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Differences between proportions who have the barrier among unemployed and employed participants are statistically significant at the .05 level.

*The n does not add to 390 due to missing employment data for 4 respondents.

Schooling, Work Experience, Job Skills and Workplace Norms. We collect basic information on clients’ schooling, previous employment experience, skills used or acquired at past jobs and self-reported ability to do such tasks as talking to customers in person or on the phone, reading instructions, completing forms, working with computers, doing arithmetic and writing reports. We ask about clients’ awareness of job norms regarding punctuality, absenteeism, and appropriate conduct in the workplace. The skill measures are adapted from the work of Holzer (1996) and Newman (1996), and the workplace conduct measures are based on Berg, Olson and Conrad’s (1991) work.

If the respondent worked for pay in less than 20% of the years since she turned age 18 she was coded as having low work experience. Lack of high school education is defined as neither completing high school nor obtaining a high school equivalency degree (G.E.D). If the respondent only had worked in jobs that required her to use fewer than four of nine types of job skills (including working with customers, using reading, writing, or mathematical skills, working with computers or other electronic equipment or instruments, and/or supervising people), then she was coded as possessing few work skills. Lacking knowledge of work norms is the awareness of only five or fewer of nine behavioral problems that violate workplace rules of conduct, such as not calling in when late or missing work, refusing to do required tasks, not getting along with a supervisor, and leaving early or taking breaks without permission.
Welfare History. Recipients are asked whether they are currently receiving welfare. We gather a welfare history information, number of years of receipt since age 18, nature and extent of participation in formal job search, job readiness, other training programs, and amount of services received and needed such as child care and transportation; and type of welfare exit, if applicable (e.g., benefit termination, earnings, employment, marriage).

High welfare dependency is defined as receiving cash public assistance (AFDC or TANF) for five or more years since turning age 18 (or every year if the respondent was under age 23).

Physical health, mental health and substance dependence. Health status is measured by the presence of an impairment, chronic condition, functional limitation, or disability. Functional limitations are measured using selected sections of SF-36 Health Survey (Ware et al, 1993). We include indicators of physical and social functioning, and self-perceived general health status. The physical limitations scale asks respondents to rate activities they are limited in (e.g., climbing several flights of stairs, walking several blocks).

To measure mental health and substance dependence, we administer a series of diagnostic screening batteries for 12-month prevalence of selected psychiatric disorders, including major depressive episode, generalized anxiety disorder, post-traumatic stress disorder and alcohol and drug dependence. These diagnostic screening scales are adapted from the National Comorbidity Survey (NCS; Kessler, et al 1994), the first nationally representative survey of the non-institutionalized in the United States to administer a structured psychiatric interview.

For these analyses, health and/or mental health problems are as assessed through several indicators. Respondents met the criteria for a health problem if they scored in the lowest age-specific quartile in physical functioning (report a high number of limitations in activities such as walking, carrying, climbing, bending, and lifting) and self reported their health status as fair or poor (rather than excellent, very good or good). Mental health problems are assessed by meeting the Composite International Diagnostic Interview (CIDI) screening criteria in the last 12 months for at least one of three psychiatric disorders—major depression, post-traumatic stress disorder, or generalized anxiety disorder.

A respondent was coded as having “low self-esteem” if she scored in the lowest quartile of the sample for the seven item Pearlin mastery scale, which has shown convergence with self esteem measures in previous studies (Pearlin et al, 1981). Mastery measures the extent to which the women reported feeling efficacious and in control of their life.

Respondents were coded as being dependent on drugs and/or alcohol substance dependence if they met the CIDI screening criteria in the last 12 months for a psychiatric diagnosis of dependence on alcohol or nonprescription drugs. Note that this is a conservative indicator of the need for treatment and being debilitated in functioning by one’s use of these substances; it is not a measure of use or abuse of alcohol or drugs (see also Jayakody et al, 2000).

Transportation. We include measures of how the respondent gets to work (car, walk, public transportation) and commute time from the Panel Study of Income Dynamics, as well as if they own a car and possess a driver’s license. Transportation problems are defined as lacking access to a car and/or not having a driver’s license.

Child Care. We include measures of the type of child care used (older sibling, family or friend or center-based care); concerns about child care (safety, cost, accessibility); and whether the respondents have ever not been able to take a job or go to a training program, ever been late to work or to a training program, or ever had to quit or be fired from work because of child care problems.

If the respondent has at least once or twice been unable in the last year to take a job or participate in a training program, or if she has in the last year lost or quit a job or training activity, due to problems with child care or care of other family members, then she was coded as having a child care problem.