Qualitative Research on Welfare Reform

This issue of Poverty Research News returns to a topic originally explored in the January-February 2000 issue: qualitative findings on how welfare reform policies and programs are affecting families. Qualitative methods—in-depth personal interviews, ethnographies, and other methods that allow insight into personal lives—are often used to understand how welfare programs affect and shape the daily routines and everyday lives of the poor. The initial issue of PRN introduced studies that were just getting underway at the outset of welfare reform and debated how to integrate qualitative and quantitative methods. This issue returns to several of those studies, with updated findings.

**Understanding Working Poor Families in the New Hope Program**  
*Thomas S. Weisner, Christina Gibson, Edward D. Lowe, and Jennifer Romich*

Based on data from an ethnographic study within the New Hope project, Weisner and his coauthors discuss what factors influenced families’ decisions to use (or not to use) the services offered in the program. They pay particular attention to child care subsidies.

**Health and Low-Income Families**  
*Linda Burton, Carolyn Tubbs, Angela M. Odoms, Hyun Joo Oh, Zena Mello, and Andrew Cherlin*

Using interviews with low-income families enrolled in the Three-City study, the authors shed light on how families manage their health and health insurance needs as they navigate the day-to-day challenges of poverty, welfare, and work.

**Welfare Recipients’ Views of the Success of Welfare Reform in Rural Appalachia**  
*Debra A. Henderson, Ann R. Tickamyer, Julie Anne White, and Barry L. Tadlock*

Based on a three-year longitudinal study of welfare recipients in four rural Appalachian counties, the authors evaluate how those living in poverty define the “success” of welfare reform in isolated rural communities where transportation, child care, and job opportunities are limited.

**Welfare Recipients Struggle to Balance Work and Family**  
*Ellen Scott, Kathryn Edin, Andrew S. London, and Rebecca Joyce Kissane*

This article updates an article in a prior issue (“Welfare Reform and the Work Family Tradeoff,” July-August 2000) by revisiting women who entered the workforce as a result of welfare reform policies. The article looks behind the trends in earnings gains to the daily reality in 1998 and 1999 of patched-together efforts to make ends meet and balance work and family.

**Teens Fare Poorly Under Welfare Reform Policies**  
*Lisa A. Gennetian, Greg J. Duncan, Virginia W. Knox, Wanda G. Vargas, Elizabeth Clark-Kaufman, and Andrew S. London*

Recent findings from MDRC’s Next Generation study reveal that school performance among teens, but not younger children, suffers when their mothers participate in welfare and work programs, and teens with younger siblings have the most problematic outcomes. Gennetian and coauthors detail these findings and turn to qualitative data to explore two potential answers to why teens were negatively affected: the added responsibility of caring for siblings, and less parental supervision when mothers go to work.

**Also in this issue**

**Policy Corner**  
*The most recent in a series of articles by JCPR affiliates on novel social welfare policy initiatives for low-income families. This issue features “Committing to Case Management.”*
Understanding Working Poor Families in the New Hope Program

Welfare in its original definition means well-being, faring well. Public welfare support began as a progressive social justice reform providing economic security for children who had been deprived of an able-bodied father. It has evolved into a network of programs that are designed to assist low-income families and children and move them off those very programs.

Because well-being is a concept that is not easily measured, qualitative methods are often used to understand how welfare programs affect and shape the daily routines and everyday lives of the poor. Other benefits of qualitative and ethnographic methods are familiar to mixed-method researchers and practitioners. They include the principle of getting closer to the phenomena studied (in this case, the actual behavior, thoughts, and practices of children and families); making findings from multiple methods more believable by linking analytic variables and their interpretations to person- and case-centered stories; testing the validity of findings against the people and lives the data claim to represent; and discovering new categories, variables, and processes that can then be tested with survey and other larger samples. Qualitative data also can be used to ask parents and children not only about what currently constitutes everyday family routines, but about what is desired and wanted.¹

Qualitative and ethnographic data also help answer a critical question about policy: What is really happening to the lives of children and families? When new rules, different supports, and penalties are implemented, they are used, refused, or transformed by families and communities. All these goals for the use of qualitative data are relevant in the ethnographic studies of the New Hope intervention, the topic of this article.

The New Hope Project

New Hope was an antipoverty experiment based in Milwaukee, Wisconsin, between 1994 and 1998. The program aimed to move low-income workers and their families, including welfare applicants, toward greater self-sufficiency.¹ The New Hope experimental group was offered a suite of benefits to eligible participants if they worked 30+ hours a week; a wage supplement (to ensure that their income remained above the poverty threshold for their family); subsidies for affordable health insurance; child care vouchers; and a full-time community service job opportunity for those unable to find work.

Members of control and experimental groups were free to seek any federal or state public assistance programs, but only individuals in the experimental program had access to New Hope benefits. After two years of New Hope, researchers surveyed a subsample of 745 families—the Child and Family Sample (CFS)—to examine the impacts of New Hope on child development and family functioning. A second survey was done 60 months after baseline.

Although New Hope had significant experimental impacts, the use of New Hope benefits was not as high or consistent as both its designers and evaluators expected. Although 80% of participants received at least one wage supplement, only 40% used health insurance, 34% used a community service job, and only 47% used the child care subsidy.

New Hope Ethnographic Study

To better understand the low take-up rates of services, we turned to an ethnographic study and CFS survey data. The New Hope Ethnographic Study (New Hope ES) began in spring 1998, during the final year of the experiment. The New Hope ES drew a stratified random sample of 45 families from the full CFS, with equal representation of both the experimental and control groups.

We followed these families for more than three years (and a follow-up in 2004 is planned). When visiting families, fieldworkers used open-ended interviews to engage parents in conversations and descriptions of their lives, their concerns and hopes, and their everyday routines. Fieldworkers also participated in family activities, and talked with the children.

By Thomas S. Weisner, Christina Gibson, Edward D. Lowe, and Jennifer Romich


2 Families targeted by New Hope had to meet four eligibility criteria. Participants must have: 1) lived in one of two targeted low-income neighborhoods in Milwaukee, 2) been older than 18, 3) had an income at or below 150% of the poverty line, and 4) been willing to work 30 or more hours a week.

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care decisions of the parents in our ethnographic sample. Ecocultural features include family life and child development factors.

Values and Goals

Of New Hope ES families, 89% were influenced by the degree to which child care options and subsidies fit with their values and goals surrounding the care of their children. The options had to make personal sense to parents; they had to fit with moral beliefs ("good parents" do not have strangers caring for their very young children), or fit the parent's struggles to blend caregiving and breadwinning roles (most parents wanted to be home more with their children and most also wanted decent work and time away).

Available Social and Material Resources

Forty-four percent of families mentioned managing social and material resources. Resources were seen as configurations of nonfungible social and material supports. For example, some parents paid for day care centers when they worked full-time (about 40% used a subsidy to help with costs), and then traded with friends and family when they were out of work. We found that families mixed seven different kinds of child care, blending family and friend options with paid child care to juggle social obligations and funds with their own time to monitor.

Family Agreement

Forty-two percent of parents described balancing the interests of family members surrounding child care. Most New Hope ES parents were ambivalent about having their children in care, and decisions produced conflict. Adult partners and the children themselves disagreed about various options, producing inevitable negotiations and change.* In a related study, Jennifer Romic (see boxed information p. 20) also found that parent-child relationships that were "understanding," more mutual, and with less conflict made monitoring during “gap times” (after school, mornings when parents are at work) easier.

Stability and Predictability

Finally, about 25% of the New Hope ES parents based their child care decisions, in part, on how stable and predictable the options were. Some parents wanted child care that was flexible, convenient to home and work, and available during their variable and often nonstandard work hours. Paid care did not necessarily meet these criteria and subsidies varied with work, making them less predictable.

Parents employ a type of "local rationality" in child care decisions and use of subsidies, considering their local family and community circumstances, their values and goals, conflicts, and the many constraints they face beyond child care subsidy decisions alone. When subsidies fit into these broader concerns, they were helpful; otherwise, subsidies tended not to be used.

Policy Implications

New Hope made it easier for some families to sustain their daily routines in the ways they chose. However, how this occurred varied widely. No matter how varied these stories, certain themes remained in terms of family adaptation and increased well-being. These were an ability to fit a changing configuration of mixed resources to family needs; a sense that family routines fit their goals and values; an ability to balance conflicts within the family; and sufficient stability and predictability in family routines and personal lives. Given the variability in the circumstances and daily routines of working poor families, New Hope's model of providing a suite of benefits seems to fit.

Much more, however, could be done to match program rules and benefits to these circumstances. Indeed, assessments of program match should be undertaken to expand and stabilize take-up. Work might automatically trigger some supports like those in New Hope; for example, children’s health insurance benefits becoming immediately available, or licensed child care providers receiving reimbursements more quickly, more transparently, with extended support across parents’ spells in and out of work to reduce negative effects on children from discontinuity of care. For families whose parents or children have significant disabilities, or where other problems exist, alternative programs and support or treatment, not tied to work, are needed. Finally, the policy and political debate should be attending not only to welfare receipt or work hours as outcomes, but to a range of child and family outcomes, including child and family well-being.

6. Furthermore, children with serious behavioral, academic, and learning problems and disabilities added to the concerns of many New Hope ES families; of the 67 focal children in the New Hope ES, 33 (49%) had at least one significant problem.