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Non-Financial Barriers to Employment Faced by Welfare Recipients: A Review of Recent American Literature

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EXECUTIVE SUMMARY

This paper presents a brief review of the American literature on non-financial barriers to employment faced by welfare recipients. In Saskatchewan, as in United States, many clients remaining on social assistance are likely to face one or several barriers that are preventing them to seek, obtain or keep a job. The present paper is designed to answer the question: “what do we know from the recent American literature on what these barriers could be, and what are the estimates of their prevalence in the caseload?”

From his literature search, the author identify and discuss a list of ten barriers to employment often mentioned in the literature and for which sufficient information is available. Any particular clients may face none, one or more than one of these barriers:

- Inadequate Knowledge of Workplace Norms
- Child Care and Transportation
- Physical Disability and Health Limitations
- Health or Behavioural Problems of Children
- Domestic Violence
- Drug Abuse and Alcohol Problems
- Housing Instability and Food Insecurity
- Low Education and Low Skills
- Mental Health
- Workplace Discrimination or Harassment

The high and low estimates found for most of these barriers by U.S. researchers are also presented, but they must be taken with caution as the samples, definitions and measurements used vary greatly -- even within the American context.

KEY WORDS:

Alcohol, Barriers, Child care, Disability, Discrimination, Drug, Education, Employment, Food, Harassment, Health, Housing, Norms, Policy, Research, Skills, Transportation, United States, Violence, Welfare.

Introduction

In their continuous attempts at reducing the social assistance rolls, departments of social services increasingly recognize that many clients who remain on the provincial caseload can be qualified as hard-to-place people. This means that they probably face one or several barriers to employment that are not likely to be lifted simply through the use of financial benefits or work incentives. These non-financial barriers are personal and family challenges that impede social assistance recipients to find, get and/or keep employment.

The aim of this paper is to introduce what these non-financial barriers are believed to be and what is known about their prevalence. It must be acknowledged, however, that given the data currently available on the prevalence of these various potential barriers, it is impossible to estimate precisely the fraction of the caseload that will need additional supports and services to lift them. This is true in Saskatchewan, as in any other jurisdictions.

In the United States, however, the context brought about by President Clinton's reform to "end welfare as we know it" has meant that American states had begun to study these barriers several years ago. The intent of this reform has been to transform the 60 year-old Aid to Families with Dependent Children (AFDC) program whose primary purpose was to provide cash assistance to families with children with no other means of support into a system whose primary purpose is to help the parents in those families to find employment. The legislative landmark of the reform is the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. It requires states to meet steadily increasing work participation rates and also requires them to engage recipients in work activities within two years of their initial receipt of assistance. The new law has replaced the AFDC with a transitional program known as Temporary Assistance to Needy Families (TANF) in which individuals are limited to receiving benefits for five years during their lifetime.

In this context, the problem faced by American welfare program administrators was to develop program models that could address the need of an extremely diverse caseload. While some recipients initially found employment on their own or with limited assistance from traditional welfare-to-work programs, others obviously needed further assistance not traditionally provided by welfare-to-work programs using strategies like job search, penalties for non-compliance and work incentives. It became evident that many of these recipients face a diverse set of personal and family challenges that were not well known and thus not properly addressed.

This has pushed a research agenda that seeks to analyze the employability of recipients remaining on the rolls in order to better understand what barriers they face and what services might be required to foster their transition from welfare to work. It is this recent American literature that is being reviewed here. A review of the Canadian literature on the barriers to employment will hopefully be the subject of a subsequent paper.

To focus on the most recent work in a rapidly changing field, the majority of the documents mentioned have been identified through the Internet using the Alta Vista search engine. Supplementary documentation was obtained in traditional fashions (e.g., inter-library loans) with the help of staff from the Resource Centre of Saskatchewan Social Services.

While focusing on the American experiences has the advantage of providing a fairly large body of information, it also brings some limitations in terms of lessons for Saskatchewan. For instance, the AFDC program (the core of the American welfare system along with the Food Stamp Program) served essentially single female parents and is considerably different from the Saskatchewan Assistance Plan (SAP). Moreover, the overall reality of the American society is not the same as the one in Canada. Suffice to say that many things are probably different in Chicago and Regina, from the structure of the labour market to the extent of the illegal drug use.

One of the most obvious differences between the two countries that must be mentioned in a review such as this one is the existence of universal medical services insurance in Canadian provinces. The lack of health insurance upon leaving welfare is therefore a significant barrier in the American context that will not be discussed in this study given that Canada has already tackled the issue.

Finally, as the title indicates, this review is focused on non-financial barriers. This means that some factors like occasional financial emergencies or low wage of entry-level jobs will not be discussed even if they are mentioned in the literature consulted.

* * *

The core section of this paper presents the list of barriers identified through the literature search. For each barrier presented we try to explain briefly why this is a factor potentially limiting the access of welfare recipients to the job market, and to present what the researchers say regarding its presence in the welfare population. For many (but not all) barriers, the exposé is closed by inserting a table presenting high and low estimates of prevalence of the problem. In a few instances mention is made of a specific program or assessment tool that seemed to be worth looking at in relation to the barrier.

However, providing details on program examples would have required considerably more time and space than what was available to complete this preliminary exercise. As for the related issues of assessment tools and client identification, they will be properly dealt with in a subsequent phase (already underway) of the present research project. The conclusion briefly discusses some policy and implementation issues relating to what is to be done by program designers and administrators once they have in hand a list of barriers that need to be attended to in order to move a greater number of recipients from welfare to work.

The Barriers to Employment And Their Estimated Prevalence

From the review of the material found, we selected a list of ten barriers to employment frequently mentioned in the literature and for which sufficient information is available. While this list is not entirely exhaustive, it probably covers all the major non-financial factors that have been looked at by American researchers working in the post-PRWORA context.

Inadequate Knowledge of Workplace Norms

The literature indicates that one of the factors that prevent welfare recipients from finding a job, or that causes them to lose a job, is the lack of adequate knowledge regarding the rules of the work world – that is, they are not “work ready.” This is an important issue when looking for work, as shown by the results of a survey of 900 employers in Michigan. In that study, Holzer (1998) found that roughly 90 percent of employers surveyed said that it was “very important” that they be assured that absenteeism/tardiness and work attitudes will not be problems. The researcher concluded that absenteeism and lack of job readiness are serious potential problems for welfare recipients seeking employment.

Once in the job setting, adhering to workplace norms is key to avoid dismissal and resignation. Berg, Olson and Conrad (1991) and Quint et al. (1994) found that many former recipients were losing jobs because of difficulty in understanding the importance of punctuality and the seriousness of absenteeism, and resented or misunderstood the lines of authority and responsibility in the workplace. In fact, Berg, Olson, and Conrad (1991) suggested that the low mastery of technical job-skills contributed less to job loss than did poor social skills and inadequate knowledge of workplace expectations. Inexperience workers who have these problems may quickly be dismissed, or may quit out of frustration and a sense of failure. This is why these authors recommended that welfare-to-work programs provide participants with information about workplace rules and teach participants coping skills to deal with work stresses.

Child Care and Transportation

There is a strong consensus among the experts that the lack of access to child care and transportation are to be counted as some of the most common barriers encountered by welfare recipients in their attempt to make the transition from welfare to work. It is because these two problems are agreed upon, and often mentioned in the same breath, that they are discussed under the same section. As these barriers are almost universally recognized, they should probably be near the top of the priority of any programs seeking to move people off social assistance.

* * *

The capacity of welfare recipients to participate in the labour force is jeopardized by the lack of child care services in general and, more specifically, by the lack of specialized child care (care during nonstandard hours and care for sick or special-needs children). The lack of child care during nonstandard hours is of great importance, since the jobs that

welfare recipients are likely to get might require flexibility in work scheduling (e.g., night shifts, on-call, etc.).

The literature points to the child care issue as one of the more prevalent and most serious barriers in making a lasting transition from welfare to work. Thornton and Hershey (1990) indicate that 11 percent of former welfare recipients reported actually losing a job because of a child care problem. Kisker and Ross (1997) found that more than 40 percent of all poor non-working mothers with infants report child care problems as the primary reason for not being in the labour force. In her study of families who had left welfare, Loprest (1999) reports that over half of former welfare recipients were struggling with coordinating work schedules and child care. Smith (1995) found that the high cost of day care discourage women's entry into the job market. Sixty percent of participants in welfare-to-work programs in 38 U.S. states reported lack of child care as a barrier to work (GAO, 1997 cited in Johnson & Meckstroth, 1998). Edin and Lein (1997) discussed the issue of child care as one of the most important cost associated with working for welfare mothers entering the workforce. As very few employers are interested in helping to pay for child care expenditures, many former recipients quickly return to welfare because of breakdowns in child care arrangements (Herr et al., 1995; Quint et al. 1994).

Moreover, the presence of a strong demand for child care services is generally not sufficient to generate the supply. For instance, a Chicago-based study found that important gaps existed between supply and demand in this regard; the supply of care could meet 75 percent of demand for preschool children, whereas the supply of infant care could meet only 16 percent of demand (GAO, 1997 cited in Johnson & Meckstroth, 1998). In rural areas, the supply problem is often compounded by accessibility difficulties, as a result of the greater constraint posed by inadequate transportation systems. These findings point to a need for coordinated interventions by government agencies and local stakeholders on the issue of child care.

* * *

As for the transportation issue, while often mentioned in the literature, it is rarely quantified. There are a few exceptions, however. Loprest (1999) found that 12 percent of nonworkers cited transportation (or the distance from available jobs) as a problem keeping them from working. In Connecticut, 40 percent of all welfare recipients report that transportation is a barrier to employment (cited in Johnson and Meckstroth, 1998). Danziger et al. (1999) found transportation problems to be common, as about half (47 percent) the respondents in her study lacked access to a car and/or did not have a licence to drive. This was one factor significantly associated with not working at least 20 hours a week. Finally, in his Michigan-based study, Holzer (1998) found that the vast majority (60 percent-70 percent) of the jobs potentially available to long-term welfare recipients are located in areas that are relatively inaccessible without cars.

In sum, inadequate public transportation,¹ lack of personal transportation, and geographic mismatch between where welfare recipients live and where the employment opportunities are located are all factors that present formidable barriers to obtain and keep a job for those trying to make the transition from welfare to work. Of course, the prevalence of transportation problems varies considerably with geographic locations and will tend to be more acute in rural areas. Nevertheless, Johnson and Meckstroth (1998) are of the opinion that the 40 percent estimate from Connecticut “comes closest to defining the extent of the problem.”

<i>Estimates of AFDC / Working Poor Women with Child Care / Transportation Problems</i>		
	Child Care Problems	Transportation Problems
High	72% (<i>specialized</i>)	76%
Low	10%	12%

Source: Johnson & Meckstroth (1998), Loprest (1999), GAO (1997), Thornton and Hershey (1990), Kisker and Ross (1997), Holzer (1998), Danziger et al. (1999)

Physical Disability and Health Limitations

Having a disability (or having a child at home with a disability) can present a major obstacle preventing welfare recipients from joining the labour force. Studies have shown higher rates of prevalence of disabilities in the AFDC population than in the general population (Adler, 1993).

Analyzing information from three large surveys, Loprest and Acs (1996) tried to determine the extent of disability that would limit or preclude gainful employment among women using AFDC. The three measures they used include: a) disability status, b) specific limitations to work, and c) use of health services.

The percentage of all women on AFDC self-reporting a work limitation due to some health conditions ranges from 17 percent to 19 percent across the three data sources. The second measure regarded the ability to perform specific, job-related functions. Of women receiving AFDC, 20 percent reported having at least one functional limitation. The severity of these functional limitations can be judged by distinguishing the major ones, associated with performing Activities of Daily Living (ADLs), from the less severe ones associated with the performance of Instrumental Activities of Daily Living (IADLs).² Of women receiving AFDC, almost 11 percent report some difficulty with at least one ADL. Of these, a third (3.3 percent) report difficulty with more than one ADL, an indication of substantial limitation. In addition, a little over 9 percent of women receiving AFDC have difficulty with an IADL. As for the use of health services, the researcher considered the number of days a respondent reported staying in bed for at least

¹ The public transportation system can be inadequate for job search because of its cost, the hours that buses are available and/or the limited bus routes available.

² ADLs refer to activities such as dressing, eating, and bathing. IADLs refer to activities such as lifting ten pounds, using stairs, and preparing meals.

a half-day due to illness and the number of days spent in a hospital (not counting childbirth and outpatient visits). About 7 percent of women on AFDC reported they were confined to bed because of health reasons for more than 30 days in the past year, and almost 4 percent of women were in the hospital for more than five days. As the authors noted, even if these health problems are not chronic, they can be impediments to work for this group of women.

Bringing these results together, the researchers constructed a broad assessment of disability among female AFDC recipients. They concluded that roughly between 16 percent and 20 percent of women were reporting a limitation of some kind, and that between 8 percent and 11 percent of women had serious disability that prevented them from performing at least one job-related function, or from working at all.

In light of these findings, Loprest and Acs estimate that probably more than 20 percent of AFDC recipients may need to be exempted from welfare-to-work programs. This is certainly the case for women with severe disabilities. In the case of those with less severe disabilities, accommodations in the workplace, alternative work arrangement, and specialized child care need to put in place to make work more feasible.

Other researchers have provided slightly different estimates. For instance, the review by Johnson and Meckstroth (1998) places the estimates between 10 percent and 31 percent for work-related (physical) disabilities, and between 25 percent and 66 percent for learning disabilities (which are not covered here).³

Health or Behavioural Problems of Children

As just seen, the health status of welfare recipients is likely to impact on their capacity to seek, obtain and retain employment. The health conditions of their dependents can have a similar effect. This can be the case when there is a child at home with a health condition, a disability or a behavioural problem. Mauldon (1992) found that disabled children generally reduce the hours of work of their parents, although the magnitude of this depends upon the children's ages. However, not all the evidence points in the same direction. For instance, in the study by Danziger et al. (1999), the presence of a child with a health problem is not a factor significantly associated with not working at least 20 hours a week.

Nevertheless, parents of sick or disabled children must attend to a variety of needs such as multiple doctor appointments, meeting with school officials, remaining home to care for a sick child, etc. The presence of a child with a disability or a health problem can also inhibit work because of special child care needs, particularly in single-parent families. Caring for children with disabilities can be extremely time-consuming, may require specialized care, and can entail additional expenses. It is difficult to find jobs at the low-wage end of the job market that will allow enough flexibility to meet these increased demands on a parent's time, especially when there is only one parent. Wolfe and Hill (1995) concluded that policies designed to encourage employment among welfare

³ Learning disability estimates vary widely because of differences in measurement approaches. Some are based on IQ tests, others on measures of basic skills (like reading) or on clinical diagnosis.

recipients are not likely to succeed for single-mother families that have a family member with a health problem.

As pointed out by Olson and Pavetti (1999), the estimates of the prevalence of disabilities and functional limitations among children of AFDC families varies depending on the definition and sources of data used by the researchers. Loprest and Acs (1996) found that in 11 percent to 16 percent of the families receiving AFDC, the children are limited in age-appropriate activities, and in almost 2 percent of such families a child is unable to perform a major activity (like walking, running or using the stairs). They also found that almost 5 percent of families requires special equipment from wheelchair to special clothing -- reflecting a range of disability. Moreover, one or more severe chronic conditions (e.g., crippling orthopedic condition, blood disorder or epilepsy) affected a child in nearly 4 percent of families receiving AFDC.

<i>Estimates of Disability among Women Receiving AFDC</i>		
	Low	High
Women with:		
- Any work limitation	17%	31%
- A serious disability	6%	14%
With children with:		
- Some limitation	11%	21%
- A serious disability	2%	4%
Source: Loprest and Acs (1996), Mayers et al. (1996), Olson and Pavetti (1996)		
Work-related disability	10%	31%
Learning disabilities	25%	66%
Source: Johnson & Meckstroth (1998)		

Domestic Violence (against women)

Policy makers and social scientists are beginning to pay attention to the effects of domestic violence on women receiving welfare, particularly in terms of their ability to participate in the labour force and to become economically self-sufficient. Evidence now available shows that male violence directed at women in their intimate relationships is a significant barrier to female self-sufficiency (Raphael & Tolman, 1997; Raphael & Lloyd, 1999).

In their summary of research on the issue, Raphael and Tolman (1997) identified four recent American studies that support this conclusion. A study of women on AFDC in New Jersey (N=848) found that about 15 percent of the sampled reported current physical abuse by an intimate partner. Nearly 13 percent of the entire sample (and nearly 40 percent of those current physical abuse victims) reported that their partner *actively*

prevents their participation in education and training. A scientific, random, sample (N=734) of the entire AFDC caseload of the state of Massachusetts found that nearly 20 percent of the women reported current physical violence by an intimate partner. Women who had been abused at one time or another in their adult life were 15 times more likely than their never abused counterparts to have a current partner who would not like them going to school or work. Another Massachusetts study (N=436), which included both homeless and housed female welfare recipients, found that nearly one-third (32 percent) of women had experienced severe violence from their current or most recent partner. Mental problems (including PTSD) were two to three times more prevalent in this sample than in the general female population. Finally, a random survey of women in a low-income Chicago neighborhood (N=824) conducted by Northwestern University researchers found that AFDC recipients experienced physical violence about three times more than their neighbours within the last year (31 percent vs. 12 percent).

These four studies consistently show high percentage of women on AFDC currently embroiled in violent relationships and past victims of domestic violence. They also show that a high percentage of abused women reported interference from their intimate partners in the areas of education, training and work.

These studies suggest that many women on welfare may not comply with work or training requirements because they are prevented from doing so by either the direct actions of an abusive partner, or by the indirect effects of the abuse on their health and well-being. This view is supported by a study from the Taylor Institute (cited in Raphael & Lloyd, 1999) which reports that welfare-to-work program providers state that many of the men who move in and out of the lives of women on AFDC do not want their partners to become independent and often sabotage women's efforts to train or to enter the work force.

This is a reality that must be carefully looked into by welfare departments. Raphael and colleagues are of the opinion that welfare departments must find a way to let abused women on welfare decide for themselves to disclose (or not) the presence of domestic violence and to describe whether and how it represents a welfare-to-work barrier. These authors also emphasize that program models combining support services for battered women with basic skills training are desperately needed for welfare recipients.

<i>Estimates of Women on AFDC Victims of Domestic Violence</i>		
	Current Physical Abuse	Ever Abused in Life
High	32%	65%
Low	15%	29%
Source: Johnson & Meckstroth (1998)		

Drug Abuse and Alcohol Problems

In the American media, substance abuse is sometimes held to be widespread among welfare recipients (e.g., Califano, 1995). This claim is probably exaggerated. It remains that drug use and alcohol problems present barriers to a transition from welfare to work. Data from employment and training programs indicate that drug and alcohol problems impeded recipients' labour market performance. Because substance abuse is a covert behaviour, its true prevalence is still unknown. Nevertheless, existing data suggest that the prevalence of drug use is higher among welfare recipients than in the general population.

Olson and Pavetti (1996) report that published estimates ranging from 7 percent to 37 percent. A 1992 national U.S. survey on drug abuse indicated that nearly 16 percent of AFDC recipients were impaired by drugs or alcohol, twice the rate observed among non-AFDC recipients (cited in Jayakody et al. 1999). An Inspector General study of 25 state AFDC offices found substance abuse to be among the most frequently cited functional impairments preventing recipients from leaving welfare (cited in Jayakody et al. 1999). Drug dependence was also found to be a factor significantly associated with not working at least 20 hours a week in the study by Danziger et al. (1999). According to a Washington-based advocacy group, 65 percent of state and local welfare program directors surveyed said that drug and alcohol treatment services were extremely important in getting recipients to leave welfare, and another 34 percent considered it somewhat important (Legal Action Center, 1995).

Reporting on results from the most recent (1994-95) national U.S. survey on drug abuse, Jayakody et al. (1999) found that 21 percent of welfare recipients use at least one illicit drug, compared to 13 percent of non-recipients. While the use of alcohol was slightly *less* prevalent among recipients than non-recipients (67 percent versus 70 percent), alcohol dependence among welfare mothers (9 percent) was significantly higher than among non-recipient mothers (5 percent). These results led Jayakody et al. (1999: 21) to conclude that:

[...], drug treatment should be one part of a set of services provided by welfare-to-work programs that focus on job skills, mental health, and other barriers to employment.

A recent Oregon-based study, by Kirby et al. (1999), points to the possibility for welfare programs to address alcohol and drug problems without compromising the emphasis on rapid employment. In this perspective, alcohol and drug treatment can be a component of a client's self-sufficiency plan (and sometimes may be the first or primary activity), but it rarely is the only activity.

The Oregon experience found that integrating alcohol and drug treatment into welfare employment programs provides an opportunity to engage individuals whom otherwise would not have entered into treatment. One condition for success identified is to place treatment on par with other allowable work-related activities. Another is to maintain ongoing collaboration between the welfare department and the alcohol and drug treatment systems. It also appeared essential to provide ongoing training to welfare staff to enable them to spot situations in which alcohol and drug problems exist and to train them in procedures for referring recipients to addiction professionals for further assessment and screening. On this last issue, Kirby et al. (1999) are clearly opposed to the use of a universal drug-testing model to identify candidate for treatments.

To what has just been said above on the implementation of drug abuse treatments as part of welfare-to-work programs, we should add these words from Johnson and Meckstroth (1998):

[...] ample research evidence shows that not only is treatment effective, it is cost-effective, since it reduces the need for social services in a range of other areas. Welfare-to-work programs will have to deal with issues of client screening and assessment, treatment options, and coordination of services, but the needs are clear and the payoffs indisputable.⁴

However, it should be remembered that “[...] the biggest saving may be realized by the health and corrections systems rather than the welfare department” (Pavetti et al. 1997: 21).

Estimates of AFDC Recipients with Drug and/or Alcohol Problems

High	60%
Low	5%

Source: Johnson & Meckstroth (1998), Pavetti et al (1997), Jayakody et al. (1999), Kirby et al. (1999), Olson & Pavetti (1996).

Note: Estimates are extremely sensitive to the definition used and population studied.

⁴ One of the much-talked about assessment instruments to identify chemically dependent individuals is the Substance Abuse Subtle Screening Inventory (SASSI). It is a short, one-page screening tool that can be administered and scored in 20 to 25 minutes with little training (see: <http://www.sassi.com>).

Housing Instability and Food Insecurity

Housing instability can impede a successful transition from welfare to work and cause a continued reliance on, or a return to, social assistance. The cost of housing and the limited availability of adequate housing options in areas near job opportunities represent barriers to employment that are often overlooked.

The exact nature of the relationship between housing instability and either welfare receipt or employment status is not well known. While it remains under-documented, it is safe to say that it is likely to be multifaceted - housing issues causing or enhancing problems with regards to other barriers in the areas of budgeting, transportation, child care, and health.

Housing instability highlights the role environmental factors play in a client's ability to make a successful transition from welfare to work. Homeless clients may find it impossible to search for housing and sustain employment at the same time. Others, while having some form of accommodation, may be hampered by not having a telephone number or stable address where an employer can reach them. Still others may have living arrangements that are so demoralizing that they cannot keep up the motivation to sustain an ongoing job search (Olson and Pavetti, 1999).

Housing problems can be the cause or the result of other problems, such as domestic violence or substance abuse. Yet, one way or the other, not having stable or safe housing makes finding and keeping employment more difficult. The loss of a decent place to live can often contribute to the start of a downward spiral of negative life events that will further erode the client's capacity to seek attachment to the labour market.

A study conducted by the Manpower Demonstration Research Corporation found that 48 percent of all enrollees faced a housing problem that interfered with their ability to attend the program (Quint et al., 1991). Other U.S. estimates on the percentage of welfare population facing housing issues vary widely, from 5 percent to 72 percent, depending on the type of problems and the geographic locations (Johnson & Meckstroth, 1998).

* * *

As for the issue of food insecurity, it is not often mentioned in the literature on barriers to employment. There is at least one notable exception. In her study of families who left welfare, Loprest (1999) reported that a third of former recipient families have had to cut the size of or skip meals after leaving welfare because there was not enough money for food. Fifty-seven percent reported they often or sometimes worried food would run out before getting money to buy more. About half reported that often or sometimes food did not last until the end of the month and they did not have money for more.

These food insecurity problems were more frequent among former welfare recipients than among other low-income families, even though former recipients were more likely to receive government benefits such as food stamps. This could indicate that the transition from welfare to work is a long process during which the recipients have to

learn to budget in their new context. These findings also remind us that food insecurity problems, like housing problems, can play an important role in the inability of former recipients to keep a job for a long period of time after leaving welfare.

<i>Estimates of Women on AFDC with Housing Instability or Food Insecurity</i>		
	Housing Problems	Food Insecurity (former recipients)
High	72%	57%
Low	5%	33%

Source: Johnson & Meckstroth (1998), Loprest (1999)

Low Education and Low Skills

The need to focus on the education and skills of recipients in any welfare-to-work initiative is self-evident. Pavetti (1997) has confirmed this by finding that welfare recipients who spend the least amount of time in the labour market are primarily recipients with low education and low skill levels. It is therefore not a surprise to find that over 60 percent of potential employers would consider it “very important” to receive assurances regarding the basic skills of job-seeking welfare recipients (Holzer, 1998).

It should be remembered, however, that for many recipients working is not an uncommon experience (Spalter-Roth, 1999), and there is little doubt they have a real desire to join the labour market. The problem is that, too often, the employment found is short-term and relatively unreliable (odd jobs). It is more than likely that this is related to the low levels of education and skills of recipients.

In their study, Danziger et al. (1999) found that low levels of education was one factor significantly associated with not working at least 20 hours a week. Using the U.S. National Longitudinal Survey of Youth, Pavetti (1997) found the low education level and skill deficit of welfare recipients to be quite striking as 45 percent of these women had not completed high school by age 27, compared to just 10 percent of women who never received welfare.⁵ Moreover, more than half (55 percent) of welfare recipients’ scores on the Armed Forces Qualifying Test (AFQT) fell in the bottom quartile of the AFQT distribution for all women.⁶ A third (33 percent) of welfare recipients’ scores were so low that they fell in the bottom decile of the AFQT distribution. The author conclusion was that “[...] a woman’s education and her skill levels make a substantial difference in her employment outcomes.” She cautioned, however, that efforts to increase recipients’ skill levels are difficult endeavors that have often proved unsuccessful.

⁵ In specific programs the situation can be much worse. Pavetti et al. (1996) report that 80 percent of the clients served by the Avance program were high school dropouts, and that 46% of recipients served by a Chicago-based employment and training center read below the 6th grade level.

⁶ The AFQT is an achievement test that has a strong relationship to higher levels of employment and earnings. The figure cited by Burtless (1995) is that 70 percent of welfare recipients score in the bottom quartile of the AFQT (cited in Kalil et al. 1998).

One final and puzzling finding, specially in view of what has just been said, is that a very small proportion (1 percent of *former* recipients) of the welfare clientele tends to self-report or self-identify the lack of skills as a reason why they are not working (Loprest, 1999).

<i>Estimates of Women on AFDC with Low Education or Low Skills</i>		
	Less than High School	Low Basic Skills
High	80%	70%
Low	45%	33%

Source: Johnson & Meckstroth (1998), Pavetti (1997), Olson and Pavetti (1996), Pavetti et al. (1996), Burtless (1995).

Mental Health

Few studies examine the prevalence of mental illness among welfare recipients, probably because mental health problems are much harder to identify than physical disabilities. It is, nevertheless, now becoming apparent that mental health barriers have an impact on the capacity of welfare recipients to move from welfare to work, and that mental health services are needed to help lower the barriers to self-sufficiency. Mental health problems, like substance use problems, may prevent recipients from being able to undertake the tasks necessary to find employment, or recipients dealing with these issues may lack the self-confidence needed to take on new challenges. Some may be able to find employment, but may not be able to sustain it over the long term (Olson and Pavetti, 1996).

Using a nationally representative sample, researchers from Penn State University found that single mothers on welfare are more likely to have a psychiatric disorder than other low-income, non-welfare mothers (Stauffer & Jayakody, 1998). The Penn State researchers found that 23 percent of the welfare recipients had one of the psychiatric disorders considered in the study compared with 17 percent of the non-welfare recipients.⁷

The findings support the increasingly widely held view that welfare recipients have higher rates of psychiatric disorders than non-recipients.⁸ Other researchers (Olson & Pavetti, 1996) have also documented high levels of depressive symptoms among recipients. Moreover, many welfare mothers experience severe trauma (e.g., rape or domestic violence) that put them at high risk for post-traumatic stress syndrome (PTSD).

Whether mental health problems are a cause or a consequence of welfare receipt, it remains that a good portion of the current caseload experiences them. This fact calls, in

⁷ The four disorders were major depression, generalized anxiety disorder, panic disorder and agoraphobia. These findings actually underestimate the presence of psychiatric disorders since the full battery of possible mental health problems was not considered.

⁸ Mental health problems among welfare recipients seem to often co-occur with substance abuse issues (Jayakody, Danziger & Pollack, 1999).

the opinion of Stauffer and Jayakody, for a greater attention to mental health problems, which may be significant in preventing the transition of some women from welfare to the work force. Hence, the provision of mental health services may be an important component of successful programs that move recipients from welfare to work.

However, in addressing mental health problems as a barrier to employment, welfare departments are faced with two critical issues: a) identifying which clients have mental health needs, and b) determining the type of program to be provided. This might mean that welfare departments will need to develop screening and assessment tools that staff can use. In turn, this would imply a substantial commitment to training staff on mental health problems, particularly on how to screen for mental illness and make appropriate service referrals. To serve clients with mental health problems, welfare departments might also need to develop partnerships with other organizations for the provision of counseling, treatment, vocational rehabilitation, and other employment-related services. Finally, the welfare departments would need to assess the capacity of the existing local services to treat, rehabilitate, and employ clients with mental health needs (Johnson & Meckstroth, 1998).

<i>Estimates of Women on AFDC Suffering from Mental Health Problems</i>	
High	42%
Low	13%

Source: Johnson & Meckstroth (1998), Olson & Pavetti (1996)

Workplace Discrimination or Harassment (perceived or experienced)

Having experienced several episodes of discrimination or harassment in previous workplaces, or simply perceiving potential workplaces as sites of discrimination or harassment, can impact negatively on the desire and the efforts of some welfare recipients to join or re-join the labour market. The perception of workplaces as sites of discrimination is in some cases well founded. For instance, in their study of Chicago-area businesses, Kirschenman and Neckerman (1991) found that employers held stereotypical racial views of inner-city workers (especially black men) and that race played an important role in hiring decisions.

In their study of barriers to the employment of welfare recipients, Danziger et al. (1999) found that about half the recipients reported experiencing at least one instance of discrimination, and 14 percent reported four or more instances of these problems in their prior work experiences. In this study, perceiving four or more instances of workplace discrimination was one of the variables negatively and significantly associated (-0.71, $p < 0.05$) with working at least 20 hours a week.

The literature also shows that African Americans are less likely to receive job offers than are whites with comparable credentials (Turner et al. 1991); that employers stereotype African-American women as single mothers who are unreliable workers due to their

family responsibilities (Kennelly, 1995); and that, in a Los Angeles study, almost half of all African-American women report experiencing race-based workplace discrimination (Bobo, 1995).

The focus of intervention programs in the area of workplace discrimination and harassment is not likely to be on welfare recipients, but rather on the prospective employers who might need to attend some sensitivity and awareness-raising sessions on these issues (Berg, Olson and Conrad, 1991).

Presence of Multiple Barriers

Since each of the barriers previously mentioned can present a potential challenge to recipients trying to move from welfare to work, it is easy to understand that the presence of multiple barriers is therefore very problematic:

Lack of a high school diploma by itself does not constitute a rigid barrier to employment, but an employer might be less willing to hire a high school dropout who also lacks work skills, has transportation problems, and is depressed (Danziger et al., 1999).

A sizable portion of the welfare population is in the situation where it has not just one but two or more concurrent barriers to employment. This portion represents those who have the greatest difficulty making the transition from welfare to work, especially when they have two or more severe barriers⁹.

According to Olson and Pavetti (1996), among welfare recipients with multiple barriers, low basic skills is the most common barrier to occur in conjunction with another barrier. Several other commonly co-occurring barriers are mental illness, housing instability, domestic violence and drug abuse.

While Olson and Pavetti (1996) found that most recipients had only one barrier, Danziger et al. (1999) found that only 21 percent of their respondents had just one barrier. Multiple barriers were in fact common in that second study as 37 percent of respondents had two or three barriers, 24 percent had four to six barriers, and 3 percent had seven or more barriers. The number of barriers was strongly negatively associated with employment status.

Still, some comfort can be found in the idea that the presence of any single barrier may not be an insurmountable problem to finding work. For recipients with only one barrier, traditional job search assistance may be sufficient to help them move into the labour force when the economy is robust (when and where unemployment rates are low).

⁹ Severe barriers are pervasive problems that consistently hinder a client's ability to get a job and stay employed. Moderate barriers, on the other hand, are those that restrict the amount or type of work that a client can perform or those that interfere with an ability to sustain continuous employment (Olson and Pavetti, 1996).

Estimates of AFDC Clients Facing Two or More Barriers

	High	Low
	50%	13%

Estimates of Co-occurring Barriers

- Mental Health AND Housing Problems	50%	14%
- Substance Abuse AND Housing Problems	32%	24%
- Domestic Violence AND Substance Abuse	38%	19%
- Domestic Violence AND Mental Health	54%	42%
- Domestic Violence AND Housing Problems	35%	32%

Source: Danziger et al. (1999), Johnson & Meckstroth (1998), Olson & Pavetti (1996), Quint et al. (1991)

Conclusion on Policy and Implementation Issues

Research on the barriers to employment faced by welfare/social assistance recipients is an ongoing process. More is known in areas where the measurement of the barriers is easier, as in the case of health limitations, or where the issue is controversial, as with substance abuse. In other cases, like depression or the presence of domestic violence, the identification is more difficult (or at least much more time consuming) to perform. Other potential barriers such as the impact of having a criminal record have not been studied much.

In any case, program administrators wanting to serve hard-to-place clients by focusing the interventions on lowering the non-financial barriers will be faced with a series of challenges. One of these challenges will be to address assessment issues. Identifying which client has what barriers will be a difficult and probably a costly endeavor. Considering the variety of potential problems, the use of comprehensive and holistic screening and assessment tools should probably be preferred to that of a battery of problem-specific instruments. Even with the best and simplest tools, there is no question that staff training will need to be improved considerably to perform the assessments. This will represent a major adjustment for the employees involved, as the culture of the office will be seriously affected.

Working, in one way or another, on lowering the barriers to employment is also likely to necessitate the reinforcement of the trust relationship between clients and staffs. This can hardly happen if the turnover of staff is high and the same workers do not continuously serve the same clients. Similarly, the current caseload size is probably too high to provide the attention needed by clients with multiple barriers. Serving these people would probably require a return to the true principle of case management. That is, a return to case workers being able to gain the confidence of the client and gaining sufficient insight into their problems to take appropriate measures. But, as recently noted by the OEDC (1999), there is a tendency in Canada to load too many cases on each worker. This results in very infrequent contacts that are not in the spirit of case management and it means that little real support is given to increasingly isolated clients.

Assuming the assessment issues have been satisfactorily dealt with, the next challenge will be in the area of service delivery. What would be the point of finding out who has what barrier if the intention is not to follow this identification phase with some form of intervention? What needs to be known, then, is whether the services needed exist or not, and if they are available, who does or should provide them. This will mean that administrators will have to enter into the murky debate about the pros and cons of offering service “in-house” versus contracting them out, or offering them in partnership with community-based agencies. In this regard, it is likely that no single strategy will work equally well for all types of barriers, hence a flexible combined approach should be considered.

Finally, even in the case of a success (when a client has found employment), there are good indications that point to the need of providing some continuing job retention support to the former recipient. Otherwise, the rejoicing period might be short lived.

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APPENDIX

Synoptic Table:

Estimates of AFDC Clients Facing Barriers to Employment

Clients with Child Care / Transportation Problems

	Child Care Problems	Transportation Problems
High	72% (<i>specialized</i>)	76%
Low	10%	12%

Clients with Disabilities

	<i>Women</i>	<i>Children</i>
- Any limitation		
High	31%	21%
Low	17%	11%
- A serious disability		
High	14%	4%
Low	6%	2%
-Work-related disability		
High	31%	
Low	10%	
-Learning disabilities		
High	66%	
Low	25%	

Clients Victims of Domestic Violence

	Current Physical Abuse	Ever Abused in Life
High	32%	65%
Low	15%	29%

Clients with Drug and/or Alcohol Problems

High	60%
Low	5%

Clients with Housing Instability or Food Insecurity

	Housing Problems	Food Insecurity
High	72%	57%
Low	5%	33%

Clients with Low Education or Low Skills

	Less than High School	Low Basic Skills
High	80%	70%
Low	45%	33%

Clients Suffering from Mental Health Problems

High	42%
Low	13%

Synoptic Table (continued)

<i>Clients Facing Two or More Barriers</i>	
High	50%
Low	13%
Clients Facing Co-occurring Barriers	
- Mental Health & Housing Problems	
High	50%
Low	14%
- Substance Abuse & Housing Problems	
High	32%
Low	24%
- Domestic Violence & Substance Abuse	
High	38%
Low	19%
- Domestic Violence & Mental Health	
High	54%
Low	42%
- Domestic Violence & Housing Problems	
High	35%
Low	32%

Note: Estimates are very sensitive to the definition used and population studied.