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# Welfare to Work: What are the Obstacles?

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*U.S. welfare reform initiatives are based on the assumption that the primary barriers to economic independence are individual deficits. However, the policy does not adequately account for situational and personal factors necessary for a successful transition from welfare to work. Without greater attention to these barriers, the policy is likely to fail or be implemented at high personal cost to recipients and their families. This paper uses a person-in-environment social systems framework to examine the personal and family resources available to a group of women who were receiving AFDC and participating in an urban Head Start program. Structured interviews and literacy assessments with 77 AFDC recipients participating in a Head Start program indicate that the barriers to self-support are not related to substance abuse, health problems, deficits in literacy, or a lack of interest in work. However, most caregivers do not have adequate training or education to prepare them to compete in the job market, nor do they feel equipped to find a job on their own. The results with respect to family resources are mixed. While families possess a number of coping mechanisms, caregivers have little support from social network members for day-to-day child care activities. The implications of the findings for welfare policy are discussed.*

## Introduction

Welfare reform has been given high priority on the American political agenda. The current debate focuses less on the desired

outcome and more on the underlying beliefs about the causes of poverty and the mechanisms necessary to achieve self-sufficiency. Welfare recipients, liberals, and conservatives agree that the welfare system as it is presently structured does not facilitate independence among poor families. However, there is intense disagreement on the degree to which individuals are responsible for their own plight and whether the mechanisms required to encourage work should be punitive or supportive.

In this most recent wave of reform, the Family Support Act of 1988 (Public Law 100-485) was among the first federal attempts to address the deficiencies in the welfare system. According to the Act, recipients of Aid to Families of Dependent Children (AFDC) are required to obtain the education, training, and employment necessary to avoid longterm welfare dependency. This welfare-to-work initiative applies to recipients with children of all ages, provided that child care is available (Hagen, 1992).

The latest welfare reform proposals depart from the Family Support Act in that they would transfer greater responsibility for how programs are structured and funds are allocated from the federal government to States through block grants. These proposals would also institute limits by requiring parents who have received benefits for more than two years (whether or not consecutive) to work in State defined work activities; and prohibiting benefits under certain conditions such as out-of-wedlock births to minors or to an additional child born to a current recipient (House of Representatives, Ways and Means Committee, 1995). While the changes in welfare will unfold over the next couple of years, it is clear that the direction is towards more State level control and fewer guaranteed benefits to poor families.

Implicit in the current policy initiatives is that poor women who are not employed outside the home lack the personal motivation to work. These proposals do not take into account the multiple factors that can act as obstacles to employment among poor women. Barriers can include lack of education, job training, child care, and social support, as well as substance abuse and poor health. The purpose of the research reported here is to: 1) describe the personal and family resources which can facilitate or impede employment in a sample of AFDC recipients who are also participating in an urban Head Start program; and, 2) examine the

potential impact of full-time employment among impoverished single mothers with young children.

### Literature Review

All welfare reform has one basic common denominator—people should be self-sufficient and capable of supporting their own families (Vosler & Ozawa, 1992). A growing body of literature has shown that self-support depends on the availability of personal and environmental resources such as literacy, support for child care, informal social support, personal well-being, and physical health (Meyers & Van Leuwen, 1992).

Studies show that literacy and completion of school are the most important factors in determining a young mother's later financial independence (Brown, 1982; Trussel, 1981). Women who graduate from high school are not only better prepared to obtain employment, but they are also more likely to bear children at a later age (Moore & Hofferth, 1980; Singh, 1986). Mothers who rear children at an early age frequently experience long-term welfare use (Furstenberg, 1976; Hayes, 1987).

Support for child care is a crucial component of AFDC mothers' transition to work (Blau & Robins, 1988; Meyers & Van Leuwen, 1992). Popkin (1990) found that lack of child care was often cited by mothers as an obstacle to finding a job. Mothers on AFDC often do not have access to affordable child care (Blau & Robins, 1988). Hofferth (1989) found that low income mothers spend 35 percent of their pay on child care, in contrast to the 10 percent spent by median income mothers. Single African American mothers, who are frequently poor, are far more likely than married Black mothers and single or married White mothers to report inadequate child care (Hogan, Hao, & Parish, 1990). Furthermore, adolescent mothers are significantly more likely to complete courses and graduate from high school, and therefore to have greater prospects for financial independence, if day care is available to them (Hill & Bragg, 1987; Marx, 1987).

Health problems may also be a barrier to parents' self-sufficiency. Popkin (1990) found that AFDC recipients frequently cite health problems in the family as a barrier to finding work. Recent studies have suggested that there is a strong link between poverty

and poor physical health of mothers (McMahon, 1993; Weitzman, 1992) and children (McGauhey & Starfield, 1993). Women with health problems may find it difficult to obtain and sustain employment outside the home, particularly if health care benefits, such as Medicaid, are discontinued or inadequate (Chilman, 1992).

The literature supports the contention that the barriers to employment for impoverished women are multifaceted and attributable to personal and environmental resources. Based on the recent initiatives, State governments will be responsible for making decisions about how welfare programs are structured and, depending on funding levels, the degree to which punitive or supportive strategies will be employed. It is important that policy makers have accurate information about the obstacles to work force participation poor women experience and the potential impact of full-time employment on single women and their children.

### Theoretical Framework

Vosler and Ozawa (1992) suggest a person-in-environment social systems framework and stress and coping perspective for analyzing the impact of policies and programs on the intended recipients, thus bringing together the traditional person-in-environment framework of social work practice with the stress and coping theory which has primarily guided family research (McCubbin & Figley, 1983). Person-in-environment focuses on the multiple levels of social systems which are influenced by or have an influence on individuals. These include the family, neighborhood, local, state, and national systems. Each of these systems, in turn, has the potential to provide resources and generate stress for policy and program recipients. In order to evaluate the potential efficacy of a policy, it is necessary to assess the impact, both negative and positive, that the policy is likely to have on the person and her environment.

In the example of welfare reform, mandatory participation in training programs or entry into full-time employment can be viewed as both a resource and a stressor. In theory, training and eventual employment provide the primary caregiver with the skills and means to achieve economic independence for her family. However, if employment does not compensate the caregiver

at a level adequate to support the family, stress could be increased for the entire family.

Another potential stressor for the caregiver relates to the competing demands of being a full-time parent and worker. The responsibilities associated with these dual roles can tax the emotional and physical resources of the caregiver. The provisions of the Family Support Act attempt to mitigate this stress by requiring that child care be available. However, the most recent proposals would not mandate child care, but make this an option State's could chose to provide given the availability of funds. Regardless of the supports built-in to welfare reform, caregivers will need to call upon their personal and family resources to meet the demands that the new welfare reforms place upon them.

The personal resources of the primary caregiver which could facilitate economic independence include such factors as physical and emotional health, level of education and training, prior job experience, and level of interest in employment. Family resources which could assist women in their attempts to meet the demands of employment include support for child care and housekeeping tasks, emotional support, and family coping abilities. This paper examines the personal and family resources available to a group of female primary caregivers who were receiving AFDC and participating in an urban Head Start program. The personal resources of the primary caregiver which were measured include: 1) literacy skills, 2) prior participation in job training, 3) job seeking activities, 4) psychological functioning, and 5) perceived health status and history of substance abuse. The resources available to the primary caregiver from the family system include: 1) informal social support for child care activities, and 2) family coping mechanisms.

## Methods

### *Sample Selection*

One hundred and five primary caregivers of three and four year old children enrolled in the Head Start program were offered an opportunity to participate in the study. Ninety caregivers agreed to participate and signed informed consent. Data regarding the characteristics of the refusers are not available. Of the 90

participating caregivers, 77 were receiving AFDC benefits and are included in the analysis presented here.

Respondents were interviewed in a place of their own choosing, usually the family home, by an interviewer independent of the Head Start program. Caregivers were assured that their responses were confidential and would not be shared with program staff. In appreciation for their time, respondents were reimbursed in the amount of \$15.

### *Measures*

A semi-structured questionnaire and literacy assessment required approximately 90 minutes to administer. Included in the questionnaire were demographic characteristics, work history, job preparation and seeking activities, health status, substance abuse history, and measures of depression, social support, and family coping styles.

### *Caregiver Resources*

*Literacy.* The Comprehensive Adult Student Assessment System (CASAS) was used to measure functional writing skill abilities within a life skills context. The assessment measures competencies in the following eight areas: consumer economics, community resources, health occupational knowledge, government and law, computation, learning to learn and domestic skills. The CASAS, which was developed by a consortium of agencies that provide education services to adult and alternative educational programs, has been widely used to assess basic literacy skills. The assessment yields a measure of literacy level from beginning to high school level.

*Employment History and Related Activities.* Respondents were asked what their current employment status was, and if unemployed, whether they were looking for a job and if they had ever been employed. Specific data regarding employment in the last 12 months were collected, including length of employment, hours worked, and weekly pay.

In addition, a list of job-seeking and preparation questions were asked to ascertain whether respondents had actively sought a job by answering an ad, preparing a resume or going on an inter-

view. Job preparation was assessed by asking about participation in work programs.

*Health Status and Substance Abuse.* Three questions were used to measure health status. Respondents were asked: 1) to rate their health on a four point scale from excellent (1) to poor (4); 2) whether they had any physical condition that prevented or limited their ability to work; and, 3) if they had any chronic illnesses that made it difficult to participate in Head Start activities.

Regarding substance abuse, a modification of the Addiction Severity Index (McLellan, Luborsky, Woody, & O'Brien, 1980) was used to measure use of alcohol, cigarettes, and drugs. Respondents were asked about use of substances over the past 30 days, if they had ever used alcohol or drugs regularly for a period of one month or longer and whether they had been troubled or bothered by alcohol or drug use in the past thirty days. In addition, past and current treatment for substance abuse was queried.

*Emotional Health.* The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) was used to measure current level of depressive symptomatology. The CES-D consists of 20 items that measure depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, loss of energy, and disturbances of sleep and appetite. Respondents are asked how frequently they experienced symptoms during the past week. Items are scored on Likert-type scale from rarely or none of the time (0) to most or all of the time (3). The scale has high internal consistency, moderate test-retest correlations (.40 or above), excellent concurrent validity by clinical and self-report criteria, and substantial evidence of construct validity.

### *Family Resources*

*Informal Social Support.* We were interested in the amount of assistance caregivers received with daily child care tasks and the emotional aspects of parenting such as comforting and disciplining the child. No existing measures of social support met both of these requirements so it was necessary to develop an instrument for this purpose.

Respondents were asked about how often they and other people in their network took the child to the doctor or dentist, went



to teacher's conferences, bought the child's clothes, comforted the child when his or her feelings were hurt, and set limits or disciplined the child. A five-point Likert type response format was used ranging from never (1) to all the time (5). Caregivers were also asked how often they and network members took the child to school and supervised morning and bedtime routine. The Likert scale ranged from never (1) to every day (5) for these items. Finally, the frequency with which the child was taken on outings by the caregiver and network members were queried using a scale from never (1) to one or more times a week (5).

Given that the family could consist of more than one child, the Head Start child was used as the index for all responses. Possible network members included the Head Start child's father, maternal grandmother, other grandparent, other family member, friend or partner, and "other" was used to capture a network member not asked about.

*Family Coping.* The F-Copes (McCubbin, Larsen, & Olson, 1982) was used to measure problem-solving attitudes and behavior families use to resolve difficulties. The instrument contains 29 items and five conceptual scales: acquiring social support, reframing situations to make them more manageable, seeking spiritual support, mobilizing family to acquire and accept help, and passive appraisal such as avoidance. Each item is measured on a five-point Likert type response format. Items are summed to arrive at subscale and total scale scores. In terms of reliability, Cronbach's alpha reached .86 and test-retest reliability for the scale was .81. Construct validity was assessed through factor analysis. Each of the five factors had an eigenvalue greater than 1.0.

## Results

### *Description of the Sample*

Most of the primary caregivers were mothers of the Head Start child (97%), although three caregivers were grandmothers. The average number of children living in the household was 3 with a range from 1 to 8 ( $SD = 1.4$ ). In terms of ethnicity, the majority of caregivers were African American (92%), and a small percentage were Hispanic (2.6%) or White (2.6%). The average

age of respondents was 29 years ( $SD = 8$ , range 20–58), and 96% were single. The most common living situation for families was in a house (75%) as opposed to an apartment (25%), with most renting (93%) rather than owning (7%).

All families had received AFDC, food stamps, and Medicaid during the previous year. Most had received assistance for the full twelve months (94%), and three respondents had been recipients for an average of seven months. The mean amount of the AFDC grant families received was \$460.47 per month ( $SD = 146.17$ , range = 205–1267). In addition, a quarter of the families received child support, most frequently (68%) in the amount of \$50 per month (mean = 124,  $SD = 124$ , range 50–500). Sixty-two percent of the families received WIC, and a little over a third were recipients of public housing assistance (38%) and fuel assistance (37%). In addition to AFDC, 16% of the families had a member who received Supplemental Security Income (SSI). Over half (55%) of the households reported a yearly income between \$3,001 and \$6,000, 23% earned between \$6,001 and \$9,000, 12% earned between \$9,001 and \$12,000, and 10% earned over \$12,000.

In terms of education, 46% of caregivers had a high school diploma and 7% possessed a GED. Eighteen percent received some education beyond high school, although none had completed the requirements for a college degree. Most respondents (83%) did not have a driver's license and almost half (47%) never had access to a car.

### *Caregiver Resources*

*Literacy.* Regarding literacy levels, 69% of caregivers scored at the high school level. Individuals at this level can generally perform at high school entry level and above in basic reading or math. They can usually perform work that involves following oral and written directions. Twenty percent of respondents scored at the intermediate literacy level. These individuals can generally function in jobs that involve following oral and written instructions and diagrams. However, they usually have difficulty following complex directions. Nine percent of the caregivers were at the basic literacy level. Adults at this level can function in entry-level jobs that require simple oral communication skills where tasks are demonstrated. One person scored at beginning literacy

level and would therefore have difficulty with the basic literacy and computational skills necessary to function in an employment setting (CASAS Test Administration Manual)

*Employment History and Related Activities.* The majority of caregivers (87%) had either held a job in the past (60%) or were employed (27%) in the last year. Of those currently unemployed, 33% were looking for work. Therefore, 60% of caregivers were either working or seeking employment. Caregivers who were employed in the past year earned an average weekly salary of \$168 ( $SD = 124$ , range = 20–480). Among respondents who had been employed in the past, but not in the last year, the average number of years they had been unemployed was 5 ( $SD = 3.27$ , range = 1–14). Sixty-nine percent of the caregivers indicated that they needed help finding a job.

Several respondents had attended adult education classes or received job preparation instruction since leaving school. For example, 60% received training in how to use a computer, 57% had instruction in reading, writing or math, 36% participated in vocational training, and 23% had taken the GED exam. Despite the instruction caregivers had received, 31% felt they needed help with reading skills, and 69% felt they needed job training.

As seen in Table 1, most caregivers had taken steps to obtain employment in the past. Approximately, three quarters had been on a job interview (78%) or received instruction in how to go about looking for a job (71%). Almost half of the respondents, had taken a test to determine what job they may be good at (48%), written a resume (46%) or answered an ad for a job (40%).

*Health Status and Substance Abuse.* Most respondents (77.6%) rated their health as “good” (57) or “excellent” (22%). Furthermore, the majority had no physical conditions to limit their ability to work (87%) or any illnesses to make participation in Head Start difficult (92%).

Self-reported substance abuse by primary caregivers was low. Approximately 12% admitted to any lifetime use of marijuana for one month or more, 17% stated that they had used alcohol to intoxication for a month or more, and 4% used cocaine for one or more months. Only one person had ever been treated for drug

Table 1

*Job-Seeking Experiences and Activities*

Question	Yes %	No %
Have you ever answered a newspaper ad for a job opening?	40.3	59.7
Have you ever written a letter applying for a job?	18.2	81.8
Have you ever written a resume?	45.5	54.5
Have you ever taken a test or answered question to find out what job you would be good at?	48.1	51.9
Have you ever gone for a job interview?	77.9	22.1
Have you ever gone to an employer to ask about a job that was not advertised?	46.8	53.2
Have you ever received instruction about how to go about looking for a job or applying for a job?	71.4	28.6
Have you ever been in a "work experience" or internship program?	32.5	67.5
Do you have a clear idea of the job you want?	68.8	31.2

or alcohol problems. About half (52%) of the caregivers reported that they currently smoked cigarettes.

*Emotional Health.* On the CES-D, the average score of the respondents was 14.07 ( $SD = 10.6$ , range 0–56). Twenty-nine percent of the respondents scored at a level consistent with high depressive symptoms. The statement with the highest mean rating was "I felt that everything I did was an effort" (1.76). The second highest rating was related to restless sleep patterns (1.11). Respondents were least likely to feel that their life was a failure (.33) or to experience crying spells (.38).

*Family Resources*

*Informal Social Support.* Analysis of the social support scale indicates that primary caregivers receive relatively little help from

their network with daily child care tasks and somewhat greater help with the emotional aspects of child rearing. As seen in Tables 2, primary caregivers are most often responsible for taking their Head Start child to the Center and for supervising bedtime routine. The child's father was the second person most likely to assume these responsibilities, but this occurred on a much less frequent basis. Other potential network members were rarely responsible for bedtime routine or taking the child to school. Although not included in Table 2, the results were similar for the frequency with which caregivers received help supervising morning routine, taking the child to the doctor or attending teacher's conferences.

The situation regarding support meeting the emotional needs of the child is somewhat different. As shown in Table 3, the father of the child and the maternal grandmother are much more involved in these aspects of childrearing. It is also interesting to note that other network members are also more likely to provide support in the form of comforting the child when his or her feelings are hurt than in any other area.

When amount of support the primary caregiver received was analyzed by age of caregiver and employment there were no differences. This means that the amount of support the caregiver received did not vary by the age of the caregiver or whether she had worked outside the home in the past year.

*Family Coping.* The analysis of the FCopes shows that the families in this sample are consistent with the norms for African American single parent families established by McCubbin and Thompson (1991). For instance, the normed mean reported for overall support was 101.15, and for our sample the mean was 102.03. This parallel was repeated for all the subscales of the FCopes.

We were interested in the dominant coping styles of the families as a measure of the coping resources a family may be able to marshal in the face of stress. In order to achieve a relative measure, each of the subscales was divided by the number of items in that subscale. The subscale with the highest mean was reframing (3.71), which refers to the family's ability to redefine stressful events in order to make them more manageable. The next highest coping style was seeking spiritual support (3.69), followed by

Table 2

*Primary Caregiver Social Support for Child Care Tasks*

Source of Support	Frequency of Support				
	Never %	1 or 2 times a week %	3 or 4 times a week %	5 or 6 times a week %	Every day %
<i>Supervise bedtime routine</i>					
Caregiver	1.4	4.2	2.8	7.0	84.5
Child's Father	63.4	19.7	1.4	1.4	14.1
Mat. Grandmother	65.2	18.8	7.2	1.4	7.2
Other Grandparent	85.5	10.1	1.4	1.4	1.4
Other Family	74.6	11.3	5.6	4.2	4.2
Friend/Partner	77.4	11.3	2.8	1.4	7.0
Source of Support	Frequency of Support				
	Never %	1 or 2 times a week %	3 times a week %	4 times a week %	Every day %
<i>Take child to school</i>					
Caregiver	5.6	4.2	9.9	7.0	73.2
Child's Father	64.8	22.5	4.2	1.4	7.0
Mat. Grandmother	72.5	20.3	4.3	1.4	1.4
Other Grandparent	89.8	7.2	1.4	1.4	0.0
Other Family	76.0	9.9	9.9	1.4	2.8
Friend/Partner	69.0	18.3	2.8	5.5	4.2

mobilizing the family to acquire and accept help (3.31), acquiring social support (2.94), and passive appraisal (2.79).

### Summary and Discussion

The results of this study indicate that Head Start primary caregivers receiving AFDC possess a number of personal and family resources which will assist them in obtaining employ-

Table 3

*Primary Caregiver Social Support for Child's Emotional Needs*

Source of Support	Frequency of Support				
	Never %	Less than half the time %	About half the time %	More than half the time %	All the time %
<i>Comfort child when feelings hurt</i>					
Child's Father	47.9	16.9	9.9	5.6	19.7
Mat. Grandmother	34.3	13.4	11.9	14.9	25.4
Other Grandparent	60.8	7.2	10.1	5.8	15.9
Other Family	50.7	12.7	16.9	7.0	12.7
Friend/Partner	50.7	18.3	15.5	5.6	9.9
<i>Set limits for child</i>					
Child's Father	54.9	11.3	5.6	9.9	18.3
Mat. Grandmother	43.3	17.1	14.3	17.1	7.1
Other Grandparent	71.7	11.9	6.0	7.5	3.0
Other Family	43.5	22.5	12.7	5.6	5.6
Friend/Partner	74.7	11.3	5.6	4.2	4.2

ment and coping with the dual roles of caregiver and worker. Among the personal resources available to the majority of caregivers were levels of literacy which were adequate to function in entry level jobs or education and training programs and good physical health. Furthermore, self-reported substance abuse was low and should not pose as a deterrent to entering the workforce or maintaining a job. The results with respect to family resources are mixed. While families possess a number of coping mechanisms, caregivers have little support from social network members for day-to-day child care activities.

Although the goal of welfare reform is to move AFDC recipients into employment, the majority of caregivers (87%) in this study had at least some work history and a third were currently looking for work. Furthermore, most had a clear idea of the kind of job they wanted and had taken steps in the past to obtain

employment. Despite the fact that 71% had taken instruction in how to find a job, 69% felt that they needed help finding a job. If welfare reform is to be successful it must address the issues which have made it difficult for women to secure and maintain employment in the past. Clearly, the majority of the women in this study have experienced some success obtaining employment or have made attempts to find a job. Future research should examine why these efforts have not led to longterm economic independence. The findings regarding education and literacy suggest that almost three quarters of caregivers possess the skills to master high school level work; however, only a little over a half had obtained a high school degree or earned a GED. Therefore, if reading level is an indicator of potential success in high school or post-high school training, most caregivers have the requisite skills to compete academically.

A concern raised by the findings is the fact that 29% of the women in this study had high depressive symptomatology. Based on the results of the Epidemiologic Catchment Area Study, the group at greatest risk for depression parallels our sample, impoverished, single women between the ages of 25 and 44 (Regier, et al, 1993). Radloff (1977) states that individuals with a high depressive score are at risk of depression or in need of treatment. How this factor will influence the ability of women to function in training programs or employment is unknown. Since welfare reform initiatives are likely to increase stress in the shortrun, women may be at risk for higher levels of depression. The extent to which women are able to improve their economic condition could potentially decrease levels of depression in the future. At least initially, it is important to mobilize formal and informal sources of support for women entering welfare reform programs.

In the domain of family resources, caregivers are largely responsible for the day-to-day child care tasks; however, they receive somewhat greater support for the emotional aspects of child rearing. If women are expected to enter the workforce on a full-time basis, they will require additional support from their informal network, especially in the area of accompanying children to and from school and to appointments.

Given the available data, it is not possible to assess the feasibility of increased support from network members. In the absence



of this support, the formal system could be structured to assist working parents. Since Head Start programs and public schools typically run on a schedule which is shorter than the usual work day and excludes weekends, there are at least a few hours before and after school and possibly weekends, for which alternative child care arrangements will be required. Community-based organizations such as churches, schools, and Head Start programs could expand the hours and days of their current child care programs to accommodate new working parents. This expansion could also provide employment opportunities for AFDC recipients who are entering the workforce.

The analysis of the family coping scale provides insight into the strengths which families can draw upon during periods of stress. The most dominant coping style of this sample of families was reframing or redefining the problem so that it was manageable. In examining the statements which comprise this subscale, it is apparent that this coping mechanism would be helpful to impoverished, urban families who are subject to unpredictable crises. For instance, such statements as "accepting stressful events as a fact of life" and "accepting that difficulties occur" are included in this subscale.

The second most common coping style was seeking spiritual support, which is consistent with the literature regarding African American families (Boyd-Franklin, 1989). It is interesting to note that acquiring social support was ranked low, suggesting that women may find it difficult to mobilize their informal network to provide support. Therefore, the recommendation regarding formal family support services takes on greater importance. Finally, families engaged least frequently in passive coping approaches such as avoidance. This attests to the ability of families to deal in more proactive ways with stressful life events.

The data indicate that the barriers to economic independence among primary caregivers of Head Start children are not related to substance abuse, health problems, deficits in literacy, or a lack of interest in work. However, most caregivers do not have adequate training or education to prepare them to compete in the job market, nor do they feel equipped to find a job on their own. This research does not assess the structural barriers women may encounter such as a lack of jobs in their community, a dearth of

entry level positions, and institutional racism and discrimination against women, especially single women with children. Future research should document the barriers women experience as welfare reform is implemented so that strategies can be developed to address these issues.

The findings of this study are not generalizable to all AFDC recipients. Head Start is a voluntary program which requires parental involvement and therefore represents a select group which has the motivation to pursue enrollment of their children and sustain the necessary involvement. Factors such as substance abuse, education, and lack of prior job experience may pose even greater barriers among the general population of AFDC recipients. Nonetheless, the findings have policy and program implications for Head Start and other early childhood programs. Since Head Start programs are neighborhood based and require parental involvement, this may be a convenient and efficient location to offer education and employment training programs for parents. Many Head Start programs are moving in this direction already with expanded case management services. Head Start programs could also act as a hub for parent networking activities thereby enhancing social support. For instance, parents could establish child care cooperatives, exchanging babysitting services or rotating assistance taking children to and from school. In light of the federal reductions in social spending, such options may prove to be essential to the survival of poor families.

This research calls into question the efficacy of current welfare reform initiatives. Policies which fail to recognize that lack of education, job skills, and support for child care are the primary personal barriers to employment for poor women, will either fail or be implemented at tremendous personal cost to women and their children. States faced with the responsibility of implementing welfare reform will need data such as those presented here to develop programs which are effective and humane.

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