Social Support's Contribution to Reduced Welfare Dependency: Program Outcomes of Long Term Welfare Recipients

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Long term welfare recipients participated in a state job training and welfare reform demonstration which provided education, job training, and supportive services via intensive case management. Social support research has focused on stress and physical and psychological health outcomes not welfare job training and education outcomes. Job training and welfare to work policies and programs have not emphasized providing social supports but the supportive services of transportation and child care. Program outcomes at follow-up included: education and job training certificates, including GEDs with some still studying; jobs; and a 50% reduction in welfare receipt. Results of hierarchical regression analysis suggest a participant's social support made a significant and meaningful contribution to reduced welfare dependency for "hard to serve" long term welfare recipients. Social support was more important than the length of time receiving welfare. Implications for social support theory, welfare to work policy and programs, job training, evaluation, and case management are discussed.

Following the passage of the Family Support Act of 1988, the state funded an education and job training reform demonstration for long term welfare recipients to the agencies responsible for the Job Opportunities and Basic Skills program (JOBS) and the Job Training Partnership Act (JTPA). This study examined the relationship of social support to program outcomes related to reduced welfare dependency for long term recipients of Aid to Families of Dependent Children (AFDC), defined as receiving continuous cash assistance for two years or more.

Women and Poverty.   The "feminization of poverty" (Okagaki, 1989; Abramovitz, 1988) is no myth. The number and percentage

of women and children in poverty has increased (Evanson, 1988), with single female parents becoming the largest poverty group in America with over 40% of all female-headed households with children living in poverty (Evanston, 1988; Okagaki, 1989). By the time of follow-up, 46% were in poverty (U.S. Department of Commerce, 1995), with over 50% of families headed by black and Hispanic women subsisting below the poverty line compared to 27% for white female heads of households (Okagaki, 1989). Children were an increasing proportion of those in poverty (Evanston, 1988; Catanzarite & Ortiz, 1996). For the most part, those in poverty are women who have become single parents and poor as a consequence of separation, divorce, and/or children born out of wedlock (National Commission on Children, 1991). As single parents they often lack the resources to overcome their deficits and barriers to employment and require supportive services and special efforts of assistance (Boruch, R. F., Dennis, M., & Carter-Greer, K., 1988).

The U.S. Department of Labor (Johnston & Packer, 1987) estimated by the year 2000 more than 80% of new labor force entrants will be women and minorities, with 50% of jobs requiring education and/or technical training beyond high school. Concerns about government budget deficits, the American family's economic well-being, and the changing views of society about women's role influenced the shift in the expectation that even mothers with young children should be employed. This shift placed additional pressure on the welfare system for able-bodied mothers to be employed. The welfare reforms of the Family Support Act's JOBS Program emphasized providing education and job training with supportive services of child care and transportation for recipients able to work.

Local Context.   At the time of passage of the Family Support Act of 1988 and the implementation of this state demonstration, an economic recession was beginning with the number of people receiving AFDC continuing to grow along with state budget deficit concerns. AFDC provided assistance for about 140,000 persons of 56,500 families in the state at a cost of $15 million a month. An average assistance unit included one parent and two children who received $291 a month in cash, $260 in Food Stamps,

and health care through Medicaid. The Department of Social Services (DSS) reported 50% of recipients received payments for two years or more and 15% for eight years or more (accounting for 50% of benefits). The data stirred interest in reducing the number of long term AFDC dependent families and targeted them for the demonstration.

Program Description.   State policy makers adopted a human capital investment model in place of the labor force attachment approach with job search and quick placements. The program's emphasis was on education and training and meeting the needs of long term AFDC recipients with substantial barriers to employment (Shomaker & Sansone, 1990). The comprehensive range of services included: assessment, education, occupational skills training, employability development, and supportive services delivered via intensive case management. The premise was education and occupational training would make participants more employable, increase employment, and reduce welfare dependency. Supportive services would reduce barriers to participation and improve success. Some participants had barriers (child care and transportation) that required tangible aid (Cottingham, 1991; Ross-Larson, 1990). Other participants had personal and/or social barriers (lacked motivation, self esteem, encouragement, support, and a favorable attitude), requiring more socioemotional support services provided through intensive case management (GETD, 1988; Moxley, 1989; Shomaker & Sansone, 1990). The program was proposed for two fiscal years, July 1, 1988 to June 30, 1990; however, state start up delays limited actual program operation to about 18 months (Shomaker & Sansone, 1990).

Social support, welfare and work.   Persons in poverty who seek social services bring with them a host of characteristics representing past failures and/or negative memberships (Falck, 1988). Those in poverty experience difficulty and stress (Belle, 1983; Falck, 1988) in seeking relief through income maintenance and related social services. An employment and training program and the opportunities offered to welfare mothers also introduced stress and change. Participants brought to the program characteristics internal to themselves, dispositional factors, and those external to themselves, environmental or ecological factors (Maguire, 1983;

Sansone, 1993). These factors may be considerable and consist of perceived as well as real barriers to successful program participation and completion (Sansone, 1993).

The emphasis of job training and welfare reform programs has not been the provision of social support but removal of barriers to participation (Boruch et al., 1988; Cottingham, 1991; Gueron, 1997; Riccio & Orenstein, 1996) by providing tangible aid via the supportive services of transportation and child care. However, social support has been extensively studied (Shumaker & Brownell, 1984) with associations having been drawn between social support and numerous health and mental health outcomes (Cohen & Syme, 1985; Cohen & Wills, 1985; Gottleib, 1983), particularly stress. Social support (Cohen & Wills, 1985) has been conceptualized as having a buffering or direct effect on stress and physical and psychological outcomes.

Caplan (as cited in Gottleib, 1983) suggested social support systems contain supportive others who provide individuals with information and cognitive guidance, tangible resources and aid, and emotional sustenance. Cobb (as cited in Shumaker & Brownell, 1984) added the importance of the person believing she is cared for and loved, esteemed and valued. Building on those definitions, Thoits (1982) viewed social support as interactions which meet basic social needs either through socioemotional or instrumental aid. Cohen and Syme (1985) defined social support as psychological or material resources provided by others. Fiore, Becker, and Coppel (1983) suggested the perceived availability, adequacy and quality of social support is more important than the actual quantity of social support, and may explain more about effective coping than the actual frequency of support. Important to the exchange is the social support should match or fit the need of the person, also known as the stressor-support-specificity model (Cohen & Wills, 1985; Gottleib, 1983; Vaux, 1985; Kahn, 1978). Generally, social support is assumed to function in a stressor-specific way (Cohen & Wills, 1985; Sarason & Sarason, 1985), being effective in reducing negative influences of stressors when there is congruence between stressors and support resources.

Social support is viewed in subjective or objective terms. Subjective or perceived social support is interpreted as a cognitive appraisal process, and objective social support as pertaining to

actual interpersonal transactions, while some see social support as both (Gottleib, 1983). Social ties (Granovetter, 1973; Specht, 1986; Thoits, 1982) may not only improve a person's well-being, but may enhance people's immunity to physical and psychological illness, help in problem-solving, coping, and moving through a transition, and improve chances for positive outcomes. Few studies have explicitly measured the relationship of social support with non-health related outcomes, such as jobs and education and training (Hilbert & Allen, 1985; Sansone, 1993).

This study's question emerged out of interviews of program staff and participants conducted for an evaluation report to the legislature at program end (Shomaker & Sansone, 1990). Those interviews suggested a special relationship between participants and staff and the influence of social support, not explicitly addressed in the evaluation, and the need for further study. The current study's question was addressed as part of the follow-up evaluation two years later in 1992. Does a participant's perceived social support contribute to program success and reduced welfare dependency for long term welfare recipients?

Method

Sample. There were 104 long term welfare recipients who participated in the program, with 91 (87.5%) successfully contacted at follow-up two years after the program ended. The purposive sample was made up of long term welfare recipients, defined as receiving continuous cash assistance for two years or more before intake. For the sample, the length of time receiving AFDC (Table 1) ranged from 2 to 20 years (M = 9.59, Mdn = 6). AFDC grant amounts ranged from $131 to $435 per month (M = $289) and 95% received food stamps (M = $186). Participants ranged in age from 18 to 59 years (M = 30.82; Mdn = 30), 59% were African-American and 41% white, had 1 to 6 dependent children (M = 2.33; Mdn = 2.0), and 38% of the parents had a child under 6 years. Of the sample, 21% had completed high school, 79% were school dropouts, grades completed ranged from 4 to 14 (M = 9.92), and 29% were assessed as reading below seventh grade, and 65% reported one or more jobs prior to the program, and two barriers (M = 1.97). The means of the characteristics of study

participants and nonrespondents were compared and did not differ significantly.

Procedure. This study employed a multiple methods research design (Miller, 1991). Data were collected through agency pre and post program forms at intake (1988) and at program end two years later (1990), with a standard social support measurement scale and structured interviews administered at follow-up four years after intake (1992). Respondents completed the interview and an informed consent form in about 20–30 minutes, and were offered a gift for participating.

The General Population form of the Interpersonal Support Evaluation List (ISEL; Cohen, Mermelstein, Kamarck, & Hoberman, 1985) was used to measure social support, the independent variable. The ISEL consists of 40 statements on an individual's overall social support, defined as the perceived availability of social resources, with 10 items for each subscale representing the four support functions: appraisal support (perceived availability of someone to talk to about problems); belonging support (availability of others to do things with); self esteem support (availability of a positive comparison of self to others); and tangible support or instrumental aid. Cohen et al.(1985) report adequate validity and reliability of the ISEL.

Two hierarchical multiple regression models were developed to analyze the relationship of the indicator variables with success. Success was defined as reduced welfare dependency outcomes, such as a job, education and job training completions, a GED, and no AFDC or a reduced amount. Indicator variables were entered into each model based on theoretical considerations and a logical chronology (Tabachnick & Fidell, 1983) from pre through post program as follows: first, participant characteristics, such as age, race, and highest school grade completed; second, the number of jobs held prior to the program, the length of time receiving AFDC, and the number of barriers to participation; and third, overall social support in Model 1 and the four types of social support in Model 2.

According to Tabachnick and Fidell (1983), the goal of research using regression is to enhance the knowledge about the relationship of an outcome variable (success) with a set of independent or

indicator variables. The advantages of multiple regression are in its ability to treat continuous and dichotomous variables alike and allow more than one indicator variable to be analyzed, whether correlated or uncorrelated (Pedhazur, 1982). A limited number of characteristics should be entered into a regression model (Craft, 1990; Tabachnick & Fidell, 1983; Pedhazur, 1982), because the size of R^2 has been shown to be most influenced by sample size and the number of indicator variables. A ratio of 10 subjects or more for each indicator is advised (Craft, 1990).

Findings

Participant outcomes representing program success and re- duced welfare dependency were reported at follow-up two years after program end (Sansone, 1993; Shomaker & Sansone, 1990),as follows: 31% (28) had received a GED, with 8 still attending, and 50% had a high school degree or more; 34% (31) were working at follow-up, with 75% (68) having worked sometime between program end and follow-up; 50% of the sample were not receiving AFDC, with the mean amount of cash assistance reduced from $289 to $138 a month; and 22% were not receiving food stamps.

At intake the total AFDC amount received by the sample was $26,276 a month or $315,312 annually; however, by follow-up the total amount was 52% less at $12,597 monthly and $151,164 annually, a reduction of $164,148 a year. Program services were provided at a cost of $365,000, at an average cost of $3510 a par- ticipant (Shomaker & Sansone, 1990). Data reflected participants continued to work on goals. A woman employed as a nurses aide (CNA) said,"I was tired of AFDC but thank God for it, but . . . want to be independent; . . . I plan to get a nurse's license; though I did not pass the GED test . . . , I plan to reach that goal." A woman who received AFDC for 6 years and got her GED was working at an ad agency, but planned to continue the computer training she got in the program.

Pearson correlations were computed for variables believed to influence program outcomes. From the bivariate relationships, a limited number of variables were selected for the model. Four outcome measures of program completions through the time of follow-up were analyzed, including: education and job training

(certificates, GEDs, or degrees), working, and AFDC status; and found to be intercorrelated and measuring similarly. A composite variable success was constructed for participant completions scored from 0–3 to represent program outcomes leading to reduced welfare dependency. The composite variable success was analyzed in relation to the four derived outcomes and yielded significant correlations ($r = .62, .70, .47$, and $.79, p = <.01$).

Table 1 presents the means, standard deviations, and variable definitions. Success was defined as program outcomes leading to reduced welfare dependency. Table 2 presents the correlation matrix of variables in the analysis and used in the hierarchical regression models.

Correlations with social support and success. The analysis (Table 2) indicates participants who perceived a higher level of overall social support resources were associated with having more success outcomes or reduced welfare dependency, holding more jobs prior to the program, and having less participant barriers at intake. The length of time receiving AFDC had a significant negative correlation with success, indicating those who received AFDC for less time had more success outcomes and less welfare dependency. A participant who got her Nurses Aide certificate (CNA) said "I passed CNA training with flying colors, but I didn't get the GED; that was the main thing I wanted; I had to quit my job because I couldn't find someone to care for my (disabled) son."

Of the four support functions (Table 2), those who perceived more available belonging support and self esteem support had more successful outcomes that contributed to reduced welfare dependency. Participants having jobs prior to the program reported more belonging support, self esteem support, and tangible support or aid, suggesting those who had pre program work experience perceived more available support resources. As with overall support, those reporting less appraisal support, belonging support, self esteem support, and tangible support have more barriers to participation and program success. Race or being black had a significant correlation with less appraisal support (someone to talk to about problems), and those participants with more completed school grades at intake reported more appraisal support. One participant revealed, "my computer teacher was someone

Table 1

Regression Model: Means, Standard Deviations, and Definitions of Indicator Variables, Social Support, and Success Outcome

Variable	Mean	SD	Label Definition
Success	1.30	.99	Reduced Welfare Dependency— outcomes of education, training, a job and no/or less AFDC
Age	30.82	8.12	Participant Age @ Intake
Race	.59	.49	Race (W = 0, B = 1)
Grade	9.92	1.80	Highest school grade completed @ Intake
Prior job	1.37	1.40	Number of jobs held prior to program
Time AFDC	9.59	4.92	Length of time participant received AFDC assistance in years
Barriers	1.97	1.20	Number of Barriers to participation
Social Support$_a$	30.58	6.86	Overall Social Support from ISEL, perceives support resources available
Appraisal Support$_b$	7.43	1.84	Someone to talk to about problems, measured by ISEL
Belonging Support$_b$	7.55	2.29	Having someone to do things with, measured by ISEL
Self Esteem Support$_b$	7.57	1.88	Availability of a positive comparison of self to others, measured by ISEL
Tangible Support$_b$	8.011	2.345	Instrumental aid perceived as available, measured by ISEL

Notes: $_a$ Regression Model 1 includes overall social support and preceding variables (Table 3)
$_b$ Regression Model 2 includes 4 types of social support and preceding variables except overall social support (Table 4)
N = 91 except for prior job (N = 85)

Table 2

Correlation Matrix of Variables Used in Hierarchical Regression Analysis Models 1 and 2

Variable	1 SUCC	2 AGE	3 RACE	4 GRADE	5 PRIOR	6 BARR
1. SUCCESS	—	-.010	-.046	.112	.178	-.010
2. AGE		—	-.215*	-.118	-.036	-.161
3. RACE			—	-.011	-.076	.052
4. GRADE LEVEL				—	.099	-.145
5. PRIOR JOBS					—	-.002
6. BARRIERS						—
7. TIME RECEIVED AFDC						
8. OVERALL SOCIAL SUPPORT						
9. APPRAISAL SUPPORT						
10. BELONGING SUPPORT						
11. SELF ESTEEM SUPPORT						
12. TANGIBLE SUPPORT						

Table 2
Continued

Variable	7 TIME	8 SUPP	9 APPRAIS	10 BELONG	11 ESTEEM	12 TANG
1. SUCCESS	-.229*	.266**	.173	.240*	.318***	.170
2. AGE	.384***	-.100	-.086	-.060	-.162	-.037
3. RACE	.223*	-.097	-.185*	-.134	.073	-.073
4. GRADE LEVEL	-.259**	.146	.191*	-.142	.108	.061
5. PRIOR JOBS	-.296**	.261**	.160	.194*	.227*	.268**
6. BARRIERS	-.033	-.323***	-.231*	-.334***	-.238*	-.257**
7. TIME RECEIVED AFDC	—	-.133	-.162	-.142	-.144	-.013
8. OVERALL SOCIAL SUPPORT		—	.793***	.857***	.811***	.807***
9. APPRAISAL SUPPORT			—	.588***	.545***	.532***
10. BELONGING SUPPORT				—	.660***	.544***
11. SELF ESTEEM SUPPORT					—	.502***
12. TANGIBLE SUPPORT						—

Notes: N = 91 for variables in analysis except PRIOR JOBS (N = 85)
*p < .05, **p < .01, ***p < .001 (one tailed)

who encouraged me, saw the positives in me, and I could talk to her about my problems." Another participant said, "I still think of my nursing teacher who counseled me; she respected students as adults and helped, not like some other teachers who didn't seem to care."

Correlations of participant characteristics. Age had a significant negative correlation with race and a positive correlation with length of time receiving AFDC, indicating for this sample black women were younger, and older women had received AFDC assistance longer. In addition, those who received AFDC longer were more likely to be black, have less formal education, less employment experience, and considered to be harder to serve, and less prepared for employment or "job ready." A participant still attending computer classes at the community college, reported circumstances similar to others. "Before (program and this apartment) I lived in a house with no indoor plumbing and a wood cookstove, no car and 15 miles from town, no money and very little food in the house, and very little self esteem, . . . I felt hopeless. My case manager always kept in touch . . . ; staff were willing to stand by me, without them I'd dropped out of the program; . . . not a lot of friends . . . family was little support; my math teacher encouraged me and helped a lot." Many noted the GED program needed to be longer for them.

By program end, there was a recession which severely limited job opportunities, even for women with new skills. Although the goal of the program was to train for and get better paying non-traditional jobs for women, few achieved that goal. Of the 34% who were employed, most jobs reported were considered traditional for women, including: hotel/motel housekeepers, school and hospital custodians, certified nurses aides, child care workers, and clerks. A woman employed as a hospital custodial worker and who had received her GED and was trained and briefly employed as a milling machine operator, expressed with dismay, "no woman is going to get a decent job in this area while men are being laid off."

Hierarchical regression analysis of success, participant characteristics, and social support. Two blockwise or hierarchical regression models were developed to further examine the relationship of

social support and participant characteristics with the success outcome, as follows: Model 1 with participant characteristics and the overall social support score (Table 3), and Model 2 with the same participant characteristics and the four types of social support (Table 4). The results of the block entries for participant characteristics for Models 1 and 2 were as follows: age, race, grade completed (Block 1), prior jobs, barriers to success, and length of time receiving welfare (Block 2), and the four types of social support (Model 2, Table 4, Blocks 3 and 4), were all found not significant.

Model 1: Overall Social Support. An analysis of the Beta weights in the block summary indicated overall social support made a significant and meaningful contribution to attaining program success and reduced welfare dependency, Beta = .27, t(85) = 2.25, p = .027. The length of time receiving welfare being less ($b = -.24$) was relatively important and approached significance in relation to program success, with other indicators not significant. Model 1 explained 13.2 % of the variance in participant success or re-duced welfare dependency, with social support explaining 5.7%,

Table 3

Model 1: Hierarchical Regression of Indicator Variables, Overall Social Support, and Success Outcome

Step	Variables	R^2	R^2 Chg.	Beta	t
Block 1					
	1 GRADE ATTAINED		.04	.344	
	2 RACE		.06	.534	
	3 AGE	.015	.015	.14	1.13
Block 2					
	4 PRIOR JOBS		.04	.381	
	5 BARRIERS		.09	.804	
	6 TIME REC'D AFDC	.075	.061	−.24	−1.80
Block 3					
	7 SOCIAL SUPPORT	.132	.057	.27	2.25*

Note: *p < .05

Table 4

Model 2: Hierarchical Regression of Indicator Variables, Four Social Support Types, and Success Outcome

Step	Variables	R^2	R^2 Chg.	Beta	t
Block 1					
	1 GRADE ATTAINED			.05	.458
	2 RACE			.01	.097
	3 AGE	.015	.015	.15	1.17
Block 2					
	4 PRIOR JOBS			.035	.298
	5 BARRIERS			.099	.843
	6 TIME REC'D AFDC	.075	.061	−.22	−1.65
Block 3					
	7 TANGIBLE SUPPORT	.099	.024	.04	.264
Block 4					
	8 SELF ESTEEM SUPPORT			.29	1.88
	9 APPRAISAL SUPPORT			−.05	−.364
	10 BELONGING SUPPORT	.163	.065	.056	.348

a meaningful contribution. As noted by Pedhazur (1982), for the purposes of policy and practice, the criterion for the increment of R^2 should be meaningfulness not solely statistical significance.

The relative importance of any two indicator variables to a criterion variable can be determined by analyzing the betas and calculating the ratio of the squares of the respective betas (Craft, 1990). In Model 1, the ratio for the significant beta of overall social support indicated social support was most important and accounted for 1.27 times the variance in reduced dependency or success in comparison to the next important indicator, less time receiving welfare. The relative importance of social support compared with a participant's age accounted for 3.72 times the variance in success. Time receiving AFDC was compared with

age and yielded a ratio almost three times (2.94) the variance attributed to age. This analysis also indicates overall social support was most important, followed by length of time receiving welfare, and less closely by age.

Model 2, four types of social support. Table 4 presents results for the entries of participant characteristics, tangible support, and the three socioemotional supports, appraisal, belonging, and self esteem, all not significant. An analysis of the Beta weights in the block summary revealed self esteem support approached significance.

An assessment of the relative importance of the standardized beta coefficients in accounting for the variance in success or reduced dependency indicated self esteem support ($b = .29$) was almost twice as important (1.91) as less time receiving welfare ($b = -.24$), which in turn accounted for almost twice the variance (1.82) explained by age. The analysis was used to assess the relative importance of self esteem support in comparison to the three other support functions. The results of the ratio analysis indicated self esteem support was 26.8 times more important than belonging support ($b = .056$), 33.6 times more important than appraisal support ($b = -.05$), and 52.6 times more important than tangible support ($b = .04$) in accounting for the variance in success or reduced dependency. Although a necessary precondition, tangible support and time on welfare have been the focus of welfare reform not providing the socioemotional support which accounted for more reduced dependency.

Model 2 with the four social support types was considered an improvement over the first model with an R^2 increment of .024 for tangible and .065 for the socioemotional support functions. Model 2 increased the variance explained by the four support functions to 8.9% and the total R^2 to 16.3%, compared to Model 1 with 5.7% explained by overall social support and a total R^2 of 13.2%. Model 2 also illuminated the important role of the socioemotional function of self esteem support compared to tangible support. Social support, especially the socio-emotional function of self esteem, made a meaningful contribution to reduced welfare dependency. Further research is needed of social support and factors influencing success for long term welfare recipients.

Limitations. The purposive sample of long term welfare recipients were selected by workers from their caseloads. Random selection and withholding services in order to randomly assign were not political or ethically feasible options with state and local administrators, and are design threats (Campbell & Stanley, 1963). Findings are limited to this long term welfare sample. More successful outcomes may have resulted if not for start up delays limiting program services to 15–18 months.

Despite limitations, the research was important to do because, first, social support had not been studied with participants of job training and welfare reform. Although mentioned and implied as a factor in discussion sections of welfare to work studies, social support was neither part of the program design and evaluation nor explicitly measured in relation to outcomes. Second, welfare reform's emphasis has been on the supportive services of transportation and child care, with case managers as brokers of limited services to large caseloads, not as a social support source. Third, social support theory and research needed to be expanded to program outcomes other than health. Fourth, this researcher felt compelled to follow-up on earlier interviews of long term welfare women who revealed to me their stories and the importance of their special relationships with program staff in providing the social support they needed to go on. And last, the potential to contribute to policy and program designs for long term welfare women with minimal resources and little social support. Hard to serve recipients will soon reach time limits under the latest reforms.

Discussion

This research has introduced a different application of social support theory by examining its contribution to program outcomes indicative of reduced welfare dependency. Social support theory and research has emphasized health and psychological outcomes, such as reduced mortality and depression. This study's findings suggest a participant's social support resources made a significant and meaningful contribution to the attainment of reduced welfare dependency outcomes. The four social support functions, appraisal support (someone to talk to about problems), belonging support (others to do something with), self esteem

support (availability of a positive comparison of self to others), and tangible support (someone to help, e.g., with rides) explained more of the variance in reduced welfare dependency. Self esteem support made a meaningful contribution to explaining program success and was relatively much more important than other support functions and participant characteristics in explaining reduced welfare dependency. Participants often commented during follow-up interviews the importance of case managers, staff, and teachers being encouraging and helpful in building motivation and confidence.

Research on social support (Cohen & Syme, 1985; Cohen & Wills, 1985) has focused on its main or buffering effects on stress, and in relation to physical and psychological health outcomes rather than program outcomes for welfare recipients. As noted by Belle (1983), women heads of households in transition from welfare to work and living in poverty were presumed to be dealing with more stress and extensive barriers. Findings reported here indicate tangible support or the neccessary supportive resources were perceived as available by participants. Participants generally noted they were helped with transportation and child care; however, some had difficulties. One mother said "I had to quit my job because I couldn't find someone to be there with the kids after school." With the necessary condition of providing tangible supportive services (child care and transportation), the socioemotional functions of social support, especially self esteem support (having a positive comparison of self to others), became the critical difference in helping this sample of long term welfare recipients attain program outcomes leading to reduced welfare dependency and greater self-sufficiency.

Current welfare policy at the state and national levels limits welfare assistance to two years to prevent welfare from 'causing' dependency. Although the human investment model has been shown to be effective, the debate continues on whether education and job training should be provided, how much, and how long should recipients take to become self sufficient. This study revealed social support resources were more important than the length of time receiving welfare in accounting for reduced dependency. Although results also indicated participants who received AFDC assistance for less time were more likely to attain program

success outcomes when accompanied by social support resources. participants also indicated: "I needed more time to get my GED; I enrolled to get off welfare. . . . I want a job that pays more and keeps me off." Data also indicated that after the program ended participants continued to make gains and had goals to continue to seek the GED and other improvements. "My goal is to get my GED; . . . I want to show my kids; if I can do it they can too."

Policies limiting time to two years which emphasize labor force attachment over human capital investment services are unrealistic for the "hard to serve" participant with more barriers and less education, job skills, and work experience. Programs need to take into account that persons previously unsuccessful with education and employment and not job ready are harder to serve. Hard to serve participants of welfare to work programs will require job training be bridged by relationships with staff and case managers which provide social support resources leading to increased self sufficiency. The emphasis on time limits undermines the goals of reducing dependency and adequate preparation for employment for long term welfare recipients.

Typically, evaluation studies of welfare to work and job training programs (Boruch et al., 1988; Gueron, 1995, 1997; Riccio & Orenstein, 1996) have examined many of the factors included here, with larger samples and random assignment, but without an explicit measure of social support in relation to outcomes. Prior research (Gueron, 1995, 1997; Riccio & Orenstein, 1996) has reported the long term benefits of the human capital investment model with education and job training, over the labor force attachment model with quick placement in low paying jobs that keep women in poverty. This study suggests social support theory was one of the missing ingredients in "the black box" of welfare to work program theory and designs (Riccio & Orenstein, 1996). Social support needs to become an integral part of job training and welfare to work programs and their evaluations.

Social support implies a relationship. Fundamental to social work practice is the very relationship we establish with another (Falck, 1988) whom we may call "client" within the context of need that influences what happens next. It is in being human in the practice of social work we assist an individual to traverse the barriers to personal and community resources and self-sufficiency.

Within the context of the conflicting policies of welfare programs and services, staff must meet and make contact with persons in need of assistance and aid them in attaining program outcomes (Sansone, 1993).

Findings suggest it is important for case managers and program staff to deliver services within relationships perceived by long term welfare recipients as socially supportive. Although some view the case manager's role and function as a way to coordinate, manage, and limit services and costs, research (Maguire, 1983; Moxley, 1989; Specht, 1986; Weaver & Hasenfeld, 1997) indicates the need for emphasis on the participant relationship within the traditional comprehensive social work role of case management. Staff must facilitate the development and maintenance of clients' social support networks as potential resources. This includes becoming a member of a participant's social support network and a resource (Falck, 1988; Moxley, 1989; Specht, 1986).

Although this study's purpose was not to determine whether the sources of social support were informal or formal, participant interviews revealed some had special supportive relationships with program staff. Participants declared their job skills teacher, GED teacher, and, more often, case manager "was the only one who believed in me", "encouraged me to get my GED", "was someone I could talk to about my problems", or "was my best friend." Other studies (Brownell & Shumaker, 1984; Cohen & Wills, 1985; Fiore et al., 1983; Vaux, 1985) have reported the importance of having a confidant or intimate for support. Further research is needed to address the sources of social support and the support networks of women who are long term recipients of welfare in transition to work. What are the roles and contributions of providers of formal support (paid staff and professionals) and informal support (family and friends) in regard to participation and success in welfare reform programs of long term recipients?

This study's examination of social support theory and its contribution to "the black box" of a welfare reform program will hopefully broaden the research on social support beyond psychological and health outcomes. Policy makers, program planners, administrators, and staff of welfare to work and job training programs need to be aware of the importance of formally including

the provision of social support resources with the other support-ive services intended to reduce barriers to successful program participation and reduced dependency.

Welfare reform and job training programs, through their case managers, social workers, job trainers, and teachers, first need to engage the participant in a relationship which allows for the exchange and provision of social support in order to improve the attainment of "bottom line" program results and reduced welfare dependency. For program staff to be able to provide social support to participants, the following recommendations are offered: caseloads need to be of reasonable size, social support training needs to be provided and be integral part of case management training, and administrators need to set formal expectations for all staff to attitudinally and behaviorally integrate social support into their role responsibilities and their relationships with participants in the delivery of program services.

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