THE BARRIERS TO ECONOMIC SELF-RELIANCE: AN ETHNOGRAPHIC STUDY OF LOW-INCOME SINGLE MOTHERS IN PRINCE GEORGE’S COUNTY MARYLAND

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

By

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ABSTRACT

This study documents the economic insecurity and material hardship experienced by low-income African American single mothers and examines how single mothers’ and social welfare service providers’ perceptions differ with respect to the barriers hindering economic self-reliance. Research demonstrates that these women confront significant challenges in transitioning from welfare to positions of self-reliance. Participant observation, unstructured and semi-structured interviews with women from transitional housing programs (THP) and a homeless shelter elicited data on: household economics, material hardship, and perceived barriers to overcoming poverty. Interviews with personnel from community based organizations and government agencies provided data on services in the community and revealed the barriers service providers perceived as impeding low-income single-mothers’ economic self-reliance.

Approximately 78% of women in the THPs demonstrated medium to high levels of social welfare subsidy dependence and 33% accrued additional financial debt. Three themes emerge from women’s experience with economic insecurity and material hardship: eligibility requirements for the receipt of social welfare benefits and the amount of financial assistance provided to low-income households are too low to aid families in need of support, social welfare programs do not meet the needs of
low-income single mothers’ households, and THP and shelter programs do not adequately equip women to become self-reliant. Providers and women also perceived multiple interrelated institutional and societal barriers to self-reliance. However, they articulated and explained these barriers differently because of their experiences and positions in society. Providers cited distal and underlying barriers to self-reliance, while women identified proximate and immediate barriers. Even though women in the two samples perceived and experienced similar barriers, differences in frequency of report, ranking, and saliency scores indicated particular barriers impacted women’s households and women’s potential for economic self-reliance differently. Perspectives from individuals on both sides of welfare reform demonstrate how the knowledge of what prevents women from achieving economic self-reliance differs and provides the basis for a renewed discourse on the effectiveness of policies and programs in lifting families out of poverty.
Dedicated to the single mothers who shared their time and their life stories with me.
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It is at times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who lighted the flame with in us – Albert Schweizeter

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<td>Aid to Families with Dependent Children</td>
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<td>JOBS</td>
<td>Job Opportunities and Basic Skills Training Program</td>
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<tr>
<td>MCC</td>
<td>Maryland Committee for Children</td>
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<tr>
<td>MEAP</td>
<td>Maryland Energy Assistance Program</td>
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<td>POC</td>
<td>Prince George’s County Purchase of Care Program</td>
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<tr>
<td>PRWORA</td>
<td>Personal Responsibility and Work Opportunity Reconciliation Act</td>
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<tr>
<td>SCHIP</td>
<td>State’s Children’s Health Insurance Plan</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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<tr>
<td>TANF</td>
<td>Temporary Assistance for Needy Families</td>
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<td>TCA</td>
<td>Temporary Cash Assistance</td>
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<tr>
<td>THP</td>
<td>Transitional Housing Program</td>
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<tr>
<td>WIC</td>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children</td>
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CHAPTER 1
INTRODUCTION

1.1 Welfare Reform

In 1996, President Clinton signed into law the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) overhauling the welfare system at the federal and state level. Welfare reform was designed to: promote responsible parenting by biological fathers and mothers, decrease the rate of out-of-wedlock-childbearing, reduce the prevalence of economic dependency on federal and state public assistance programs, and promote economic self-sufficiency by encouraging individuals to secure employment (PRWORA, Title I Sec. 101[3]). With these objectives, the Temporary Assistance for Needy Families program (TANF) replaced the Aid to Families with Dependent Children program (AFDC). Unlike previous public assistance programs, PRWORA financed the TANF program through federal block grants administered to each state. In return, state agencies were obligated to reduce their welfare caseloads and meet new federally mandated policies and regulations. The new guidelines of PRWORA allowed states flexibility in administering the TANF program but required life-time limits for welfare benefits, redefined employment, required an increase in work participation enrollments for welfare clients, and implemented family exclusion policies.
Life-time term limits stipulate individuals may receive assistance for a maximum of five years, but are prohibited from receiving assistance for longer than 24 consecutive months. Welfare recipients must also participate in an employment readiness program or seek employment within the first two years of receiving assistance. Only in extreme hardship circumstances (e.g., domestic violence) can an individual or family exceed these limits. According to federal guidelines, less than 20% of a state’s total caseload may fall into the hardship category. Due to the administrative flexibility granted by PWRORA, some state designed TANF programs require welfare recipients to obtain employment far in advance of the two-year deadline or risk termination of all public assistance benefits.

At the initiation of welfare reform, state agencies were required to have a minimum 50% of welfare recipients participating in work related activities for at least 20 hours a week (Schott et al. 1999). As a state’s welfare caseloads decreased, a state could decrease the work participation rate of current clients by the percentage decline of caseloads since 1995. Several states experienced rapid declines in welfare caseloads and work participation rates of current public assistance clients also declined. With low work participation rates and fewer recipients employed, policy makers were concerned about welfare clients’ motivation to leave public assistance and become economically self-reliant. With the reauthorization of the TANF program by the Deficit Reduction Act of 2005, work participation rates were recalculated to reflect a state’s welfare caseload reduction since 2005 (U.S. Department of Health and Human Services [DHHS] n.d., 2002, 2006a). As a result, state TANF programs required more public assistance clients to participate in work activities and for greater lengths of time in order
to meet federal regulations. The new work participation rates included work-eligible individuals who received assistance from separate state and federal programs (i.e., Social Security Insurance and Disability Insurance) or who were part of a household where only children received cash assistance (DHHS 2006a). To meet these new guidelines, the Department of Health and Human Services acknowledged state agencies would need higher work participation rates for welfare recipients than in previous years (DHHS 2006a, 2006c).

The Deficit Reduction Act also made changes to TANF’s eligible ‘core’ work activities (DHHS n.d.). These changes allowed welfare recipients to participate in substance abuse and mental health programs as job search and readiness activities for a period of six weeks per year and considered community service toward a recipient’s work participation quota. Additionally, welfare recipients could participate, for up to twelve months, in vocational training directly related to potential employment. Educational training leading to a general equivalence, baccalaureate, or advanced degree was not considered as eligible ‘core’ work activities (DHHS n.d.). Clients pursuing additional education must also engage in eligible ‘core’ work activities to qualify for continued receipt of benefits (DHHS n.d.). Despite federal oversight and mandated policies, regulations, and quotas, state governments retained almost total autonomy in the administration of the TANF program. Ultimately, individual state governments determined how much assistance to provide families, how to define employment (i.e., should it include drug treatment programs), the availability and eligibility of job readiness training and vocational programs, and the availability and eligibility for financial subsidies (e.g., transportation and childcare vouchers).
1.2 Welfare Reform Outcomes

More than ten years after the passage of PRWORA, proponents of welfare reform have claimed success. Policy makers and government officials extol the virtues of policy reforms that precipitated a dramatic decline in welfare caseloads by almost 60%, launched more welfare recipients into the workforce, and halted the escalating rate of out-of-wedlock births (DHHS 2003, 2006b, 2006c, 2006d, Rector and Johnson 2004). Proponents of welfare reform also cite the decline in national child poverty rates and the increasing rate of employment among single-mothers as direct results of policy reform (Rector and Johnson 2004). Despite these claims, critics of welfare reform argue PRWORA’s policies and regulations fail to improve welfare recipients’ economic circumstances and self-reliance (Burnham 2005, Mullings 2001). Several opponents of welfare reform suggest PRWORA was not designed to alleviate poverty but rather reduce the number of individuals and families seeking and receiving public assistance (Newman and Harkness 1999, Riccio 1999, Burnham 2005). In 2006, almost 37 million Americans lived in poverty, a number higher than in 1995 (Baugher and Lamison-White 1996, DeNavas-Walt et al. 2007), and fewer than 2 million families received government assistance through TANF (DHHS 2006d, U.S. Census Bureau 2005). Critics of welfare reform insist the policies of PRWORA erode ‘safety nets’ for the impoverished and leave former recipients at a greater economic disadvantage than when receiving government assistance (Harris 1996, Edin and Lein 1997b, Litt et al. 2000, Albeda 2002, Cancian et al. 2002).
Researchers caution that those most vulnerable to welfare reform policies are ethnic minority female-headed households (Kingfisher 1996, Abramovitz 1997, Gooden 1998a, Edin and Harris 1999, Piven 1999, Burnham 2002, Mink 2002). When compared to other ethnic groups, African Americans continue to be disproportionately represented in poverty statistics (Roberts 1997, Burnham 2005). African Americans account for approximately 12% of the population, and almost a quarter of those individuals live below the federal poverty line (DeNavas-Walt et al. 2007). In 2006, almost 40% of the 13.8 million African American female-headed households lived in poverty (DeNavas-Walt et al. 2007). The inability of African American mothers to access employment at a living-wage, as well as secure adequate food and housing for their families and obtain sufficient medical care for themselves and their children, limits the degree to which these families can function as productive members of society. Furthermore, the economic hardship faced by these households have long lasting effects for their children, specifically in terms of education and employment opportunities, physical health, and future financial well-being (Burnham 2005, Conrad and King 2005).

1.2.1 Female-Headed Households

Historically, female-headed households are the most vulnerable to impoverishment (Ladner 1971, Stack 1974, Kingfisher 1996, Abramovitz 1997, Billingsley 1997, Edin and Lein 1997a, Mullings 2001). Low-wages earned by single-mothers, insufficient participation in the labor market, and the absence of income earned by other members of the household are traditionally used to explain why female-
headed households are impoverished (Anderson 2005, Conrad and King 2005). In an attempt to aid low-income single-mothers and their children, promote economic self-reliance, and reduce dependency, PRWORA was designed to correct the problematic economic circumstances surrounding female-headed households. The policies of PRWORA emphasized two pathways to achieve the philosophical goals of welfare reform by: encouraging welfare recipients’ greater participation in the labor market and endorsing the responsible parenting of children through a nuclear heterosexual family (PRWORA, Title I Sec.101[3]).

Recognizing impoverishment limits an individual’s ability to access and capitalize on material resources, which enhance economic self-reliance, welfare policies focused on developing an individual’s employment opportunities. ‘Work first’ and ‘welfare-to-work’ initiatives, central features of welfare reform policy, embodied the belief that greater participation in the labor force would increase economic self-reliance. These initiatives required welfare recipients to earn their welfare benefits by entering employment-training programs, which would lead to future employment, or be gainfully employed within a designated time after receiving welfare benefits. However, some researchers suggest these initiatives do not address the challenges female-headed households encounter, specifically those of color, nor do they enable low-income women to become economically self-reliant and economically secure (Casserly 1998, Kalil et al. 2000, Litt et al. 2000).

Furthermore, conceding that female-headed households, regardless of ethnicity, have the lowest median incomes and the highest rates of poverty when compared to single-father and intact two parent households (Conrad and King 2005), welfare reform
sought to improve economic self-reliance through two policies strengthening the family unit. One strategy believed to increase the earnings of low-income female-headed households was to enforce child support payments from absentee fathers. According to PRWORA regulations, potential welfare recipients are required to comply with state agencies’ child support enforcement programs before receipt of public assistance benefits (Lewin Group et al. 2003). Another strategy believed to increase the earnings of low-income single mother households was to increase the number of contributing wage earners in the household.

1.2.2 *Barriers to Economic Self-Reliance*

Critics of welfare reform dispute the success of PRWORA policies and regulations in reducing poverty among households of low-income and welfare reliant single mothers (Edin and Lein 1997a, 1997b, Gooden 1998a, Hicks-Bartlett 2000, Kalil et al. 2000, Mullings 2001, Kalili et al. 2002, Burnham 2002, Cancian et al. 2002). Opponents of welfare reform cite numerous AFDC and TANF-leaver studies emphasizing the inability of programs and regulations to adequately address the challenges impoverished single mothers encounter and demonstrate that former recipients confront significant obstacles in gaining economic self-reliance and are more economically disadvantaged than when they were receiving public assistance. Consistent problems identified in these studies reveal former recipients generally do not earn wages above the poverty level, lack private healthcare insurance, continue to rely on Medicaid for their children or themselves, and experience food and housing insecurity causing them to rely on food stamps, food pantries, homeless shelters, and

Common themes emerging from these studies suggest several of the barriers, which prevent low-income single mothers from gaining economic self-reliance, are widespread and symptomatic of larger systemic societal and institutional disparities (Abramovitz 1997, Goode and Maskovsky 2001). Historical conditions of racial and gender inequality, along with inadequate societal institutions, which perpetuate disparity, restrict the economic advancement of women of color (Valentine 1970, Piven and Cloward 1971) and contribute to the instability and economic impoverishment of African American family units (Ladner 1971, Stack 1974, Nobles 1989, Billingsley 1997, Hill-Collins 2002). Furthermore, PRWORA policies aimed at strengthening traditional family values, emphasizing the merit of employment, enacting life-time limits on assistance, redefining work, and instituting sanctions for program violations fail to recognize inequitable opportunities and access to resources are entrenched in societal institutions which reproduce poverty and deter self-reliance (Abramovitz 1997, Mink 1999, Harris 1993, 1996, Kingfisher 1996).

1.3 Problem Statement

A focus on low-income urban African American single mothers is essential to understanding how welfare reform affects the attainment of economic self-reliance. Research demonstrates these women are disproportionately represented in welfare caseloads and confront more challenges in transitioning off of welfare toward a position of economic self-reliance (Browne and Kennelly 1999, Burnham 2002, 2005, Kalil et
al. 2000, 2002). Identifying what barriers low-income African American single mothers encounter and the impact these barriers have on economic self-reliance is critical to understanding how dependency is reinforced and poverty is perpetuated in the context of everyday life (Susser 1996, Mullings 1997, Seccombe 1999, Lyon-Callo 2001, Hays 2003). An anthropological approach to the study of welfare reform and poverty explains how institutional and social processes differentially influence an individual’s access and use of resources to meet their subsistence needs (Kingfisher 1996, Edin and Lein 1997a, 1997b, Edgar and Russell 1998, Scharff 1998, Connolly 2000, Acker et al. 2002). Traditional ethnographic methods also reveal how a culture’s attitudes, beliefs, values, and practices regarding poverty affect the livelihood strategies of economically disadvantaged populations and create conditions of economic inequality. Research that is informed by the experiences and voices of those living in poverty not only humanizes the poor, but also provides a comprehensive understanding of the institutional and societal barriers that impede economic self-reliance. Without this knowledge, millions of women and children may remain marginalized and impoverished.

My research examines how previously identified barriers, such as welfare agency personnel and programs, and the accessibility of childcare, community resources, employment, and education influence low-income urban African American single mothers’ transition toward self-reliance. I explore how these barriers, in addition to issues of unaffordable housing, bad credit, and familial and social networks impact household economies and deter the ability of single mothers to raise their families out of poverty. My objective in this research is to:
• Document whether previously identified barriers persisted in circumventing low-income African American single mothers’ endeavors to move from welfare to employment and economic self-reliance.

• Identify how low-income African American single mothers perceived new barriers to their achievement of economic self-reliance.

• Identify how social welfare service providers perceived the barriers challenging low-income single mothers’ development of economic self-reliance.

• Identify what strategies women employed to overcome these barriers and meet financial and household obligations.

The following chapters contribute to the evaluation of welfare reform and provide the basis for a renewed discourse on the effectiveness of PRWORA policies and the ability of social welfare service programs to meet the needs of impoverished populations. Chapter two presents differing ideological perspectives on the cause of poverty, demonstrates how these perspectives have shaped welfare policies and reform, discusses the material hardships experienced by female headed households, and details the various barriers low-income single mothers encounter in their attempts to obtain economic self-reliance and overcome poverty. Chapter three provides a brief history of the research site, Prince George’s County, Maryland, summarizes the research design, and describes the research protocol. Chapter four presents demographic data on research participants and descriptive statistics on participants’ household economies (i.e., use of all economic resources, including social welfare service benefits, to meet household needs and expenditures). Chapter five details the three categories of material hardship experienced by low-income single mothers and their children. Chapters six through eight present free list data from low-income single mothers and social welfare service providers concerning their perceptions of the barriers impeding low-income
women’s transition out of poverty and the attainment of economic self-reliance. Financial and material resource barriers (e.g., low-wage employment, lack of affordable housing) are covered in chapter six, while chapter seven examines salient institutional barriers (e.g., social welfare policies, eligibility standards of social welfare programs). Chapter eight details perceived life history barriers (e.g., poor mental health, single parenthood). This chapter also presents the role of familial and social networks in low-income single mothers’ transition to economic self-reliance, discussing how and why these networks fail to provide essential coping and leveraging support critical to escaping poverty. In the ninth chapter, I discuss implications of these data and the likelihood of low-income female-headed households obtaining economic self-reliance and transition out of poverty. This final chapter summarizes major findings of the study and discusses implications of these results for devising new public policies to assist impoverished women and their children, and describes the contributions this research has made to poverty studies in anthropology and related disciplines, and future avenues of research.
CHAPTER 2
THEORETICAL BACKGROUND

2.1 Introduction

In welfare research, the term economic self-reliance is used interchangeably with economic independence, self-sufficiency, and self-supporting, with no definitive form of measurement or agreed upon definition (Hawkins 2005). Economic self-reliance is frequently equated with employment and the limited use or non-use of social welfare benefits (Harris 1993, Hawkins 2005). However, as Gowdy and Pearlmutter (1993) and Bratt and Keyes (1997) contend, the achievement of economic self-reliance is not a dichotomy of either dependence or independence, but rather a continuum and process attained over time. To understand why low-income and welfare-reliant single mothers often do not become self-reliant, this chapter provides a synopsis of the prevailing viewpoints on the causes of poverty and outlines the history of public assistance in the United States. My review is followed by a survey of previous research concerning the material hardships and barriers low-income and welfare-reliant single mothers encounter in their attempts to become economically self-reliant.
2.2 Ideologies of Poverty


Structural theories of poverty were replaced in policy debates during the 1980s by a behavioral perspective claiming previous anti-poverty programs lead to the impoverishment of ethnic minorities by creating disincentives to economic self-reliance and encouraging not only welfare dependency, but also an array of pathological behaviors (Murray 1984). In contrast to structural constraint theories, a behavioral perspective links poverty and an individual’s inability to function effectively in society to shortcomings in character and morality, and an intergenerational cycle of dependency and pathology, which in turn not only perpetuates poverty, but creates a ‘culture of
Lewis (1961) argued economically disadvantaged individuals were marginalized from societal institutions and as a result developed adaptive strategies to cope with their impoverishment. These strategies resulted in attitudes, beliefs, and behaviors that perpetuated impoverishment in an adversarial institutional environment, and created a ‘culture of poverty’. The ‘culture of poverty’ model was advanced by Patrick Moynihan’s 1965 report, The Negro Family: The Case for National Action. In this report, Moynihan suggested complex inter-related issues of racial discrimination, high rates of unemployment among African American males, and escalating rates of female-headed households in a patriarchal society where males were economic breadwinners explained the poverty many African Americans confronted. The ‘Moynihan Report’, as it was coined, was critiqued for depicting African Americans as pathological deviants who by their actions and behavior perpetuated their own marginalization and impoverishment (Valentine 1968, Leacock 1971, Leeds 1971, Eames and Goode 1973). While the ‘culture of poverty’ model has been thoroughly critiqued, policy makers continue to associate impoverishment with immoral behavior, irresponsibility, laziness, and dependency (Murray 1984, Mead 1992). Supporters of this perspective advocate poor people must be encouraged to adopt behaviors and attitudes promoting economic self-reliance; specifically, a return to traditional family values and a Protestant work ethic (Murray 1984, Mead 1992).
2.3 Welfare in the United States

2.3.1 Aid to Dependent Children & Aid to Families with Dependent Children

Aid to Dependent Children (ADC), a cash assistance program, began with the Social Security Act of 1935 as one of several New Deal programs to remedy issues of pervasive poverty prompted by the Great Depression. ADC originally provided cash assistance to white widowed mothers and their children. From its inception, ADC in many states denied assistance to women and children of color, relegating African American women to work as domestic and agricultural wage laborers (Abramovitz and Withorn 1999). Several researchers contend the exclusion of African American women from ADC articulated a lasting ethos regarding the cultural attitudes and beliefs about the ‘deserving’ characteristics of the impoverished and further devalued the role of black motherhood (Abramovitz and Withorn 1999, Roberts 1997).

In 1950, ADC was replaced by the Aid to Families with Dependent Children program (AFDC), which broadened services providing benefits to a single parent with children who met previous ADC eligibility requirements. The civil rights movement during the 1950s and 1960s stimulated integration in social welfare programs and forced states to rewrite eligibility requirements so African Americans were no longer excluded from AFDC. President Johnson’s ‘War on Poverty’ in the 1960s instigated another expansion of AFDC with the goal of increasing cash assistance, food stamp distribution, and Medicaid to include low-income two-parent households. With the inclusion of additional social welfare benefits and more accommodating eligibility requirements, AFDC was an entitlement program based on the needs, size, assets, and income of a household. However, AFDC lacked substantial federal government
oversight and benefits varied from state to state as agencies disbursing assistance independently created their own guidelines for how much assistance a family could receive. State agencies were only held accountable for meeting the federal eligibility requirements for AFDC benefit disbursement; agencies found in violation of those mandates could risk losing federal reimbursement for benefit expenditures. While state agencies were prohibited from excluding eligible individuals, state agencies did face pressure from local constituents and the federal government to reduce AFDC caseloads throughout the 1970s, 1980s, and 1990s. To do this, many state agencies petitioned and gained approval from the federal government to initiate experimental welfare reform policies and programs, which surpassed federal eligibility requirements (Kingfisher 1996, Abramovitz 1997, Abramovitz and Withorn 1999, Katz 2002).

2.3.2 Experimenting with AFDC

To decrease AFDC caseloads, government expenditures, and promote economic self-reliance state legislatures implemented several experimental welfare reform initiatives. Two such policies were designed to control the childbearing and the marital behavior of welfare participants and increase labor market participation rates (Roberts 1997, Abramovitz and Withorn 1999) and became central features of welfare reform under the Clinton administration in 1996. Child exclusion policies, also known as ‘family caps’ were established to reduce the amount of assistance a family received and to discourage women from having additional children while on welfare. In traditional AFDC programs, a woman who became pregnant while on welfare could receive increased benefits for the birth of her child, leading many critics of AFDC to claim
women were intentionally having children to receive larger welfare checks (Mead 1986, 1992, Murray 1984). ‘Family caps’ stipulated that women who continued to bear children while receiving welfare assistance would not receive additional benefits for the birth of additional children.\textsuperscript{1} Some researchers suggested that ideological perspectives and societal myths linking poverty to the unrestrained procreation and lack of work ethic in minority ethnic groups fueled ‘family caps’ initiatives (Roberts 1997, Rose 2000, Burnham 2005). These myths are direct descendants of the much maligned and misrepresented ‘culture of poverty’ model popularized by Oscar Lewis (1959, 1961) and advanced by the ‘Moynihan Report’. The depiction of impoverished African Americans as social deviants and belonging to a ‘culture of pathologies’ was exacerbated by media coverage throughout the 1970s, 1980s, and 1990s consistently linking images of African American women to showcase stories on welfare, despite the fact that historically two-thirds of all recipients have been white (Douglas and Michaels 2004, Luther et al. 2005). By the 1980s and 1990s, the stereotypical image of an AFDC recipient was a “Welfare queen – the lazy mother on public assistance who deliberately \[bred\] children at the expense of taxpayers to fatten her monthly check … proof of Black people’s lack of work ethic and social depravity” (Roberts 1997, p17, 207). Burnham (2005) argues the repeated implication that African American women were abusing the welfare system and taking advantage of taxpayers, allowed for a shift in public policy.

\textsuperscript{1} For example, a woman with two children who applied for assistance would receive assistance for her entire family. While on assistance, if she became pregnant with her third child, she would not receive additional benefits for that child.
Experimental AFDC welfare reform initiatives focused on the childbearing, marital, and work behavior of welfare recipients. Out-of-wedlock childbearing became a target of politicians, leading some to propose Malthusian-like solutions. Cash incentives were offered in some states, (e.g., Maryland) to welfare recipients for Norplant implantation (Mertus and Heller 1992, Roth 2003). Just as controversial, legislation was proposed in the House of Representatives “eliminating welfare payments for children born to welfare mothers and unwed teens and [diverting] the money to programs that would put their babies up for adoption or place them in orphanages” (Roberts 1997, p210).

Despite the fact that AFDC required welfare recipients to enroll in work programs or be gainfully employed beginning in 1971, policy-makers in several states believed ‘welfare-to-work’ programs would increase women’s participation in the labor market, and thereby reduce dependency on the state. ‘Welfare-to-work’ programs in several states required adult welfare recipients to engage in work no later than two years after receipt of public assistance or risk losing benefits for themselves and their families. Policy-makers suggested ‘welfare-to-work’ programs would provide adult welfare recipients the motivation to seek employment and the tools to become economically self-reliant (Katz 1989, Mead 1986, 1992, Murray 1987, Wilson 1987).

The Family Support Act (FSA) was organized in 1988 to reduce the economic dependency of welfare recipients on government assistance. However, policy-makers recognized the necessity of increasing recipients’ household income through investments in greater educational attainment, career and job search skill development, and enforcements of court mandated child support orders (Rodgers 2006).
compliance with FSA, the Job Opportunities and Basic Skills Training Program (JOBS) required that 55% of all funds be allocated toward: current AFDC recipients who had received benefits for more than three consecutive years, AFDC heads of households without high school diplomas or GEDs under the age of 24, and heads of households whose children would be ineligible for AFDC benefits within two years, resulting in the loss of benefits to the household (Rodgers 2006). To ensure the transition from welfare to work, FSA also mandated state agencies to provide childcare subsidies to AFDC recipients pursuing greater levels of education or participating in employment training programs (Rodgers 2006). Furthermore, in 1990, FSA required all states to garnish reported earnings from non-custodial parents when courts had decreed child support payments and the custodial parent was receiving public assistance (Rodgers 2006).

While policy-makers advocated experimental welfare reform initiatives, supported and complemented by FSA policies, were timely and appropriate reform measures; social scientists contended welfare was no longer an entitlement program based on economic need, but rather a paternalistic program endeavoring to control the perceived ‘immoral’ behavior of welfare recipients (Abramovitz and Withorn 1999). Furthermore, researchers cautioned policies aimed at controlling low-income women’s reproductive decision-making and employment behavior would not lead to increased economic self-reliance because these policies failed to counteract economic disparities engendered in societal institutions along ethnic and gender lines (Abramovitz 1997, Roberts 1997, Rose 2000, Hill-Collins 2002).
2.3.3 The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)

The change in U.S. social welfare policy over the last eight decades reflects shifting ideological perspectives concerning the cause of poverty, routes to economic self-reliance, and the role of government in assisting individuals to overcome impoverishment (Goode 2002). When PRWORA was signed into law in 1996, a bipartisan government validated the beliefs that reliance on social welfare benefits, insufficient participation in the labor market, and increasing rates out-of-wedlock childbearing were the primary reasons welfare recipients remained impoverished and dependent on government programs. PRWORA overhauled the welfare system at the federal and state level by incorporating experimental AFDC reform and FSA policies and programs. The new era of welfare reform was designed to decrease economic dependency on the state, reduce welfare caseloads and expenditures, promote economic self-sufficiency, motivate individuals to obtain employment, facilitate responsible parenting by fathers and mothers, and reduce out-of-wedlock-childbearing (PRWORA, Title I Sec. 101 [3]).

Recognizing single mothers must increase their earnings to achieve economic self-reliance, PRWORA policy emphasized two interrelated paths to deterring dependency and promoting self-reliance, labor market participation and traditional family values. PRWORA policies implemented basic support services related to increasing welfare recipients’ employment opportunities, encouraging the maintenance of two parent households, and promoting responsible parenting. Policy-makers conceded that for single mothers to achieve greater labor market participation, women
would require support services to enhance their opportunities for employment.

PRWORA policies retained AFDC and FSA employment training and readiness programs and initiated subsidized employment programs with local businesses and corporations for welfare recipients lacking adequate skills and employment experience. In addition to these programs, PRWORA policies acknowledged two substantial barriers impeding some welfare recipients’ employment prospects, affordable childcare and substance abuse addiction. Given the difficulty low-income single mothers encountered with sustained employment and reasonably priced childcare, federally administered block grants allocated monies for means tested childcare subsidy programs.\(^2\) These grants, in conjunction with other federal and state funding, also allocated funds for in-patient and outpatient substance abuse recovery programs.\(^3\) PRWORA policy maintained these supportive programs would increase employment, household earnings, and economic self-reliance among low-income and welfare-reliant single mothers.

PRWORA policy also sought to increase the earnings of low-income single mothers through the promotion of traditional family values. Mandatory child enforcement policies were viewed as a way to increase a single mother’s earnings, encourage economic self-reliance, limit the amount of financial assistance provided to low-income single mothers, and promote responsible parenting. Policy-makers believed absentee parents should be held financially accountable for the economic well-being of dependent children. Unlike previous social welfare benefits administered

\(^2\) Purchase of Care program in Maryland
\(^3\) Children and Parents Program Substance Abuse and Mental Health Services in Maryland
under AFDC, benefits were only granted to recipients who complied with child support enforcement policies. Monies from federal TANF block grants were allocated to assist state agencies in collecting information from potential recipients concerning the paternity and whereabouts of absentee parents, in order to garnish payments of child support. Potential recipients who failed to comply with PRWORA child enforcement policies risked being denied social welfare benefits. Additional programs promoting marriage and reducing out-of-wedlock childbearing bolstered PRWORA’s policies to decrease economic self-dependency and a return to traditional family values.

2.3.4 Welfare Reform Predictions

Policy makers and researchers who supported PRWORA believed the new policies, programs, and regulations would deter an individual’s economic dependency on state and federal government programs, decrease welfare caseloads, promote the maintenance of two-parent households, encourage an individual’s economic self-reliance, and enhance the well-being of children. According to proponents of PRWORA, work requirements, sanctions, and a ‘tough love’ approach would motivate welfare recipients to become economically self-reliant and demonstrate how economic independence was more desirable and advantageous than cash assistance from government programs (Murray 1984, Mead 1992, Olasky 1992). However, critics of welfare reform argued public assistance was no longer an entitlement program designed to provide ‘safety nets’ for low-income families in times of economic hardship, but rather had become a punitive program where recipients earned welfare benefits, moved off of welfare rolls, and attempted to obtain economic self-reliance with limited
government support (Hills-Collins 1997, Piven 1999, Abramovitz and Withorn 1999, Mink 1999, Gordon 2001, Albeda 2002, Burnham 2002). Opponents of welfare reform reasoned the policies of PRWORA would make it more difficult for families, especially households of low-income African American single mothers, to escape poverty (Hicks-Bartlett 2000, Mullings 2001, Burnham 2002, Katz 2002). Policies aimed at strengthening traditional family values, enacted life-time limits on assistance, emphasized the merit of employment, redefined work, and instituted sanctions for program violations, ignored and failed to understand that inequitable opportunities and access to resources were entrenched in societal institutions, which transmitted poverty and deterred economic self-reliance (Abramovitz 1997, Mink 1999, Harris 1993, 1996, Kingfisher 1996). Researchers claimed life-time limits for social welfare benefits and sanctions eliminated ‘safety nets’ for the impoverished and failed to consider the consequences of poor national economic conditions to impoverished female-headed households, leaving many single mothers with few support services or alternatives (Harris 1993, 1996, Edin and Lein 1997). Researchers also contended TANF work requirements, which encouraged recipients to accept employment regardless of the level of compensation, would not lift impoverished female-headed households out poverty, but rather financially encumber and worsen single mothers’ economic circumstances (Mink 1999). Furthermore, TANF’s regulations defining eligible work activities limited welfare recipients’ potential for economic self-reliance by reducing access to higher education, mental health rehabilitation, and drug treatment programs, consequently eliminating crucial avenues out of poverty (DHHS n.d.). Opponents of welfare reform declared PRWORA policies failed to provide adequate transportation

2.3.5 Welfare Reform Outcomes

Despite the implementation of PRWORA, for over a decade policy-makers and social scientists have yet to reach a consensus as to the effects of welfare reform policies on the economic well-being of impoverished families and individuals. The debate surrounding the outcomes of welfare reform policy are polarized, with supporters claiming widespread success of PRWORA initiatives and opponents insisting worsening economic circumstances for low-income families. Six common indicators are often cited to demonstrate the success of welfare reform policies: 1) the reduction of welfare caseloads (DHHS 2002, 2006b, 2006d, Rodgers 2003); 2) single mothers’ greater participation in the formal labor-market (Acs and Loprest 2001, Fang and Keanne 2004, Urban Institute 2006); 3) an increase in the median household incomes of low-income single mothers (Urban Institute 2006); 4) declining poverty rates among children (DHHS 2006b, Urban Institute 2006); 5) decreasing prevalence rates of single mother families (Acs and Nelson 2001, Dupree and Primus 2001, Rodgers 2003, Urban Institute 2006) and teen motherhood (DHHS 2006b, 2006d, Rodgers 2003); and 6) increasing prevalence of paid child support by non-custodial parents (Urban Institute 2006). However, these six indicators reveal little information regarding the success of PRWORA’s in promoting low-income single mothers’ development of economic self-reliance. Despite the conspicuous absence of indicators
on single mothers’ transition toward economic self-reliance in Department of Health and Human Services’ press releases, these indicators are plentifully available in the literature on welfare leaver case studies and demonstrate the harsh reality of living in poverty after receipt of welfare.

2.4 AFDC & TANF Welfare Leaver Studies

2.4.1 Economic Insecurity and Material Hardship after Welfare

AFDC and TANF welfare leaver studies demonstrate former recipients and their families experience considerable economic insecurity and material hardship upon leaving public assistance, and lack sufficient and accessible support services to transition toward a position of greater economic self-reliance. While the Earned Income Tax Credit (EITC), macroeconomic changes, mandatory work requirements, and time limits for assistance were influential in increasing the labor market participation rates of AFDC and TANF leavers (Fang and Keane 2004), research reveals many women do not acquire the financial wherewithal to surpass federal poverty guidelines, or obtain a living wage to support their families (Loprest 1999, Rangarajan and Wood 1999, Litt et al. 2000, Lichter and Jayakody 2002). In a study of low-income families, the Institute for Women’s Policy Research found despite combining income from all sources, over 80% of single parent TANF recipient families lived in poverty, and nearly half of those lived in extreme poverty (Jones-DeWeever, Peterson, and Song 2003). Additional welfare leaver studies, including four projects funded through the Department of Health and Human Services, document similarly high rates of poverty among former and current recipients (Loprest 1999, WPWEP 1999,

While a majority of former welfare recipients do find employment, jobs are generally entry-level positions in service or retail industries, where women struggle to obtain full-time hours, work for low wages and receive few, if any, benefits from their employer for themselves or their families (Edin and Lein 1997a, 1997b, Loprest 1999, WPWEP 1999, Hicks-Bartlett 2000, Litt et al. 2000, Burnham 2005). Low-wage employment, while more sensitive to market fluctuations and consequently prone to higher rates of layoffs, also fails to provide women with the necessary skills, experience, and contacts to improve their opportunities for advancement in the labor-market. With paid employment, former AFDC and TANF recipients must also cope with reduced support services (i.e., food stamps, Medicaid, childcare subsidies.), concurrent with increasing household financial expenditures for childcare, groceries, transportation, and health care services, rendering families economically less secure and more disadvantaged than when they relied on welfare (Friedlander and Burtless 1995, Harris 1996, Edin and Lein 1997a, 1997b, Hershey and Pavetti 1997, WPWEP 1999, Hicks-Bartlett 2000).

As an indication of the poverty several former welfare recipients experience, AFDC and TANF leaver studies document the pervasiveness and severity of material
hardship these families encounter. Material hardship among welfare leavers is usually classified as the inability of the financial head of household to procure food, shelter, health care services, utilities, or other necessities for the family or self during a given period of time (Reichman et al. 2005). Food and housing insecurity are two frequent categories of material hardship endured by welfare leavers and underscore the failure of PRWORA policy to promote economic self-reliance among clients of public assistance. Former welfare recipients report they lack sufficient and adequate food to feed their families and struggle to purchase food (Fitzgerald 1991, Harris 1993, Pavetti 1993, Edin and Lein 1997a, 1997b, Brauner and Loprest 1999, Loprest 1999, WPWEP 1999, WWF et al. 2000, Litt et al. 2000, Cancian et al. 2002, Danziger et al. 2002, Moffit and Cherlin 2002, Reichman et al. 2005). Former welfare recipients also report struggling to afford monthly rent payments and risking eviction notices from landlords. These mothers often rely on various rental assistance programs or receive small loans from familial and social networks to assist with rental payments (Edin and Lein 1997, Sherman et al. 1998, Loprest 1999, WPWEP 1999, WWF et al. 2000, Litt et al. 2000). In addition, former recipients, unable to meet their housing expenses independently, reveal living with one or more families at the same time to defray housing expenditures (Sherman et al. 1998, WPWEP 1999, Burnham 2005). In a study of former welfare recipients in New Jersey, almost 30% of respondents reported their families were ‘doubled’ or ‘tripled’ up with other families to maintain housing (WPWEP 1999). In severe circumstances of housing insecurity, former recipients rely on homeless shelters to house their families (Sherman et al. 1998, Loprest 1999, WPWEP 1999, WWF et al. 2000, Reichman et al. 2005). The inability of former welfare recipients to provide basic
necessities, such as food and shelter, for their families questions the effectiveness of welfare reform policy to promote economic self-reliance among low-income single mothers.

Numerous welfare leaver studies also document that former recipients continue to rely on material and non-material resource support from government and non-profit programs, in addition to formal and informal employment, to meet their families’ needs. Key support programs assisting some low-income include: the Food Stamp program, Medicaid, WIC, childcare subsidies, and subsidized housing. However, according to a study from the Urban Institute (2006), 35% of eligible low-income households do not receive food stamps, Medicaid or State’s Children’s Health Insurance Plan (SCHIP), or childcare subsidies, 33% receive only one support service, and only 5% of eligible low-income households receive all three support service programs. These findings are supported by welfare leaver studies, documenting that many former welfare recipients qualify or nearly meet the income eligibility requirements, but fail to receive support services from federally mandated programs (Loprest 1999, WPWEP 1999, WWF et al. 2000, Schram and Soss 2002). Respondents in these studies, often state how these support services would ease their financial burdens, reduce the material hardship their households experienced, and would allow their limited economic resources to be directed in ways promoting self-reliance (WPWEP 1999, WWF et al. 2000).

2.4.2 *Barriers to Economic Self-Reliance and Security*

In addition to welfare leaver studies demonstrating low-income female-headed households’ economic insecurity and material hardship, research concerning current
welfare recipients reveals women encounter several barriers to leaving welfare, gaining employment, and achieving economic self-reliance. However, the literature identifying, defining, and explaining the potential barriers impeding low-income single mothers’ endeavors is fragmented, differentially categorizing and defining barriers. The lack of a theoretical framework to cohesively define and explain the effects and origins of barriers challenges policy efforts to assist low-income single mothers in overcoming poverty.

2.4.2.a Defining Barriers

In welfare literature, social scientists rarely define their use of the term, but rather provide examples of barriers encountered by welfare-reliant and non-welfare-reliant impoverished single mothers. However, Press and Johnson (2004) painstakingly define their usage of the terms, barrier and obstacle.

“The word ‘barrier’ connotes an insurmountable condition, while ‘obstacles’ suggest a more temporary state, albeit to varying degrees. We conceptualize a barrier as a severe obstacle, the extreme end of the continuum of obstacles. Not all employment obstacles are actual barriers. Clearly, if a job requires a particular professional degree or license then lacking that credential is a real barrier, at least in the short run without going back to school. Lacking work experience, on the other hand, can be overcome over time by getting more experience in the labor market. Other obstacles, like family responsibilities, may be easier to overcome if outside help, like good child care for example, were available (Press and Johnson 2004, p 2)”.

Press and Johnson’s attempts to conceptualize the challenges low-income single mothers confront in pursuit of employment and economic self-reliance is commendable. However, their statements reflect a comprehensive lack of understanding among some researchers and policy-makers concerning the reality of the political and socio-
economic circumstances many low-income women face. Although Press and Johnson (2004) emphasize how socio-economic conditions of neighborhoods limit low-income women’s access to material resources, social networks, and employment, these issues are articulated as ‘obstacles’ to economic self-reliance, rather than barriers. Their perception and conceptualization of the issues hindering low-income single mothers’ transition to economic self-reliance are subjective and do not address the lived experiences of impoverished women. Moreover, Press and Johnson’s definitions for ‘obstacles’ and ‘barriers’ fall short of presenting an emic perspective of how women perceive the ‘obstacles’ and ‘barriers’ to their employment and subsequent economic self-reliance. Rather than delineating the contrived and often presumptuous differences about the barriers low-income women face, researchers should strive to articulate the barriers to employment or economic self-reliance through low-income women’s perceptions and experiences.

2.4.2.b Classifying Barriers

The barriers confronting impoverished single mothers to leave public assistance, obtain employment, and gain economic self-reliance are classified by scholars into broad categories: personal, individual, demographic, structural and institutional. However, the use of these categories is often inconsistent with scholars referring to a specific barrier, for example, lack of educational attainment, as a demographic, individual, or personal barrier. Furthermore, the terminology defining barriers is often pejorative and lacks linkages to a larger theoretical framework. The use of the term ‘personal barriers’ to describe circumstances of mental health ailments, substance
abuse, learning disabilities, domestic violence, or sexual violence, which may impede an individual’s employment or economic self-reliance, incorrectly implies culpability of the individual. Moreover, the failure to link particular barriers, such as substance abuse or domestic violence, to larger aspects of culture, specifically the socio-economic impacts of public policy and the influence of patriarchal ideologies of gender, hinder attempts to reduce barriers to employment and economic self-reliance. Even though several scholars acknowledge the influence of larger economic, political, and social forces in creating and perpetuating the barriers low-income women encounter, the discourse is limited and rarely considers how concurrent forces synchronously produce barriers.

2.5 Barriers to Economic Self-Reliance

Barriers to economic self-reliance are created, reinforced, and perpetuated in society through cultural attitudes, beliefs, values, practices, and institutions. A culture’s attitudes, beliefs, practices and values give leverage in society through public institutions and policies, government expenditures, and the market economy and can become barriers. Consequently, these barriers operate independently and synergistically to differentially influence the attainment of economic self-reliance. The economic self-reliance of low-income single mothers is constrained by four broad categories of barriers: lack of human capital development, insufficient material resources, events during the life course, and inadequate social capital.
2.5.1 Human Capital Development

Human capital is defined “as investments in education, training, and other activities that raise the productive capacity of people” (Whitehead 2005, p 84). Human capital theorists suggest with higher levels of education attainment and greater employment training, an individual is empowered to overcome their impoverishment through increased participation in the labor market (Mincer 1974, Becker 1975, Casserly 1998, Anderson 2005). Scholarship over the last four decades argues human capital development is essential if welfare recipients and low-income women are to become economically self-reliant (Acs & Loprest 2001, Brandon & Hogan 2002, Cancian et al. 2002, Hofferth et al. 2002, Moffit & Cherlin 2002, Schmidt et al. 2002, Heflin 2003, Seefeldt and Orzol 2003). Several studies also report current and former welfare recipients realize their only opportunity for obtaining sustained economic self-reliance is through greater educational and employment training (Casserly 1998, Conrad et al. 2005, McElroy 2005, Bonds 2006, Alfred 2007). Despite the recognized need for human capital development, research consistently illustrates low-income women’s and welfare recipients’ attempts to further their education and attain additional employment training and labor market skills are impeded by significant barriers.

2.5.1.a Education

Employment earnings and labor market participation rates are correlated to an individual’s level of educational attainment (McElroy 2005). While high school graduates participate in the labor market more than individuals who do not earn a high school diploma, college graduates generally have higher labor market participation rates
and earnings than individuals with high school diplomas or general equivalency degrees (McElroy 2005). Welfare and welfare leaver studies frequently cite women’s low levels of education as a barrier to leaving public assistance, obtaining employment, and overcoming poverty (Barton and Jenkins 1995, Burtless 1995, Olson and Pavetti 1996, Brown and Barbosa 2001, Nam 2005). Furthermore, research suggests that former welfare recipients who possess less than a high school degree are at a significantly increased risk of returning to public assistance and not achieving sustained economic self-reliance, than former recipients with greater educational attainment (Pavetti 1993, Harris 1996, Gleason et al. 1998, Schmidt et al. 2002, Nam 2005). While the solution to resolving this barrier is through increasing women’s educational attainment, it is often hindered by a lack of financial resources, non-material resources, and emotional support from familial and social network members. Welfare-reliant and low-income single mothers seldom have the financial resources to attend general equivalency programs, trade schools, or institutions of higher learning and are frequently unaware of financial aid programs to assist with expenses (Alfred 2007). Unpaid child support restricts low-income single mothers’ limited economic resources, which could be directed toward educational or childcare expenses (Youngblut et al. 2000). Youngblut and colleagues (2000) suggest financial and care-giving support from absentee fathers could ease low-income women’s economic and parenting burdens and consequently promote women’s education. Research also demonstrates how women’s efforts to enhance labor market viability through education are obstructed by familial and social network members who refuse to watch children while women attend school and are additionally discouraged by the disparaging criticism of family and friends (Youngblut et al. 2000, Alfred 2007).
Institutional level barriers also obstruct low-income women’s educational attainment. Two significant barriers specifically hinder single mothers reliant on public assistance, TANF policies and welfare agency providers. TANF ‘work first’ policies constrain welfare clients’ opportunities for sustained economic self-reliance by excluding educational training for general equivalence, baccalaureate, or advanced degrees from authorized ‘core’ work activities (Mink 2002, DHHS n.d., Alfred 2007). Welfare clients may attend school while receiving public assistance, however, educational training approved and designated as a ‘core’ work activity must be vocationally oriented and completed within one year (DHHS 2006b). The pursuit of a general equivalence or college degree, while receiving public assistance, must be performed in addition to approved and required work activities. Alfred’s (2007) research reveals how TANF ‘work first’ policies have required some welfare recipients to quit school and seek employment to avoid termination of public assistance benefits. By limiting welfare-reliant women’s access to education, TANF ‘work first’ policies impede human capital development, restrict entry into the labor market, and limit the growth of potential earnings, all of which inhibit economic self-reliance (Monroe and Tiller 2001, Mink 2002, Alfred 2007).

Welfare service providers have the greatest potential to assist recipients in achieving economic self-reliance, but research consistently demonstrates agency personnel can also be formidable barriers to recipients in pursuit of higher education (Gooden 1997, Loprest 1999, Bonds 2006). Research by Gooden (1998a) and Kalil and colleagues (2002) suggests welfare caseworkers may treat clients differently based on racially prejudiced beliefs. Gooden (1998a) documents African American welfare
recipients receive less encouragement and support in pursuit of educational goals from caseworkers than European American welfare recipients. Bonds (2006) supports these findings by documenting that African American welfare recipients in his study were less likely to report receiving support from caseworkers in transitioning off of welfare and with educational pursuits, than European American welfare recipients. Racist ideologies held by welfare service providers, function not only to discriminate against ethnic minority welfare clients, but also serve as a barrier to human capital development thus restricting welfare-reliant women’s prospects for economic self-reliance.

2.5.1.b Employment

Labor Market and Neighborhood Conditions

Labor market conditions restrain low-income women’s attainment of employable skills and work history through the availability of quality employment. Research suggests low-income African Americans are disenfranchised from certain sectors of the labor market as living-wage employment opportunities move from urban areas to suburban areas, creating an absence of available jobs in low-income communities and neighborhoods (Holzer 1996, Conrad et al. 2005). Research by Holzer and Danziger (1998) and Levenson and colleagues (1999) contend when employment is available in low-income communities and neighborhoods it does not correspond to the skill levels of welfare recipients. This is in part due to shifts in the labor market; from one dependent on manufacturing to a labor market dominated by service industries and technologically oriented employment. With this shift in the labor market skill and educational qualifications have increased, consequently restricting some individuals’ access to living wage employment opportunities (Conrad et al. 2005). Unable to obtain employment in growing industries of service and technology, low-income women and welfare recipients report underemployment in feminized occupations and receiving low-wages, few if any benefits, and limited opportunities for upward mobility (Press and Johnson 2004, Alfred 2007).
Discrimination in the Labor Market

Low-income women’s and welfare recipients’ participation in the labor market is further constrained by societal barriers, specifically discrimination. Low-income women and their employers cite discrimination as a major barrier to economic self-reliance (Alfred 2007). Interestingly, low-income women perceived their status as welfare recipients to limit employment opportunities, more than their ethnicity (Alfred 2007). Employers supported this perception by advocating that welfare recipients must be encouraged to break the cycle of generational welfare dependency to achieve economic self-reliance (Alfred 2007). Despite these views, employers reported discrimination based on ethnicity as a more substantial barrier to gaining access to the labor market (Alfred 2007).

Economic investments in communities also restrain the attainment of employable skills and work history through limited material and non-material resource support. Welfare and welfare leaver studies indicate low-income single mothers lack adequate childcare, transportation, and familial and social networks to obtain economic self-reliance. Ample research illustrates the socio-economic conditions of neighborhoods and communities limit residents’ access to these material and non-material resources, which are vital to gaining and maintaining employment. Welfare and welfare leaver studies report that many of the impoverished neighborhoods and communities lack sufficient quality childcare facilities (Jayakody and Stauffer 2000, Youngblut et al. 2000, Monroe and Tiller 2001, Pearlmutter and Bartle 2003, Press and

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Johnson 2004, Alfred 2007). When low-income single mothers are unable to acquire affordable and accessible childcare services, opportunities for finding and maintaining employment are limited (Pearlmutter and Bartle 2003, Press and Johnson 2004). The inability of poor neighborhoods to attract affordable, safe, and high-quality childcare is the result of repeated neglect by local and state governments to adequately promote and finance the restoration of local infrastructure. Without economic investments in quality job growth, affordable and safe housing, and competent public education, impoverished neighborhoods and communities will continue to constrain residents’ access to necessary resources, such as childcare.

Several studies also indicate a lack of private transportation and insufficient, inaccessible, unreliable, and unaffordable public transportation hinder low-income single mothers’ efforts to gain and maintain employment, consequently impeding economic self-reliance (Reichert 1997, Danziger et al. 1998, Blumenberg 2000, Jayakody and Stauffer 2000, Press and Johnson 2004, Alfred 2007). Lack of private and public transportation functions as a barrier to employment in several respects. Because low-income single mothers are often unable to secure cars loans from financial institutions and afford state licensure, insurance, and regular upkeep and maintenance on vehicles, they are prevented from acquiring private transportation and forced to rely on public transportation. Relying on public transportation creates additional barriers for low-income women. Since, local, state, and federal legislation regulate expenditures toward public transportation, when government budgets reduce funds allocated to sustaining or enhancing public transportation, those reliant on public transport are negatively impacted. Discontinued routes and longer commutes jeopardize individuals’
ability to gain or maintain employment. In addition, fare increases further restrict the economic resources of individuals with limited or fixed incomes (Reichert 1997, Danziger et al. 1998, Blumenberg 2000). As more lucrative jobs move to suburban areas, accessible, affordable, and reliable public transportation is paramount for low-income women to obtain and maintain employment (Reichert 1997, Danziger et al. 1998, Blumenberg 2000).

When low-income or welfare-reliant women attempt to become economically self-reliant, networks built from family, friends, community organizations, educational or religious institutions, and the labor market are essential to attaining living-wage employment (Alfred 2007). However, neighborhood and community level poverty conditions influence and potentially restrict women’s capacity to construct beneficial networks for obtaining information leading to legitimate, well-paying, sustainable employment (Montgomery 1992, Putnam 1995, Elliot 1999, Garavan et al. 2001, Press and Johnson 2004). Since many of the familial and social networks low-income women create, live in similar conditions and may also be impoverished, these networks are not sufficiently positioned to facilitate employment opportunities and lack information about resources for employment training (Youngblut et al. 2000, Monroe and Tiller 2001).

Alfred’s (2007) research supports the findings of several other studies, which argue discrimination as a challenge to ethnic minorities’ efforts to obtain employment and economic self-reliance. Ethnic minorities, specifically African Americans, are negatively stereotyped by employers (Kirschenman and Neckerman 1991) and receive fewer employment offers than European Americans with similar qualifications (Turner
et al. 1991, Bobo 1995, Holzer and Stoll 2000). Bonds’ (2006) research reveals that while African American welfare recipients report more job interviews than European American recipients, African American recipients are more often required to take pre-employment skills and drug tests and their interviews with employers are on average shorter than European American recipients. African American respondents in Bonds’ (2006) research reported to be offered second-shift work hours more frequently than European American respondents. In spite of policy makers’ efforts to create equal opportunities in the labor market, Bonds’ (2006) and Alfred’s (2007) research demonstrates that African Americans encounter significant societal barriers in obtaining employment and gaining economic self-reliance.

**TANF Policy & Welfare Agencies**

TANF policy and social welfare service providers also serve as additional barriers to low-income single mothers sustained economic self-reliance. While TANF policy and social welfare service providers are supposed to promote labor market participation, research demonstrates ‘work–first’ policies may in fact constrain welfare recipients’ capacity to move from welfare to long-term living wage employment (Gooden 1998a, Lieberman 1998, Brown 1999, Neubeck and Cazenave 2001, Kalil et al. 2002, Bonds 2006, Alfred 2007). To be compliant with the revised TANF policies, welfare recipients are encouraged to quickly find employment, even low-wage employment to avoid loss of benefits through TANF sanction policies (Cherlin et al 2001, Savener 2000, Soss et al. 2003, Kalil et al. 2002). Shunting welfare recipients immediately into low-wage employment prevents the attainment of additional
educational and employment training, which reduces opportunities for employment, thus limiting the growth of future earnings (Alfred 2007).

In response to work first initiatives, studies in Wisconsin (Alfred 2007), Illinois (WWF et al. 2000), and New Jersey (WPWEP 1999) found current and former recipients were forced to discontinue post-secondary educational pursuits or job training programs, regardless of level of completion or ability, to meet TANF requirements in order to attend assigned workfare employment. In the Work, Poverty and Welfare Evaluation Project (1999), 50.2% of the 408 respondents reliant on public assistance reported a need for job training to obtain or maintain employment, as did 44.9% of the 498 respondents who had left TANF. Furthermore, almost 28% of former TANF recipients found job training and workfare activities to be of little assistance in finding living-wage or sustainable employment (WPWEP 1999). Because the work requirements and time limits of TANF policy restrict low-income women’s access to educational and employment training, women’s entry into the labor market – especially those with insufficient education or employment histories – are constrained (Harris 1991, Meyer and Cancian 1996, Parrott 1998, Mink 2002, Taylor and Barusch 2004).

Personnel at welfare agencies also serve as institutional barriers to gaining employment and future economic self-reliance. Welfare caseworkers, in Kalil and colleagues’ (2002) research, admitted their perceptions of clients influenced the level of service they provided to welfare recipients. Additional research also suggests welfare personnel may offer more training and employment opportunities, coupled with supportive services such as subsidized childcare, to European American recipients, than ethnic minority recipients (Gooden 1997, Carroll 2001, Gordon 2001, Kalil et al. 2002,
African American welfare recipients in Gooden’s (1998a) research reported receiving less assistance from caseworkers in finding employment than did European American recipients. Bonds’ (2006) research supports these findings, documenting that African American welfare recipients were less likely than European American recipients to report caseworkers aiding them in leaving welfare. Moreover, even though African American recipients were more likely to finish employment training programs, and in shorter periods of time, African American welfare recipients were less likely to receive job referrals from caseworkers than European American welfare recipients (Bonds 2006). The differential treatment of welfare clients based on ethnicity is disturbing and may aid in explaining why African American welfare recipients are more likely to lose public assistance benefits when they are unable to meet TANF work requirements and why they encounter greater economic hardship than other sanctioned welfare clients (Kalil et al. 2002).

2.5.2 Material Resources

Low-income and welfare-reliant single mothers’ capacity to gain employment and achieve economic self-reliance is influenced by their ability to access essential material resources. Employers of welfare-reliant women in Wisconsin acknowledged single mothers’ potential to fully participate in the labor market is reduced without access to reliable childcare services or transportation (Alfred 2007). PRWORA policy recognizes low-income single mothers’ need for supportive services and requires state welfare agencies to implement initiatives aiding working mothers, specifically childcare and transportation subsidies. Despite these programs, problems associated with
childcare and transportation continue to function as barriers to employment and consequent self-reliance.

2.5.2a  Childcare

Several welfare and welfare leaver studies report single mothers’ find the issue of childcare a daunting barrier to their success. Lack of childcare prevents many mothers from seeking employment or even maintaining employment (Scott et al. 2002). Three problems associated with childcare are childcare subsidies, childcare arrangements, and role conflict. Since the mid 1960s, federal and state governments have offered subsidies for childcare to assist low-income families (Pearlmutter and Bartle 2003). However, with the Family Support Act of 1988, childcare subsidies were awarded to AFDC recipients participating in educational or employment training programs and to recipients leaving AFDC for employment (Pearlmutter and Bartle 2003). Additional subsidies were granted to low-income individuals under the At Risk Child Care initiative in 1990, with the goal of enabling individuals to remain employed and preventing AFDC participation (Pearlmutter 2003). With the introduction of PRWORA, childcare subsidies were federally administered through the Child Care Development Fund and allowed state agencies to determine eligibility requirements and subsidy amounts. Several studies with welfare-reliant and low-income single mothers demonstrate the regulation and allocation of childcare subsidies hinder women’s prospects for obtaining and maintaining employment (Pearlmutter and Katona 1998, Henly and Lyons 2000, Gordon and Chase-Lansdale 2001, Adams and Rohacek 2002, Huston 2002, Pearlmutter and Bartle 2003).
Childcare Subsidy

Participants in Pearlmutter and Bartle’s (2003) study described childcare subsidy programs as complex, bureaucratic, inaccessible, inefficient, and with inadequate services. To obtain childcare subsidies, prospective recipients must generally apply in person at local welfare agencies and provide appropriate documentation verifying annual income eligibility, employment status, financial records, child support enforcement, and age of dependent children requiring care. Obtaining and providing all the documentation required for the application is problematic for some women who may not know what documentation to bring, do not have the resources to provide this documentation, are unemployed or homeless and unable to provide this documentation. Individuals, especially those who are homeless, may not have access to telephone or Internet services and thereby are unable to acquire this information. For those individuals with more means, the restrictive access to childcare subsidy offices, specifically the hours of operation, force applicants to miss mandatory educational or employment training programs, school, or work (Pearlmutter and Katona 1998, Mensing et al. 2000, Adams et al. 2002, Cabrera et al. 2002, Pearlmutter and Bartle 2003). Although some childcare subsidy offices are attempting to streamline the application procedure by making it available electronically, this initiative has the potential to further restrict accessibility to those prospective recipients without access to computers or appropriate computer skills. In addition, sensitive documents such as birth certificates, social security cards, pay stubs, and banking records must either be uploaded electronically or posted through the mail. Either
submission process increases the likelihood of supporting documentation verifying eligibility to inadvertently become separated and misplaced from application forms by social welfare agencies.

When prospective recipients are able to access and complete the application procedure, many applicants are unable to receive the subsidy because either they do not meet eligibility standards for income or employment (Gina et al. 1998, Adams and Rohacek 2002, Clampet-Lundquist et al. 2004), and or the waiting list for childcare subsidies is too long and there is insufficient funding to support the number of subsidies requested (Adams and Rohacek 2002, Atkinson et al. 2001). Research reveals the income eligibility limits for childcare subsidy are set so low in many states and exclude many ‘working-poor’ families in need of assistance (Gina et al. 1998, Adams and Rohacek 2002, Pearlmutter and Bartle 2003, Clampet-Lundquist et al. 2004).

Moreover, childcare subsidy program regulations delineate recipients’ eligibility according to the amount of and type of work activities they engage in weekly. For example, some states reject full-time education when not combined with employment. While, eligibility standards for income and participation in the labor market are designed to aid those individuals with the most need and promote the eventual economic self-reliance of recipients, these requirements serve as barriers to clients by restricting educational pursuits leading to sustained employment.

While eligibility requirements and the application procedure for childcare subsidies are designed to assist individuals with need, the process and regulations safeguarding the appropriate use of these resources serves as a barrier to low-income mothers’ attempting to gain or maintain employment. Again, behavioral ideologies of
poverty, specifically designating who is deserving of assistance and who is not, guide policy makers to create artificial eligibility standards that do not accurately reflect the standard of living of low-income single mother families and do not adequately support economic self-reliance. Limited funding and long waiting lists for childcare subsidies also reveals how behavioral ideologies of poverty identify worthy initiatives capable of promoting economic self-reliance and influence the allocation of resources intended to assist impoverished families.

When low-income families or single mothers are able to obtain childcare subsidies, recipients report several problems finding and maintaining childcare arrangements. Commonly cited issues are: finding childcare providers who will accept subsidies and or meet the recipient’s scheduling needs, physically accessing childcare facilities, affording childcare co-payments, and successfully completing the recertification process. Several studies reveal recipients of childcare subsidies have difficulty finding childcare providers who will accept subsidies as payment, citing the below market reimbursement rate as a contributing factor (Blau and Tenkin 2001, Fuller et al. 2002, Pearlmutter and Bartle 2003). Low reimbursement rates to childcare providers may leave recipients with no choice but facilities providing inadequate care and untrained staff (Pearlmutter and Bartle 2003). Several childcare subsidy systems also have a history of failing to provide subsidized payments on time to childcare providers, jeopardizing low-income women’s childcare arrangements and employment (Pearlmutter and Bartle 2003, Scott et al. 2005). Unable to acquire payment in a timely manner, for services rendered, childcare providers may be disinclined to accept
subsidies as a continued method of payment, thereby restricting low-income women’s access to childcare facilities.

Respondents in several studies also report that childcare facilities, which accept subsidy payments, are often not able to provide services during second or third shift hours or on weekends when recipients are working (Scott et al. 2005, Pearlmutter and Bartle 2003). Unable to obtain formal childcare services when required, not only jeopardizes single mothers’ continued employment, but also obliges mothers to utilize inadequate and often objectionable childcare arrangements (e.g., leaving children unsupervised or in the care of individuals without appropriate experience or qualifications). In addition, when low-income mothers’ lack private transportation, accessing childcare facilities with public transportation is slow and cumbersome, compelling recipients to seek inadequate formal or informal childcare services in their neighborhoods (Mensing et al. 2000, Pearlmutter and Bartle 2003).

Recipients of childcare subsidies also express concerns regarding their inability to meet the required co-payments for childcare services (Pearlmutter and Bartle 2003). This is of significant importance to recipients for several reasons. First, given childcare providers’ below market value compensation rate, recipients, based on their income, are required to pay the remaining balance for rendered services. Respondents in Pearlmutter and Bartle’s (2003) research revealed childcare co-payments further constrained women’s limited financial resources and reduced the household’s capacity to meet other necessary financial obligations. Secondly, as a recipient’s household income increases, childcare subsidies decrease and co-payments increase, further redirecting finite economic resources from other living expenses toward childcare and
potentially eliminating any economic advancement of the household. If the household’s gain in earnings is significant enough, the recipient may no longer meet income eligibility requirements and lose childcare subsidies altogether. Any economic advancement the household would have achieved through increased earnings will most likely be directed toward childcare obligations, potentially situating low-income single mothers in more desperate economic circumstances (Huston 2002, Pearlmutter and Bartle 2003, Clampet-Lundquist et al. 2004).

Recipients of childcare subsidies also report the recertification process for continued receipt of assistances is overly burdensome and jeopardizes the continued care of children and employment of parents. While the recertification process is in place to ensure whether recipients are still eligible for childcare subsidies and remove individuals who are no longer eligible, the process essentially requires recipients to provide virtually the same documentation submitted with the original application. However, recipients reveal being denied continued support when economic circumstances have not changed, because childcare subsidy offices originally recorded inaccurate financial data or lost supporting documentation corroborating eligibility (Scott et al. 2005). Additionally, recipients expressed the process of recertification process was too lengthy and consequently went without childcare services during the review period because subsidies had expired (Henly and Lyons 2000, Scott et al. 2005).

Given the barriers associated with accessing the childcare subsidy system, obtaining and maintaining subsidies, and finding appropriate, affordable and accessible childcare services it is not surprising that low-income single mothers rely on family and friends to meet childcare needs (Pearlmutter and Bartle 2003). However, the
involvement of some welfare agencies in ensuring clients’ childcare needs are met is startling. Respondents in welfare and welfare leaver studies reported caseworkers did not disclose that childcare subsidies were available and/or that they met eligibility requirements (South Carolina Department of Social Services 1998, Loprest 1999, WPWEP 1999, WWF et al. 2000, Scott et al. 2002). These findings may substantiate Johnson and Gais’ (2002) assertions that welfare agencies collect little to no information regarding the childcare arrangements of current and former clients, including whether clients lacked childcare or the length of time clients waited for subsidies. These findings may also support the contention that caseworkers are motivated to reduce caseloads and department expenditures, rather than offer support services promoting employment and economic self-reliance (Maloy et al. 1998, Bell and Strege-Flora 2000, Alfred 2007).

**Childcare Arrangements**

Single mothers who do not receive subsidized childcare encounter many of the same childcare barriers as mothers’ who receive assistance. These barriers influence single mothers’ opportunities for employment, endanger current employment status, and hinder economic self-reliance. While research demonstrates low-income single mothers utilize both formal and informal childcare arrangements, the type of care women select for their children is the direct result of barriers they confront in their efforts to concurrently obtain and maintain childcare, employment, and economic self-reliance.

Formal childcare generally occurs in state regulated and licensed center-based facilities. This type of childcare provider has set hours of operation, rules and
regulations applying to both children and parents, and a fixed payment schedule for services rendered. Utilizing formal childcare arrangements is problematic for many low-income single mothers. As a number of studies illustrate, low-income communities lack affordable, accessible, developmentally appropriate, and available childcare facilities (NICHD Early Child Care Research Network 1997, Queralt and White 1998, Bullard et al. 2000, Gordon and Chase-Lansdale 2001, Fuller et al 2002, Huston 2002, Press and Johnson 2004). Inadequate community resource investments into formal childcare facilities obliges women to seek childcare arrangements outside of their neighborhoods, where providers are more expensive and more difficult to access without private transportation (Chaundry 2004, Press and Johnson 2004). Furthermore, formal childcare facilities generally do not meet low-income single mothers non-standard and shifting work hours and require women to either coordinate informal childcare arrangements or opt out of paid employment (Maynard et al 1990, Mishel and Bernstein 1994, Hofferth 1995). Single mothers’ options for childcare providers are further constrained by the proximity of childcare facilities to women’s employment, women’s residences, and children’s schools (Henly and Lyons 2000). The lack of available and accessible childcare providers impedes single mothers’ efforts to obtain self-reliance by circumscribing employment opportunities, limiting earnings, and reducing finite economic resources.

When low-income single mothers are unable to afford or access formal childcare arrangements, research demonstrates women resort to informal childcare providers, rather than forgoing paid employment and future economic self-reliance (Henly and Lyons 2000, Scott et al. 2002, Scott et al. 2005). Informal childcare is described as
home-based care provided to children by close family members or friends. This type of childcare is not regulated or licensed by the state, meets the limited financial resources and work schedules of low-income single mothers, and is usually convenient and accessible to either women’s employers, residences, or children’s schools. When relatives or close friends provide childcare, services are less expensive than formal childcare arrangements. In addition, women are often able to coordinate flexible payment schedules or provide in-kind payments to relatives or friends as a result of limited economic resources or unanticipated household expenditures (Henly and Lyons 2000). Additionally, the informal care provided by family and friends is potentially scheduled more easily around mothers’ non-standard work hours or multiple jobs, than formal care (Henly and Lyons 2000).

While informal childcare is able to meet several of the demands of low-income single mothers, this type of arrangement has three primary disadvantages and is often more unstable than formal childcare (Henly and Lyons 2000). Since relatives or friends are generally not trained or licensed childcare providers, children do not receive developmentally appropriate or educationally oriented care, which later hinders their academic performance and progress in school (Pearlmutter and Bartle 2003). Furthermore, as informal childcare arrangements may involve the care of one woman’s children, these children lose valuable age appropriate socialization opportunities, which are fundamental to formal childcare curriculum and essential to emotional and psychological maturation (Henly and Lyons 2000, Huston 2002, Brown and Barbosa 2004, Chaundry 2004). Secondly, while many low-income single mothers express concerns regarding the safety of their children with formal childcare providers, family
and friends may provide a false sense of security to mothers. As informal care is generally accessible to single mothers’ residences, family and friends may live in neighborhoods characterized by high levels of crime or environments unsuitable for children to play (Press and Johnson 2004). Additionally, when either elderly or young family members or friends provide informal childcare, children may not receive appropriate levels of supervision resulting in potential harm (Galinsky et al. 1994, Fuller et al. 1996, Kontos et al. 1997).

Lastly, when informal childcare is provided by a woman’s familial and social network, care must be coordinated between the mother’s and caregiver’s schedules. When single mothers’ work hours vary from day to day or week-to-week, caregivers may not be able to accommodate women’s inconsistent schedules (Scott et al. 2002). Additionally, since many low-income single mothers’ familial and social networks confront similar economic circumstances (Press and Johnson 2004), family members and friends often cannot forego paid employment for unpaid or low paying childcare services (Henly and Lyons 2000). Furthermore, familial and social networks may be unwilling to provide childcare for low-income single mothers when network members disapprove of women’s activities or when mothers do not demonstrate reciprocal support (Youngblut et al. 2000, Scott et al. 2005). Single mothers utilizing informal childcare providers may encounter one or all of the described disadvantages, which result in the instability of childcare arrangements and jeopardize women’s continued employment and achievement of economic self-reliance.
Role Conflict

Several studies reveal low-income single mothers confront significant internal conflicts regarding their roles as breadwinners and primary care givers resulting in emotional and physical strain (Okongwu 1993, Hicks-Bartlett 2000, Kalil et al. 2000, Litt et al. 2000, Youngblut et al. 2000). While low-income single mothers recognize the need and value of employment and education in improving economic circumstances and the subsequent achievement of economic self-reliance (Lin 2000), this is weighted against deeply rooted cultural values of motherhood and parenting. For many women, specifically African American women, motherhood continues to be intrinsically related to a woman’s personal identity, self-worth, and value (Roberts 1997, Hill-Collins 1997, Geronimus 2003). However, society’s value of African American motherhood has been historically undermined through: the practice of slavery; racial discrimination in the labor market, which necessitated the need for the combined earnings of both parents and deemphasized the childcare responsibilities of women; disparaging and racially charged media; and welfare policy (Abramovitz 1997, Roberts 1997, Mink 2002, Douglas and Michaels 2004, Conrad and King 2005).

Low-income African American single mothers continue to encounter conflicting cultural messages advocating the economic self-reliance of single mothers, promoting the maintenance of two parent households where women are economically dependent on men, and suggesting well adjusted children are produced through the care giving of one parent who remains at home. These messages are reflected in the views of low-income single mothers in several welfare and welfare leaver studies. Youngblut and colleagues (2000) and Litt and colleagues (2000) report single mothers either remain
unemployed or underemployed to ‘be there for their children’. In these studies, single mothers expressed how providing a nurturing environment in which their children could grow and develop was worth the economic hardships their households sometimes encountered (Litt et al. 2000, Youngblut et al. 2000). Low-income and welfare-reliant single mothers are also undecided as to whether marriage would improve their current circumstances, citing how marriage would challenge their capacity to care for their children and would encourage economic dependence on their husband’s earnings (Scott et al. 2002, Gemelli 2008). Single mothers in Youngblut and colleagues (2000) study also revealed their belief “that not being there [for children] could lead to all sorts of problems [as children] grew up” (p.130). Mistrust of formal and informal childcare providers and consistent concerns regarding the well-being and safety of children also influence single mothers’ decision to stay at home with children and forego employment or remain underemployed (Henly and Lyons 2000, Youngblut et al. 2000, Pearlmutter and Bartle 2003, Scott et al. 2005).

2.5.2b Transportation

Transportation serves as a physical barrier to employment, economic security, and economic self-reliance. Lacking transportation limits employment opportunities (Reichert 1997, Harbaugh and Smith 1998, Heflin 2003, Seefeldt and Orzol 2003) and influences employment outcomes (Blumenberg 2000). Nam’s (2005) research supports these findings, concluding a lack of transportation not only reduced the rate at which welfare participants transitioned to employment, but also was statistically significant in the likelihood of returning to welfare. Additional factors account for these problems,
TANF policy, unequal financial investments in the economic growth and infrastructure of communities, and the cost of private and public transportation.

**TANF Policy**

TANF policy eligibility guidelines regarding vehicle asset values are regulated at the state level and determine whether an individual may receive cash assistance. Eight states mandate that either the equity or fair market value of a vehicle must be between $2,000 and $4,650, while 16 other states, to include Washington D.C., set a maximum value of $12,000 (The Urban Institute 2002). Twenty-two other states exempt one vehicle, regardless of value, per household, while 5 states exempt one vehicle per licensed driver, regardless of value (The Urban Institute 2002). These regulations may unfairly penalize some potential welfare recipients, forcing individuals to sell reliable vehicles and to either go without or rely on less reliable means of transportation. These regulations and policies directly reflect behavioral ideologies of poverty, which create artificially low poverty guidelines and do not consider appropriate cost of living standards when devising economic eligibility requirements for social service programs.

**Financial Investment in Communities**

Labor market growth has increasingly occurred outside of resource poor communities and in more prosperous suburban areas, necessitating a means of transportation to access living wage employment opportunities over the last several decades. When low-income or welfare-reliant single mothers lack private transportation
potential opportunities may become inaccessible or only reached through public transportation (Reichert 1997, Ong and Blumenberg 1998). Public transport, however, can reduce the accessibility of potential employment found in suburban areas. Lengthy commutes from residences to job sites or no transit service to and from places of employment, reduce access to living wage employment and time available to work impeding economic self-reliance (Ong and Blumenberg 1998). Policies and legislation disproportionately dictating where financial resources are invested to promote community job growth and sufficient and reliable transportation infrastructure adversely influence low-income and welfare-reliant single mothers’ participation in sustainable employment, build financial safety nets, and achieve economic self-reliance.

When low-income or welfare-reliant single mothers’ have access to private or public transport, research indicates women seek employment outside of their local community (Blumenberg 2000). The transportation related barriers low-income and welfare-reliant single mothers confront are specific to the type of transportation utilized, private or public. Previous research by Blumenberg (2000) suggests low-income and welfare-reliant individuals’ possess inconsistent means of transport, relying on a combination of transportation methods (i.e., personal vehicles, borrowed vehicles, carpooling, informal and formal taxis, bus, and rail services) to reach work or accomplish household errands or obligations. Given the potential array of transportation methods utilized by low-income and welfare-reliant single mothers, understanding how both types of transport pose diverse barriers to economic self-reliance is essential.
According to the National Household Travel Survey (2003), 91% of individuals commuting to work used personal vehicles and 8% of U.S. households did not possess a vehicle. While vehicle ownership could improve low-income and welfare-reliant individuals’ employment opportunities and economic security (Ong 1996, Blumenberg 2000, Cervero et al. 2000), vehicle ownership can exact substantial financial resources from a household budget. When considering the cost of driving for low-income and welfare-reliant single mothers, expenditures for driver training, licensure, registration, insurance, and operating and maintaining a vehicle must be considered. The American Automobile Association and Runzheimer International (2005) estimate the annual expenditures for operating and maintaining a midsize vehicle for 15,000 miles is over $8500. An earlier study by the Surface Transportation Policy Project (2003) reported American households directed on average 19.3% of every dollar spent toward transportation expenditures and were only exceed by housing expenditures. This same study, revealed households earning net annual incomes less than $14,000, allocated 40.2% ($5,628) of their income toward transportation expenses (Surface Transportation Policy Project 2003). Research by Edin and Lein (1997a) further demonstrate low-wage non-welfare-reliant single mothers expend more financial resources for transportation than welfare-reliant single mothers. Unless private transport can significantly increase a low-income or welfare-reliant single mother’s earnings, the benefit of private transportation is potentially outweighed by the financial burden of operating and maintaining a vehicle. Rising fuel costs and regular vehicle maintenance may further constrain limited household budgets forcing households to either: reduce excursions made by car, which potentially limits access to necessary resources;
reallocate funds from other expenditures, potentially subjecting the household to material hardship; forego required maintenance leaving the household with an unreliable or even dangerous means of transport; or accrue financial debt, which destabilizes the economic security and economic self-reliance of the household.

For low-income and welfare-reliant single mothers without reliable access to private transport, public transportation is often an alternative. While public transportation has the potential to be less expensive than having one’s own vehicle, public transportation poses three significant complications for low-income or welfare-reliant single mothers. Most frequently cited are the lengthy transit times low-income or welfare-reliant commuters must endure when relying on public transportation (Blumenberg 2000). Holzer and colleagues (1994) demonstrated low-income or welfare-reliant commuters would tolerate lengthy transit times for employment, when earnings, fringe benefits, and potential career advancement outweigh the monetary and physical costs of commuting. Given the surge of employment opportunities in suburban areas, low-income and welfare-reliant single mothers living in resource poor communities and seeking living wage jobs are increasingly forced into lengthier commutes, resulting in higher transportation expenditures and less time with children.

Related, is the issue of public transit infrastructure. The differential allocation of county, state, and federal resources or the financial incentives promoting economic growth in certain communities shapes not only the labor market, but also how individuals access employment. When bus or subway routes do not connect resource poor communities to areas of living wage employment, the lack of sufficient infrastructure in essence restricts and consolidates the potential applicant pool to a
particular group of individuals (Harbaugh 1998, Ong and Blumenberg 1998, Elliot 1999, Cervero et al 2002, Press and Johnson 2004). Furthermore, limited bus and train schedules and/or routes impede efforts to attend 2\textsuperscript{nd}, 3\textsuperscript{rd}, or weekend employment shifts. Women, reliant on public transportation, have also reported concerns over their safety, citing the distance of transit stops from residences and the desolate conditions of transit stops during off peak hours (Schulz and Gilbert 1996, Blumenberg 2000). Other scholars highlight how public transportation does not meet the needs of women traveling with children, illustrating the difficulties and impracticality of traveling with strollers, children, and parcels from daily errands (Reichert 1997). Insufficient and impractical public transit systems impede low-income or welfare-reliant single mothers’ attempts to obtain or maintain employment, meet the everyday needs of their households, and potentially endangers their safety.

Lastly, research by the American Public Transportation Association (APTA) in 2003 suggests even though the annual cost of public transportation is significantly less than possessing a vehicle, the expense may be too high for some low-income or welfare-reliant single mothers who do not receive transportation subsidies from local social service offices. Using the APTA’s (2003) estimated annual expenditure for a single commuter relying on public transportation (e.g., $1,416.00), a household earning a net income below $14,000 will spend 10% of its income on the transportation needs of one household member.\footnote{An annual expenditure amount of $1,416 is for a base fare of $3.00 with no discount or additional charges for parking or transfers.} This is most likely an underestimate, considering the APTA’s calculations only account for roundtrip transportation to employment. Previous research indicates this is an inaccurate reflection of how low-income or welfare-reliant
single mothers utilize public transportation. According to Strathman and Dueker (1994) and Blumenberg (2000), single mothers relying on public transit systems engage in the practice of ‘trip chaining’, essentially stringing several responsibilities (e.g., employment, schools) and errands (e.g., grocery stores, Laundromats) in one lengthy trip. Since these commutes can, and often do, involve several household members, low-income and welfare-reliant households most likely allocate more than 10% of their annual net income toward public transportation expenditures. Increased expenditures of net household income toward public transportation reduces the amount of available resources applied to housing, food, childcare, healthcare, and other household necessities. This is additionally problematic for low-income households living in expensive housing markets, where more than 30% of net annual income is spent on housing related expenditures.

2.5.3 Life Course Barriers

Four life course events experiences impede low-income and welfare-reliant single mother’s employment and eventual economic self-reliance: mental health status, physical health status, substance abuse, and domestic violence.

2.5.3a Mental Health Status

In a national survey, Kessler and colleagues (1994) report 13% of the U.S. population suffers from mental health disorders. Only in the last decade has sincere attention been paid to how mental health disorders effect low-income and welfare single mothers’ opportunities for employment and economic self-reliance (Jayakody and
Stauffer 2000). Previous research with AFDC clients demonstrates that at least 29% and as much 48% of welfare-reliant women suffered from mental health disorders (Belle 1990, Bassuk et al. 1996), which potentially constrained women’s employment endeavors and consequent economic self-reliance. Relatively recent research by Danziger and colleagues (2000) also demonstrates the high prevalence rate of mental health disorders among low-income and TANF reliant single mothers. In their study of 655 participants, 34.7% suffered from mental health ailments such as clinical depression, generalized anxiety, and post traumatic stress disorder (PTSD) (Danziger et al. 2000). Given recent research illustrating how PRWORA policy and TANF programs disregard the significance of mental health disorders and consequently limit access to employment and undermine economic self-reliance (Danziger et al. 2000, Jayakody and Stauffer 2000, Taylor and Barusch 2004), it is essential to understand how mental health ailments operate as barriers.

While research has consistently associated poor neighborhood conditions to psychological stress (Ross and Jang 2000), sustained material hardship to declining mental health status (Ensminger 1995), and low socioeconomic status to mental health disorders (Kessler et al. 1994) it is potentially problematic to discuss the correlation between poverty and poor mental health status as institutional or societal barriers (Jayakody and Stauffer 2000). As Jayakody and Stauffer (2000) contend, the discussion of mental health ailments impeding employment and economic self-reliance can easily be linked to behavioral ideologies of poverty that ‘blame the victim’ for their economic circumstances and misconstrued as an extension of the ‘culture of poverty’ model (Moynihan 1965). However, limited economic resources and opportunities for human
capital development, stressful life events, care giving strain, and unsupportive familial and social networks affect mental health status, as well as socioeconomic status (Jayakody and Stauffer 2000). Understanding how PRWORA policy and TANF programs further constrain the economic self-reliance of clients with mental health ailments advances the validity of Jayakody and Stauffer’s (2000) contentions.


The link between employment and mental health status is even more problematic for recipients of welfare. Single mothers with poor mental health status have longer histories of welfare receipt (Danziger et al. 2000), find it difficult to
transition off of welfare for employment (Jayakody et al. 1998, Barusch et al. 1999, Danziger et al. 2000b, Derr et al. 2000, Jayakody and Stauffer 2000, Sweeny 2000), and return to welfare because they are unable to sustain employment (Salomon et al. 1996, Zuckerman and Kalil 2000, Loprest 2002). Furthermore, the receipt of welfare is stigmatizing leading to a lower self-esteem and declining mental health status (Ensminger 1995), hindering single mothers efforts to gain employment and transition off of public assistance. Recent research by Cheng (2007) corroborates this finding, reporting worsening mental health status with TANF receipt. Increased psychological distress among TANF clients with mental health disorders could be explained by the mandatory work requirements of PRWORA and the risk of sanctions or removal from welfare for non-compliance to regulations (Jayakody and Stauffer 2000, Cheng 2007). TANF recipients’ economic and mental well-being is further strained as few states recognize mental health disorders as criteria for exemptions from TANF work requirements or extensions on TANF time limits (Jayakody and Stauffer 2000). Moreover, few TANF programs offer continuous treatment and case management for welfare clients with mental health disorders (Danziger et al. 2000, Jayakody and Stauffer 2000).

2.5.3b Physical Health

Olson and Pavetti 1996, Danziger et al. 2000a, Moffit and Cherlin 2002, Seefeldt and Orzol 2003, Taylor and Barusch 2004, Nam 2005, East and Bussey 2007). Among AFDC clients, Loprest and Acs (1996) reveal 17 – 19% of recipients possess a physical ailment, which limits employment. Studies with TANF clients report similar statistics. Data from Michigan’s Welfare Employment Survey (WES) demonstrates of 693 low-income and welfare-reliant single mothers, 18.7% of participants experienced physical health ailments, which limited their participation in the labor market (Danziger et al. 2000a). Research by Taylor and Barusch (2004) presents a more startling picture of physical health status among TANF clients. In a sample of 284 women, over 40% of participants perceived their health status to be poor or fair, over 53% of participants reported physical health ailments, and almost 35% of the sample revealed physical health problems constrained employment (Taylor and Barusch 2004). Poor health status among low-income and welfare-reliant single mothers pose as significant barriers to women attempting to gain employment and achieve economic self-reliance for their households.

Low-income and welfare-reliant single mothers with poor physical health status are more likely to be unemployed and underemployed compared to women without physical health problems (Anson and Anson 1987, Bird and Fremont 1991, Herold and Waldron 1985, Verbrugge and Madans 1985). Furthermore, poor physical health status is associated with longer histories of welfare reliance (Danziger et al. 2000a, Taylor and Barusch 2004). This is problematic for welfare-reliant single mothers given TANF’s time limits for assistance and mandatory work requirements. Women who experience physical health problems limiting their participation in the labor market are unable to
comply with work requirement and risk sanctions from welfare agencies, potentially resulting in the partial or complete loss of benefits (Danziger et al. 2000a, Loprest 2002, Romero et al. 2003, Taylor and Barusch 2004, Siegel et al. 2004). The loss of public assistance leaves these female-headed households bereft of economic safety nets and often more disadvantaged. Several studies have suggested women in these circumstances remain unemployed and their households suffer extreme material hardship (Danziger et al. 2000a, Moffit and Cherlin 2002, Nam 2005). For those women with poor health status that are able to participate in the labor market and leave TANF, retaining employment and gaining economic self-reliance is difficult (Danziger et al 2000a, Moffit and Cherlin 2002, Taylor and Barusch 2004, East and Bussey 2007). Nam (2005) and Loprest (2002) demonstrate poor physical health status is significantly associated with the likelihood of returning to welfare.

2.5.3c Substance Abuse

Substance abuse among low-income and welfare-reliant single mothers is recognized by lay people, policy makers, and researchers as a barrier to leaving public assistance, gaining and maintaining employment, and the subsequent achievement of economic self-reliance (Olson and Pavetti 1996, Schmidt et al. 2002, Taylor and Barusch 2004, Alfred 2007, East and Bussey 2007). However, several misconceptions exist concerning the pervasiveness of substance abuse among welfare clients (Califano 2002, Turner 2003) and the influence of active substance abuse in impeding employment and economic independence. The most recent reports on active substance abuse among the general U.S. population age 12 and older is estimated at 9.6%, or 22.6 million people,
with 6.3% of all women chemically dependent (Substance Abuse and Mental Health Services Administration 2007). Estimates of substance abuse or dependence vary among welfare clients, due in part to how substance abuse is defined, data collection techniques, and reporting methods. Also significant is the stigmatizing characterization and demonization of substance abuse, which results in the under reporting of active chemical dependence. Research by the General Accounting Office (2001) estimated at least 3% to as much as 12% of all TANF recipients were active substance abusers. While the prevalence rates of substance abuse may appear higher among recipients of welfare, Jayakody and colleagues (2000) contend that active substance abuse among TANF clients is not statistically different than the rate of substance abuse in the general population. Research among welfare recipients demonstrates clients are more likely to suffer from poor mental health status than have active substance abuse problems (Jayakody et al. 2000, Jayakody et al. 2004, Pollack et al. 2002). Furthermore, in response to societal conjecture about the profusion of substance abusers relying on public assistance, Kaestner (1998) advocates if all active substance abusers were removed from welfare, caseloads would diminish by only 3 to 5%.

mediating and co-occurring barriers preventing employment and economic self-reliance. Poor mental and physical health, low rates of human capital development, housing and transportation insecurity, poor neighborhood conditions, unsupportive familial or social networks, and a history of domestic violence or sexual abuse are positively correlated to an increased propensity for substance abuse, but may act as interdependent barriers (Bennett 1995, Brooks and Buckner 1996, Dickey and Azeni 1996, DeParle 1999, Guttman et al. 2003, Morgenstern et al. 2003, Metsch and Pollack 2005, Meara 2006). However, the combination of several barriers is more detrimental to leaving public assistance, employability, and economic self-reliance, than the sole barrier of substance abuse (Morgenstern et al. 2003).

While substance abuse alone or in concert with other barriers operates as a barrier, active chemical dependence or a previous history of substance abuse acts as a barrier to employment and economic self-reliance. Research by Metsch and colleagues (2003) suggests lengthy residential substance abuse treatment programs increase the likelihood of leaving welfare for sustainable employment. The Drug Abuse Treatment Outcome Study (DATOS), supports these findings, reporting that within six months of joining the study, participants who attended substance abuse treatment facilities, substantially increased labor market participation rates from 11.3 to 35.6% (Ginexi et al. 2003). However, according to regulations defining eligible ‘core’ TANF work activities, recipients of public assistance may engage in short term substance abuse treatment programs when certified as medically necessary, for a total of 6 weeks annually, and for no more than 4 weeks consecutively (DHHS n.d.). Given research demonstrating the negative impact active substance abuse has on employment and
earnings, and research illustrating the positive influence substance abuse treatment has on employment outcomes, TANF policies impede low-income and welfare-reliant single mothers’ opportunities for sustained sobriety, employment, and economic self-reliance (Bush and Kraft 2001). Furthermore, active substance abusers and those in recovery, who are reliant on welfare, simultaneously undertake the complicated task of finding and maintaining employment, entering and remaining in substance abuse recovery, and achieving a modicum of economic self-reliance, all of which can be overwhelming before the expiration of TANF time limits (Bush and Kraft 2001, Schopperly 2005).

Additionally, when active substance abusers reliant on TANF are unable to comply with mandatory work requirements or test positive for active substance, potential consequences are the partial loss of benefits (i.e., temporary cash assistance) or termination from support service programs (e.g., TANF, Food Stamps, public or subsidized housing) (Schmidt et al. 2002, Guttman et al. 2003, Jayakody et al. 2004, Meara 2005, Schopperly et al. 2005). When welfare clients are terminated from TANF because of positive screenings or admissions of substance abuse, they are likely to be more disadvantaged than when receiving public assistance, reporting unemployment, no household income, housing insecurities, material hardship, and diminished mental or physical health status (Chandler et al. 2004, Metsch and Pollack 2005).

In addition to TANF policies and regulations, welfare-reliant substance abusers and those in recovery, report problems with welfare agency personal, which impede their achievement of economic self-reliance and challenges their efforts to stay ‘clean’ (Bush and Kraft 1998, Bush and Kraft 2001). Participants in Bush and Kraft’s (2001)
study described welfare agency personnel as judgmental, disrespectful, and blatantly unhelpful when they learned of participants’ substance abuse problem. Single mothers in this study also reported limited access to appropriate substance abuse treatment, case management, and support services such as: housing, transportation, childcare, education, and employment training (Bush and Kraft 2001). The combination of mistreatment by welfare agency personnel and the lack of supportive services to aid chemically dependent single mothers in their transition to sobriety and economic self-reliance left women feeling abused by the welfare system and overwhelmed with the task of rebuilding their lives (Bush and Kraft 2001). The attitudes and behaviors of personnel at welfare agencies are a reflection of societal values regarding substance abuse and serve as barriers to economic self-reliance.

2.5.3c Domestic Violence

and income earnings (Riger et al. 2004). These findings are particularly relevant given the reported prevalence of domestic violence among female welfare recipients is higher than that of the general population (Raphael and Tolman 1997, GAO 1998, East and Bussey 2007). While estimates vary across studies due to how abuse is defined and the stigma associated with reporting abuse, 55% of welfare recipients are estimated to have experienced domestic violence in their lifetime, whereas only 25% of the general population is estimated to have been a victim of domestic violence in their lifetime (Raphael and Tolman 1997, U.S. GAO 1998).

In welfare and welfare leaver studies, a history of domestic violence abuse is commonly referenced as a personal barrier to leaving public assistance, gaining and maintaining employment, and achieving economic self-reliance (East and Bussey 2007). However, this categorization overlooks how patriarchal ideologies promote gender stratification in private, public, social, and political spheres, and serve as conduits for the proliferation of domestic violence experienced by women. Societal attitudes, beliefs, and values diminishing women’s worth, operate as both institutional and societal barriers because they not only give men license to abuse women during interpersonal relationships, but also eschew responsibility for sustaining these ideologies in economic, political, public, religious, and social institutions.

2.5.4 Familial and Social Networks

Putnam (1995) broadly defines social capital as the “features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit” (p.66). Briggs (1998) describes social capital as “a
how this type of assistance from family or friends can improve the psychological well-being of low-income or welfare-reliant single mothers.

Instrumental support given to impoverished single mothers from familial or social networks are usually in the form of gifts of clothing, food, household items, or money and assistance with childcare or transportation (Stack 1974, Spalter-Roth et al. 1995, Edin and Lein 1997, Moffitt and Cherlin 2002,). Recent research by Henly and colleagues (2005) with low-income and welfare-reliant single mothers and their perceptions of informal support from friends and family demonstrates a positive association between the degree of perceived support and reductions in household poverty and material hardship. Harknett’s (2006) research confirms these findings and further illustrates a positive association between high levels of familial and social network support and greater employment earnings and less reliance on public assistance among impoverished single mothers.

The information provided by network contacts that assist individuals with employment or human capital development is often referred to as leveraging support (Briggs 1998). Leveraging support from networks does not usually take the form of financial assistance, but does enhance individuals’ economic advancement through job referrals and employment or educational opportunities (Briggs 1998). Leveraging support supplied by network members does not necessarily influence the quality of employment obtained (Henly et al. 2005), rates of employment (Green et al. 1995), earnings (Falcon and Melendez 1996), and reliance on welfare (Henly et al. 2005). Consistent research also details how familial and social networks serve as barriers to leaving welfare, obtaining employment, and achieving economic self-reliance (Stack
Local, state, and federal governments’ determine financial and resource investments in the development redevelopment of communities. Resource poor neighborhoods suffer from a lack of investment in labor market growth and transit systems. This lack of investment acts as an institutional barrier to individuals’ opportunities for employment and economic self-reliance because it spatially and socially isolates access to social capital (Wilson 1987, Montgomery 1992). Several welfare and welfare leaver studies, as well as commentaries on poverty studies, suggest neighborhood conditions significantly influence the type of networks economically disadvantaged people construct (Liebow 1967, Ladner 1971, Stack 1974, Wilson 1987, Press and Johnson 2004). When low-income or welfare-reliant single mothers live in resource poor neighborhoods, many of their network contacts also live in those same neighborhoods and are just as economically disadvantaged (Laumann 1973, Fischer 1982, Wilson 1987, Briggs 1998, Press and Johnson 2004). While impoverished single mothers are able to construct strong coping based relationships with family and friends in their community, these network contacts are not ideally suited to providing the requisite leveraging support for economic advancement (Henly et al. 2005). Just as impoverished single mothers’ opportunities and network construction is constrained by resource poor neighborhood conditions, so too are network members’ opportunities and contacts. This reduces not only the quality of leveraging support network members can provide, but also results in low-wage and low-benefit employment, which hinders economic advancement and self-reliance (Wilson 1987, Montgomery 1992, Briggs
Furthermore, research suggests because spatially and socially isolated networks are limited in the amount and quality of leveraging support they can provide to others, single mothers reliant on welfare perceive fewer opportunities for support and receive less assistance from their familial and social networks, and subsequently experience longer bouts of welfare receipt and poverty, than employed low-income single mothers (Edin and Lein 1997, Henly et al. 2005).

Another context in which social networks act as barriers to leaving welfare, obtaining employment, and achieving economic self-reliance is through social service personnel and welfare agency service providers. While there is sufficient evidence to suggest personnel from these organizations serve as barriers to employment and consequent economic self-reliance (Gooden 1998a, Bonds 2006), this evidence is not situated in the context of social capital or networks. Case managers and personnel from government and community-based organizations are part of low-income and welfare-reliant single mothers’ extended social networks and are able to provide valuable coping and leveraging support. However, when personnel from these agencies deny or terminate benefits (e.g., food stamps, cash assistance, childcare subsidies) based on eligibility guidelines or policy violations, impoverished women lose access to critical coping resources. Furthermore, when personnel from these agencies deny women entry to educational or employment training programs or do not assist with employment referrals or searches, impoverished women lose access to a fundamental source of leveraging support unavailable from other network members. Moreover, agency personnel do not assist clients in building larger, greater endowed social networks. The failure of social service and welfare providers to provide essential coping and
leveraging support stems from behavioral ideologies of poverty, which suggests impoverished individuals are responsible for their own economic circumstances and must endeavor to resolve their problems with as little assistance as possible.

In addition, the coping support provided by familial and social networks can serve as a barrier to leaving welfare, obtaining and maintaining employment, and achieving economic self-reliance through governing ideologies of economics, family, gender, and identity. The rules and expectations regulating the type of coping support provided by networks are culturally constructed and often operate according to tenets of generalized and balanced reciprocity – meaning this support is not free and requires some form of repayment (Harknet 2006). These obligations may prove potentially problematic for some low-income and welfare-reliant single mothers who are unable to reciprocate in kind or in a timely manner. Unable to meet the obligations or expectations of network members, some women may be ostracized from their networks and lose critical access to emotional, material, and non-material resource support (Brown and Barbosa 2004). Moreover, for low-income or welfare-reliant single mothers who are able to meet the reciprocal obligations engendered through network coping support, this reciprocity may place a significant drain on a mother’s material and financial resources and hinder their ability to accumulate sufficient resources, which could promote their economic self-reliance (Stack 1974).

Lastly, research also demonstrates the type of coping support provided by familial and social networks to low-income and welfare-reliant single mothers can be unreliable and inconsistent, leaving women without valuable material and non-material resources (Roschell 1997, Nelson 2000, Harknet 2006). Research by Henly and Lyons...
(2000), Youngblut and colleagues (2000), and Scott and colleagues (2002), concerning the childcare arrangements of low-income and welfare-reliant single mothers report the informal childcare provided by network members is often erratic and unstable, and subsequently leads to increased parental strain experienced by female-headed households (Ahluwalia et al. 1998, Youngblut et al. 2000, Scott et al. 2005). Participants from Youngblut and colleagues’ (2000) study revealed how family members and friends were unwilling to provide emotional support and informal childcare when single mothers attempted to enhance their economic self-reliance through either employment or education. The single mothers in Youngblut and colleagues’ (2000) study expressed how this lack of emotional and instrumental support undermined their attempts to improve the economic security of their households and hindered their attainment of economic self-reliance. Participants’ in Youngblut and colleagues’ (2000) study suggested this lack of network support originated from the fear and jealousy felt by friends and family members regarding single mothers’ attempts to gain greater economic success.

While this line of reasoning may explain why some familial and social networks fail to provide low-income and welfare-reliant single mothers with instrumental and emotional support, an additional consideration may explain this lack of support from network members. Stack’s (1974) landmark study of low-income and welfare-reliant urban African American single mothers in the late 1960s revealed how familial and social network members saw the attempts of others to achieve greater economic self-reliance as a potential threat and loss to their own network coping resources. While this concept is not explored by Youngblut and colleagues (2000), the familial and social
network members of low-income and welfare-reliant single mothers may fear these women’s attempts to gain greater economic self-reliance because they believe ongoing reciprocal exchanges of instrumental and emotional support will be dissolved.
CHAPTER 3
RESEARCH SETTING & METHODOLOGY

3.1 Prince George’s County, Maryland

Prince George’s County, Maryland was established on April 23, 1696 with land ceded from Calvert and Charles counties. The county is approximately 500 square miles in size, with twenty-eight incorporated municipalities, and is part of the peninsula making up southern Maryland. The county is directly adjacent to the District of Columbia, bordering the nation’s capital to the north, east, and south, and is part of the Washington D.C. Metropolitan Area. In 2005, the census estimated that Prince George’s County had almost 850,000 residents. Prince George’s County ranked as the largest county of its size with the largest proportion of African-American residents in the country, with over 66% of residents self-identifying as African-American (U.S. Census Bureau 2006, County and City Extra 2002, Aizenman 2007, Rucker 2007). Furthermore, Prince George’s County has the highest per capita income and is the most prosperous county with an African-American majority in the United States (Cashin 2001, Office of the Prince George’s County Executive 2007).

Historically, Prince George’s County was a major agriculture center and the largest producer of tobacco in the state of Maryland (Virta 1984). Prince George’s County was also the center for the slave trade in Maryland. Before abolition, the county had the largest slave population in the state of Maryland (Thornton and Gooden 1997).
However, with the emancipation of slaves and the economic repercussions of the Civil War, Prince George’s County lost its wealth, agriculture production dramatically decreased, and its former slaves migrated out of the county (Virta 1984).

During the period of reconstruction, Prince George’s County grew as the District of Columbia offered more government jobs and employees could not afford to live in the nation’s capital. With the advent of streetcars in the late nineteenth century, transportation between the district and the county was practical and suburban communities rapidly developed around the streetcar lines. Prince George’s County transformed into a bedroom community as federal employment increased in the District of Columbia, specifically before and after World War I and II, and the continual development of efficient transportation (Virta 1984, Bunting and D’Amario 1998). In the early 1960s, Prince George’s County was the fastest growing county in the country, with less than ten percent of its population African-American (Virta 1984, Maryland-National Capital Park and Planning Commission 2004).

The county’s population expansion came to a halt in the late 1960s and early 1970s, as several factors made the county less attractive to its mostly white residents. In the 1950s and 1960s, Prince George’s County maintained racially segregated schools, defying a Supreme Court decision to integrate (Thornton and Gooden 1997). In the early 1970s, the county’s Board of Education was required to develop a desegregation strategy that was not based on race (Thornton and Gooden 1997). To achieve desegregation of the schools system, the county implemented involuntary student busing.
At the same time that some in Prince George’s County were fighting desegregation, lower property taxes and cheaper land in surrounding counties encouraged some Prince Georgians to migrate to the surrounding counties of Anne Arundel, Howard, and Montgomery. This movement coincided with a slow down in the development of new government jobs and the increased availability of newly constructed affordable garden apartments and condominiums, which opened the Prince George’s County housing market to lower and middle-income African-American families (Pearl 1996). Like several other urban and suburban areas during this time period, African-American families in Prince George’s County met with intense resistance when moving into white neighborhoods. According to African-American historians, Prince George’s County went by the moniker of “Little Georgia” because of the county’s reputation for discriminatory treatment towards African-Americans (Thornton and Gooden 1997).

In the late 1960s and early 1970s, new home construction was prevented in the county by a state imposed ban on new sewer-line construction (Virta 1984). The pause in new home construction, along with mandatory and involuntary student busing and an influx of African-American families to inner beltway communities, witnessed what historians document as the ‘white flight’ to suburban areas (Virta 1984, Pearl 1996). Continued ‘white flight’ during the 1970s and 1980s, combined with the creation of white-collar industry and affordable housing attracted middle class African-American home-buyers (Pearl 1996 and Cashin 2001). These new residents did not meet as much resistance as their predecessors, due in part to the cohesive community identity.

The transformation of Prince George’s County from predominately white to predominately African-American has had an enormous impact on the economic development and political structure of the county (Pearl 1996, Texeria 1999). While the county is home to several affluent suburban enclaves of African-Americans, it is also home to several low-income communities. A recent report from the Prince George’s County Department of Housing and Community Development estimated that over fifty percent of residents in fifteen different communities inside and outside the I-495 Capital Beltway live in poverty (Prince George’s County DHCD Brief 2007: Map No. 20070023). The growth of low-income communities increased from 1994 thru 1998, specifically in northern parts of the county inside the Capital Beltway, when property values declined an average of sixteen and half percent in some communities (Orfield 2002). With declining property values these communities also experienced an increase in crime rates that was disproportionate to their population growth (Texeria 1999). During this same time period, the District of Columbia witnessed a decrease in crime rates, welfare caseloads, and population, prompting the discussion that all three decreases were the direct result of out migration from the District of Columbia to Prince George’s County (Orfield 2002, Texeria 1999, Cashin 2001).

3.2 Establishing a Research Site

I conducted preliminary visits to the research site during December 2005 and June 2006. These initial trips allowed me to establish contacts with welfare service
organizations and community members required for the successful completion of this project. During these visits, I was able to investigate potential sites for participant recruitment, devise a recruitment and sampling strategy, and gain the necessary permissions from participating organizations for the recruitment of their clients. Funding for these visits, in addition to several months of research, was provided by the Alumni Grants for Graduate Student Research from The Ohio State University Graduate School. Additional funding was secured from the National Science Foundation. Permission to conduct this research was received from The Ohio State University Internal Review Board, Human Subjects Committee (see Appendix A).

3.3 Project Design

A micro-ethnographic investigation was conducted in Prince George’s County, Maryland to understand the institutional and social barriers that low-income single-mothers encounter when transitioning from public assistance to a position of economic self-reliance from July 2006 through August 2006, and from January 2007 through August 2007. This research employed a mixture of ethnographic methods aimed at two diverse sample populations, low-income African-American single-mothers and local welfare service providers. Low-income women were recruited into the study from local transitional housing programs and homeless shelters to collect data on the social and institutional barriers these women encountered when attempting to gain economic self-reliance. I conducted unstructured and semi-structured interviews with participants at their residences, collecting both qualitative and quantitative data on household
composition and economics, childcare arrangements, experience with welfare service providers, and perceptions on the barriers and solutions for overcoming poverty.

Directors, case managers, and personnel from community based non-profit and government organizations were also interviewed. Semi-structured individual interviews were designed to 1) collect data on the types of services provided to low-income individuals in the community, and 2) elicit data on the perceived obstacles that low-income single-mothers in the community encounter when attempting to raise their families out of poverty. All interviews were conducted in the individual’s work environment and digitally tape-recorded unless requested otherwise. To understand the circumstance in which welfare service providers interacted with recipients, I also conducted participant observation by means of continuous monitoring at government agencies and non-profit community-based organizations.

3.4 Institutional Review Board Procedures

A consent script was administered verbally at the time of enrollment with each participant. Low-income women who received benefits from government agencies or non-profit organizations were assured that any benefits they currently received would not be affected by their choice to or not to participate in the research. Participants were asked if they were willing to discuss personal information related to employment, experiences with poverty and public assistance, familial and social networks, and socio-economic status during interviews. Participants were reminded of the time commitment necessary for participation and that their involvement with the study was voluntary.
Each woman was given an opportunity to ask questions about the research or voice any concerns that they had before giving or declining consent.

A consent script was also administered verbally to welfare service providers before each interview was conducted. Welfare service providers were asked if they were willing to discuss the services that their organization provided to the community, their experiences with and perceptions of providing services to individuals who are living in poverty and transitioning off of public assistance, during interviews. Participants were reminded of the time commitment necessary for participation and that their involvement with the study was voluntary. Each service provider was given an opportunity to ask questions about the research, their role in the research, or to voice any concerns that they had before giving or declining consent.

By permission of the Human Subjects Committee of the Institutional Review Board of The Ohio State University, research participants could waive their right to sign the written consent form and consent verbally. All participants verbally consented to be a part of the research study. No individuals who exhibited limited decision-making capacity or who lacked the ability to consent were recruited for this study.

3.5 Research Sample

3.5.1 Low-income Single Mothers

This research employed a mixed non-probability sampling framework to recruit 30 low-income urban African American single-mothers over the age of eighteen from government and non-profit transitional housing programs (THPs) and homeless shelters through purposive sampling (Guest et al. 2006, Susser 1999, Scott et al. 2002). In total,
41 low-income individuals were interviewed for the study; however, data is presented for only 37 single mothers. A non-probability sampling strategy, while limited in its scope of inference, was essential in identifying whether previously identified barriers and the existence of new barriers were relevant in preventing low-income urban African American single-mothers’ transition off of welfare to a position of economic self-reliance above the poverty line.

Government and community based THPs were sampled because they provided access to the target population and varied in program length, housing arrangements (e.g., individual family dwellings, dorm-like family dwellings), eligibility requirements, residential responsibilities, and program rules. Government and community based THPs were ideal sites for recruitment because many mothers in these programs received some type of government assistance, confronted the dilemma of gaining greater economic security for their families on a daily basis, were indistinguishable from the larger population, and if not enrolled in the THPs would have been homeless.

After submitting to each organization’s internal research review process, I gained permission from the directors of the THPs and homeless shelter, to recruit participants. Potential participants were contacted first by their case manager who gained consent from the women to release their contact information. I was then given the potential participant’s contact information from the case manager. After gaining the contact information, I would telephone the woman and explain 1) the purpose, requirements, risks, and benefits of my project, 2) that their participation was voluntary and not a requirement of the transitional housing program and would not affect any benefits they currently received, and 3) that they would be compensated in the form of
ten dollar gift cards to grocery stores or department stores for their participation. If a woman expressed interest in the research and wanted to be interviewed for the project, an interview was scheduled.

An alternative recruitment strategy was employed in some transitional housing programs and homeless shelters. For those organizations that were amenable, I would give a brief presentation about the research inviting the women to enroll in study. At the end of the presentation, women were given an opportunity to provide their contact information, as well as schedule an interview.

3.5.2 Social Welfare Service Providers

I conducted semi-structured interviews with 40 social welfare service providers from 20 different organizations (Table 3.1). Providers included executive directors, case managers, and personnel from churches, community outreach programs, faith-based non-profit organizations, a for-profit organization, government agencies, and non-profit organizations. The purpose of these interviews was to: 1) ascertain the type of services available in the community to low-income residents and 2) elicit providers’ perceptions of the barriers low-income single mothers confronted in their attempts to gain economic self-reliance and overcome poverty.
<table>
<thead>
<tr>
<th>Type of Social Welfare Service Organizations</th>
<th>Number of Organizations N = 20</th>
<th>Number of Providers N = 40</th>
<th>Available Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church</td>
<td>3</td>
<td>4</td>
<td>Emergency Shelter</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Food Pantry</td>
</tr>
<tr>
<td>Community Outreach Program</td>
<td>2</td>
<td>6</td>
<td>Housing Development</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Outreach Forums</td>
</tr>
<tr>
<td>Faith-Based Non-Profit Organization</td>
<td>8</td>
<td>17</td>
<td>Emergency Shelter</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Multi-Service Centers</td>
</tr>
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<td></td>
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<td></td>
<td>Transitional Housing</td>
</tr>
<tr>
<td>For-Profit Organization</td>
<td>1</td>
<td>1</td>
<td>Wholesale Food Distributor</td>
</tr>
<tr>
<td>Government Agency</td>
<td>3</td>
<td>9</td>
<td>Federal, State, and Local</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Social Welfare and Housing</td>
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<td></td>
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<tr>
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<td>3</td>
<td>3</td>
<td>Emergency Shelter</td>
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<tr>
<td></td>
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<td>Permanent Housing</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Transitional Housing</td>
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</tbody>
</table>

Table 3.1 Social Welfare Service Provider Sample Description

Of the three churches represented in the sample, two operated emergency homeless shelters on the premises, while each maintained a food pantry. Both of the community outreach programs worked to promote awareness about the plight of homelessness in Prince George’s County. One of these organizations, Partners in Housing, provided a forum for area providers to exchange knowledge about the prevalence of homelessness and poverty in the county, to learn about potential services and opportunities for their organizations and for their clients, and served as an advisory panel for organizations seeking federal funds from the U.S. Department of Housing and Urban Development (HUD). Housing and Education Priorities for Livable
Communities, the other community outreach program, established several affordable low-income housing units in the county, offered home ownership counseling services to county residents, and provided needs based post-secondary educational scholarships to individuals in specific underprivileged neighborhoods. Of the eight faith-based non-profit organizations in this sample, three were considered multi-service organizations where clients could access clothing and food pantries, apply for rental and utility assistance, participate in educational programs, and receive referral support in accessing federal social welfare benefits. The other five faith-based non-profit organizations were considered multi-service organization but expanded their services to include emergency, transitional, and/or permanent housing services. The for-profit organization, Food for All, partnered with area churches, charitable organizations, corporations, and individuals to provide inexpensive quality groceries to clients in exchange for a fraction of the retail cost of the groceries and participation in volunteer activities. Three government agencies were included in this sample and provided such services as: childcare subsidies, food stamps, Medicaid, TCA, transitional housing, public housing, section 8 housing vouchers, free or low cost health care, substance abuse and mental health treatment, and healthcare for women and children. Of the three non-profit organizations, one was a multi-service emergency domestic violence shelter for women and their children, one was a transitional housing program, and the last organization provided transitional and permanent housing to individuals with mental health illnesses.
3.6 Issues of Positionality and Reflexivity

During the preliminary visit to the research site, the interests and concerns of informants provided insight to struggles that women encountered when they attempted to transition off public assistance. Throughout the collection of data, the concerns and problems that participants voiced about their lives guided the research questions. In order to collect quality data and build rapport with participants, the potential effect of the researcher’s perceived position, one of privilege and status (an educated affluent non-minority woman), was addressed in a variety of ways. In an effort to demonstrate that I was not attempting to be needlessly intrusive in the lives of my participants, I was open and honest with participants, answering any questions or clearing up any misconceptions participants may have had about me. Furthermore, when I asked women to discuss their opinions about a specific topic or relate individual experiences, I explained that there was no right or wrong answer and that I was not there to pass judgment on their beliefs, behaviors, or actions. By establishing an egalitarian dialogue, women began to share their life experiences with me, conveying sometimes extremely personal information. An open line of communication between the research participants and myself, also demonstrated that despite differences in our age or ethnicity, women share similar struggles, regardless of their appearance or background.

3.7 Research Techniques

This research employed participant observation and unstructured and semi-structured interviews. Unstructured individual interviews were designed to produce both qualitative and quantitative data and allow the researcher to build rapport with
participants. During these interviews, participants were given the opportunity to relate their attitudes, beliefs, and life experiences, laying the groundwork for a detailed ethnographic investigation obtaining baseline data relevant to educational and employment history; household composition and economics; childcare arrangements; and experience with charitable and welfare agencies (Edin and Lein 1997, Scott et al. 2002). Additionally, I organized an inventory of material items in each household to contextualize a participants’ quality of life. I coded each household for the presence or absence of a list of material items (e.g., television, cable, computer, high-end electronics, household decorations). I updated household inventories after each visit to a participant’s residence.

Semi-structured individual interviews were designed to produce both qualitative and quantitative data. Semi-structured individual interviews consisted of open-ended questions that were intended to create a dialogue between the participant and the researcher on a given subject. Several categories of semi-structured individual interviews were conducted with the participants and were designed to collect data on obstacles women encounter in becoming economic self-reliant and how these obstacles lead to economic insecurity. These semi-structured interviews built on the data collected from the unstructured interviews and were designed to elicit more specific data regarding participant’s resources and expenditures, experiences with charitable and welfare agency personnel, experiences with poverty and material hardship, perceived avenues and barriers to getting off and staying off public assistance, perceived solutions and obstacles to overcoming poverty, and access to, and the availability of, resources that would maintain and improve the household’s
standard of living (Okongwu 1993, Edin and Lein 1997a). All interviews were scheduled to run 60 – 90 minutes in length, with some running longer or shorter depending on the participant’s needs.

With regard to household economics, the researcher, with the assistance of participants, constructed household budgets, detailing household expenditures, income, and obligations, to assess the economic self-reliance of mothers as they transition off public assistance (Edin and Lein 1997a). Economic self-reliance in this context was defined as meeting all financial obligations of the household through a salary or wage without outside assistance. Throughout the study period, household budgets were updated to discover whether changes in financial circumstances occurred and assess a household’s movement toward economic self-reliance. Household budget data contextualize the material reality and economic circumstances that these women and their children experienced.

To understand participants’ experiences with charitable and welfare agency personnel and experiences with poverty and material hardship, interview questions elicited information regarding interactions with welfare service providers and the frequency in which participants could not meet household financial obligations (i.e., pay rent or utilities, obtain medical services, adequately feed or clothe children). As with household budgets, this information was collected throughout the study period to gauge how each participant’s standard of living changed as they transitioned toward economic self-reliance.

I used the method of free listing to identify: how social welfare service providers and low-income single mothers perceive the barriers to economic self-
reliance; whether barriers previously documented in the academic literature persist since the devolution of welfare; and whether new barriers have emerged with welfare reform.

Free listing is a technique used in semi-structured interviews to understand how different cultures or groups of individuals think about and define particular cultural domains (e.g., kinship terms, color terms, illness terms) (Borgatti 1994, Bernard 2002). This technique generates data on a domain, which is culturally defined, shared among members of a culture or specific group of people, and comparable (Weller and Romney 1987). Items reported during a free list exercise may take the form of phrases or sentences and are informed by an individual’s perception of and knowledge of a particular cultural domain (Weller and Romney 1987, Borgatti 1999). Additionally, items recalled in a free list can be influenced by an individual’s personality, intellect, or cultural beliefs (Gatewood 1984, Borgatti 1999). For a well articulated cultural domain, free list sample sizes generally require a minimum of 20 to 30 individuals, but may be smaller if lists contain a high degree of similarity or cultural consensus, or if respondents and the domain under investigation are closely related (Weller and Romney 1987, Borgatti 1999).1

Free listing techniques aid researchers in revealing the internal structure of a cultural domain, as well as how respondents cognitively structure a domain (Borgatti 1999). An analysis of the internal and cognitive structure of a cultural domain indicates what members of a culture or group perceive as relevant to comprehending a particular domain. The internal structure of a domain is composed of a core and a periphery, with

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1 For example, the sample size for a free list exercise eliciting specific types of auto-immune disorders from a group of second year medical students can be smaller than the same exercise conducted with the general populace because of the greater familiarity medical students have with such diseases in comparison to a random sample of the public.
the core structure consisting of items frequently reported by respondents and the periphery structure composed of items mentioned by only a few respondents (Borgatti 1999). Determining the boundaries of the periphery structure often involves identifying items listed by more than one individual or identifying declining frequency patterns of reported items (Weller and Romney 1987, Borgatti 1999). However, when these two techniques do not adequately delineate the boundaries of a domain, a reasoned decision must be made as to where these boundaries lie, with prominence given to items most frequently reported (Borgatti 1999). Respondents reveal the structure of a cultural domain by the order in which they recall items. Items that are similar tend to be reported close together resulting in a series of related items (Borgatti 1999).

Three basic measures are generated from a free list exercise and assist in defining the internal and cognitive structure of a cultural domain: the frequency of items reported, the proportion of lists containing a specific item, and the size of respondents’ lists. The frequency of a specific item and the proportion of lists reporting a specific item provide a general indication of the importance or salience placed on this item by members of a culture or group (Weller and Romney 1987). Items recalled by a majority of respondents are assumed to be more salient to the construction of a cultural domain than items mentioned by only a few respondents. Furthermore, items reported at the beginning of a list are assumed to be more salient to respondents’ perception of the domain than items recalled toward the end of a list or items not included in the free list (Weller and Romney 1987, Borgatti 1999, Bernard

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2 The length of a respondent’s free list is not synonymous with domain familiarity as some respondents can report numerous items, which are not reported by other members of the free list exercise (Borgatti 1999).
A refined measure of salience, Smith’s S (Smith 1993), ‘inversely weights the frequency of a given item, by the rank of the item in each respondent’s list’ (as cited in Borgatti 1999, p. 149). Anthropac 4.98 (Borgatti 1998) computes an average saliency index for each item recalled in a free list where both the frequency and rank order of an item in a sample of free lists are considered (Smith and Borgatti 1998). The range of a salience index is from zero to one. Items with a value closer to one are regarded as more salient than items with a value closer to zero.

Understanding what each group deems as relevant barriers and how these barriers are perceived to impede economic self-reliance will aid in understanding why some current and former clients of social welfare benefits remain impoverished despite initiatives to reduce economic insecurity. Social welfare service providers and low-income single mothers represent two groups with perspectives on the barriers low-income single mothers encounter in their attempts to gain economic self-reliance: those in a position to provide beneficial services promoting the attainment of economic self-reliance and those attempting to obtain a position of economic self-reliance. These two positions lead to differing perceptions of the barriers encountered by low-income single mothers and ultimately alter cultural domain constructs.

I collected a total of 77 free lists from the social welfare service provider, THP, and homeless shelter samples. Each participant was asked to list the barriers they perceived to limit low-income single mothers’ economic self-reliance. From these free lists, social welfare service providers identified 69 barriers, while women in the THP identified...
and homeless shelter samples reported 41 and 42 barriers respectively. Furthermore, I asked each participant to explain how each of the items they reported functioned as a barrier to low-income single mothers’ economic self-reliance (Weller and Romney 1987). Participants’ explanations for free listed items provided additional insight to how these perceived barriers functioned to limit or prevent the attainment of economic self-reliance. The following two sections detail how providers and low-income single mothers perceived items that limited financial and material resources as barriers to economic self-reliance.

To establish a participant’s access to, and the availability of resources that maintain and improve the household’s standard of living, I inquired about the accessibility of childcare, education, employment, and transportation. For each item, participants were asked to speak about their own experiences and the consequences to their economic self-reliance. To understand how institutional or social barriers in society prevent these women from gaining economic self-reliance, I asked participants about their proximity to different resources within the community. The spatial mapping of data serves several purposes. Not only is the spatial mapping of data a tool that assists in analyzing data, as well as illustrating the geographical relationships between institutions and their clients, but it also serves as a “metaphor for the social relationships and problems that are contained in a geographic space” (Cromley 1999 p118). An appreciation of the environment in which low-income urban African-American single-mothers access and utilize resources will promote a better

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4 A complete free list of barriers for each sample is found in the appendix.
5 Relevant excerpts from interviews with participants are used to illustrate how perceived barriers inhibit the attainment of economic self-reliance.
understanding of the potential difficulties that these women confront in their pursuit toward economic self-reliance.

I also conducted semi-structured interviews with area service providers. The purpose of these interviews was to gain an understanding of the services that community-based organizations and government institutions provide to Prince George’s County residents. I questioned service providers about the potential obstacles that low-income African-American single-mothers in their community face in overcoming poverty. In addition, I asked service providers to create free list that reflect their perceptions about the potential barriers that women confront and possible solutions to overcoming poverty. After a service provider created a list, I asked the respondent to clarify why specified items were included on the free list.

Participant observation is an ethnographic data collection technique that exposes and involves the researcher in the daily activities of research participants (Schensul et al. 1999). This technique “requires the researcher to be present at, involved in, and recording” the observed activities of research participants (Schensul et al. 1999 pp 91). I conducted participant observation at community-based organizations, government organizations, and with research participants. With regards to service providers, I conducted participant observation by means of continuous monitoring in or at community-based organizations’ and government managed waiting rooms, intake areas, meetings, and workshops. The purpose of participant observation at these locations was to better understand the circumstances that 1) participants encounter while seeking assistance from these agencies, and 2) personnel encounter attempting to meet clients’ needs within the constraints of state and federal regulations (Sandfort et al. 1999).
I engaged in participant observation by means of continuous monitoring with the research participants at a variety of activities, events, and locations throughout the study. Participant observation occurred at participant’s residences, at required transitional housing program resident meetings, and life and skill building workshops. This technique allowed me to immerse myself into the field site, build rapport with participants, gain information that might otherwise never be broached during interviews, and appreciate their everyday life experiences (Goode 2002).

3.8 Description of Research Instruments

Twelve interview guides were used in this study to collect data from low-income single mothers and welfare service providers. A brief description of the interview guides is below.

3.8.1 Interview guides for low-income single mothers

The introductory household interview guide served as the initial means of familiarizing the participant with the researcher and collecting baseline data regarding household circumstances and composition. Women would generally talk about the circumstances that led them to this particular stage of their lives. Women often also discussed family and individual life histories, in addition to current economic and personal struggles. Data collected during these interviews focused on several domains of interest: household composition, to include the number of children a woman had and the number of members in the household; a woman’s level of education attainment; income generated by the household; financial support from outside the household; care-
taking arrangements for children; reason for transitional housing or shelter need; barriers to economic self-reliance; and perspectives on poverty. Given the length of interviews (sixty to ninety minutes) and woman’s comfort in discussing these topics with the researcher, this interview guide was utilized over the span of two or three consecutive interviews.

The education interview guide elicited further information on the level of education attainment for the participant and elicited the participant’s attitudes and beliefs regarding the value and the role of education in their lives. Many women discussed their personal experiences with secondary and post-secondary education. Women also talked of their aspirations to continue their education not only for the economic well-being of their households, but also to serve as a role model for their children. During many of these interviews women explained the barriers they encounter in trying to obtain more education and how many times the struggles they face are insurmountable. Women also discussed the role that education could play in their children’s lives.

In the employment interview guide, I asked women to describe their current employment duties and share their attitudes, beliefs, and experiences about their current or previous employment. Women often talked about their experiences in trying to secure better paying employment and the barriers they encountered. Participants also shared the problems they encountered as a single-mothers in the workplace, in addition to the continuous struggle to balance their breadwinner duties and caretaking responsibilities.
The childcare interview guide invited women to discuss current and previous childcare arrangements for their children. During these interviews, women were asked about the expense of childcare, whether they received financial assistance with childcare, their satisfaction with current childcare arrangements, and their experience with childcare subsidies. Issues regarding childcare were of most salient issue to women whose children were either not old enough to attend elementary school or whose children were still in the first few grades of elementary school. Many women expressed dissatisfaction with the state and federal program that administered childcare subsidies and communicated how they relied on familial and social networks to assist in meeting childcare needs.

The housing interview guide elicited information on participants’ experiences and perceptions of current housing arrangements. Participants shared their perspectives about neighborhood and community safety, as well as the responsiveness of landlords to their housing concerns. Many women shared with and showed the researcher the problems they were forced to live with or in. For example, insects, rodents, mold, and fungus, despite repeated complaints to landlords, plagued many participants’ residences. Participants were also invited to share their ideas about their future housing arrangements.

The material hardship interview guide covered a variety of topics, and included: food security, availability of mental and physical health care, ability to maintain housing, and meet financial obligations. Women were asked about how they met the households’ need for food and the ability of paychecks, food stamps, and WIC to cover those expenses. Participants were also asked about their reliance on food pantries,
familial and social networks to cover household dietary needs. Women often shared their strategies for procuring inexpensive food items and their attempts to make grocery items stretch. Women also confided that despite their attempts, they and their children would sometimes go without. Many mothers also discussed the challenge of providing healthy and nutritious meals on severely limited budgets.

With regard to health care, women were asked about their households’ access to health care and insurance. While almost all mothers’ children were covered by medical assistance, many mothers went without health insurance coverage for themselves, thereby limiting their accessibility to health care. Women were asked to discuss how often and where they sought medical attention for their children and themselves. Many mothers discussed that even though they received medical assistance coverage through the state, the care they or their children received was inadequate.

Participants were asked to share their ability to pay monthly bills as they maintained housing and financial obligations. Participants disclosed their financial circumstances to the researcher, many times stating that they were behind on bills, had received cut off notices, had overdrawn their bank accounts, or were attempting to reduce their household expenditures. Women were also asked to share how family, friends, and organizations assisted in meeting their households’ financial obligations.

In conjunction with the material hardship interview guide, a *household resources and expenses interview guide*, assisted in collecting data on monetary and in-kind resources coming into and leaving the household. Participants were asked to assist the researcher in constructing a monthly budget sheet that documented financial resources and expenditures. Women were asked to tell the researcher about assistance
they received from informal employment, family, friends, partners, or acquaintances in paying monthly bills. During these conversations, women would also talk about credit problems or debts they owed on. As a sign of changing social times, some women also talked of their experience with identity theft or fraud.

Related to the two previous interview guides, the familial and social support network interview guide identified who participants could and could not turn to for financial, emotional, or domestic aid. Women were asked to create a list of who they would go to for specific types of assistance and whom that person was in relationship to them. Participants were then asked why they would seek aid from those individuals as compared to other individuals. Women were also asked whom they would not seek assistance from and the reason why they would not request help from that individual. Several women reported few individuals in their familial or social networks that they could turn to for help. This lack of support centered around three themes 1) familial or social network estrangement, 2) familial or social network distrust of the participant, or 3) familial or social networks in similar or worse financial, emotional, or domestic situations to the participant’s circumstances.

The experience with welfare or charitable agencies interview guide elicited data concerning a participant’s: previous and current experience with public assistance, perspectives on service providers, and the type of services currently received. Participants were asked to talk about their experiences applying for and maintaining public assistance benefits (i.e., childcare subsidies, clothing subsidies, energy assistance, food stamps, medical assistance, rental assistance, social security, temporary cash assistance, WIC). Participants related their problem in physically accessing
agency offices and personnel, along with the problem of service providers’ behavior and conduct when applying for or recertifying benefits. While participants were appreciative for the assistance they received, several women communicated that their experience with welfare service provider personnel felt degrading, dehumanizing, and unprofessional.

Related to the previous interview guide, the perception of poverty interview guide asked women to describe how they viewed their current financial and housing situation. Women were asked to identify perceived barriers and potential paths to gaining economic security and self-reliance. Participants were asked what they believed to be ‘wrong with the system’ and their concerns about how society viewed single-mothers receiving public assistance. Because women were able to talk about what they believed to be wrong with public assistance based on their own experiences and the challenges they faced, the solutions to and paths for overcoming poverty are situational.

3.8.2 Interview guides for social welfare service providers

Two categories of interview guides were employed when interviewing welfare service providers, general service providers and housing service providers. The general service provider interview guide retained a basic format that collected data on the types and amounts of services offered to the community, eligibility requirements for services, and the demographics served by the organization. Each guide was tailored to the specific program and personnel being interviewed. When available, information regarding the organization and / or program was collected before the interview was
conducted. This process not only familiarized the researcher with the agency, but also allowed for an informed discussion of policies and programs. Personnel were also asked to discuss their perceptions and perspectives on the barriers single-mothers in the community encountered in overcoming poverty and the potential solutions to single-mothers’ impoverishment.

The transitional housing and shelter program interview guide also retained a basic format that was tailored to each institution. Personnel were asked to speak about their housing programs, including: eligibility requirements, demographics of population served, program length and requirements, financial responsibilities of clients, and accessory programs available to clients. Personnel were also asked to communicate their perceptions and perspectives on the barriers that their clients encounter in overcoming poverty and the potential solutions to assisting their clients, and other women like them, in overcoming poverty.
4.1 Introduction

In the last three decades, several factors have contributed to the growth of poverty in the U.S.: a decrease in living-wage employment, declining relative and real values of the minimum wage and public assistance, and a competitive global market that thrives on reducing production and labor costs while simultaneously increasing profits (NCH 2005, Mishel, et al. 1999). In 1998, the National Priorities Project estimated that between 1994 and 2005, the sector of the labor market with the largest growth would be employment paying under $16,000 a year. As the National Coalition for the Homeless (2005) asserts, minimum wage employment, devoid of benefits, does little to assist families as they attempt to escape poverty. Furthermore, over the last three decades, the real value of minimum wage incomes has decreased. The Economic Policy Institute (2005) reported the real value of minimum wage incomes in 1979 was 26% higher than the real value of minimum wage incomes in 2004. Additionally, like the value of minimum wage earnings, public assistance, specifically the combined benefits of cash assistance from TANF and Food Stamps, has declined in value and lost the capacity to advance recipients’ economic positions as current maximum benefit limits place recipients below the poverty level (Nickelson 2004).
Individuals and families attempting to make ends meet under these limited economic conditions are increasingly at risk of experiencing homelessness.

The National Low Income Housing Coalition (2001, 2005) documents the ability to find affordable housing and the risk of homelessness are not solely caused by the declining purchasing power of individuals’ and families’ minimum wage incomes. Since the 1980s, the growth in annual incomes has consistently lagged behind the increased cost of housing (National Low Income Housing Coalition 2005). Rising house prices and rents during the late 1990s and early 2000s further limited the availability of housing to low-income families and individuals, the last three decades have also witnessed the loss of 2.2 million low-income housing units nationwide to gentrification or abandonment, resulting in a dearth of affordable housing for those families and individuals living in poverty (NCH 2006). The failure of minimum wage employment to cover the expense of adequate low-income housing, coupled with the national shortage of affordable housing, is complicated by federal policy initiatives starting in the 1980s that ultimately reduced assistance for low-income housing by 49% (National Low Income Housing Coalition 2001, 2005). Acknowledging that affordable housing has become increasingly difficult for many Americans, it is not surprising that families with dependent children comprise one of the fastest growing homeless population demographics (NCH 2006). National surveys conducted by the National Law Center on Homelessness and Poverty (2004) and the U.S. Conference of Mayors (2005) reported a marked increase in the number of families seeking some type of housing assistance (e.g., public housing, rental assistance, section – 8
vouchers, shelter beds, transitional housing) and estimated families with children account for at least a third of all homeless individuals nationwide.

Female headed-households reliant on welfare or transitioning off of welfare to positions of greater economic security are exceptionally vulnerable to the threat of homelessness as they confront the daunting task of maintaining adequate and safe housing and meeting the basic needs of their families with limited incomes and fewer federal safety nets (Children’s Defense Fund 1998, National Coalition for the Homeless 1998). Low-income female headed-households residing in government or non-profit transitional housing or homeless shelters can authoritatively address the barriers they encounter when attempting to gain greater economic self-reliance and economic security for their families. This chapter provides a description of the transitional housing programs (THPs) and homeless shelters sampled; descriptive statistics of the single mothers sampled, their household economies in the context federal poverty guidelines, expenditures, resources, and subsidies; and the potential for these mothers to gain economic self-reliance.

4.2 Sample Description

4.2.1 Transitional Housing Program Descriptions

Prince George’s County includes almost 1 million residents. An estimated 9.3% of those citizens live in poverty (U.S. Census Bureau, 2006 Small Area Income and Poverty Estimates, U.S. Census Bureau 2006 American Community Survey), and almost 12,000 are chronically homeless (Prince George’s County Department of Housing and Community Development 2005). The county has a limited number of
housing support services for those requiring assistance. As a part of the research conducted for this study, I contacted government and non-profit agencies to document the type of social welfare resources available to county residents in need. I identified from these contacts, five transitional housing programs (THPs) and one homeless shelter as potential sites where I recruited research participants. Of the five THPs contacted, I chose four organizations as ideal recruitment. Three of the four programs are designated as 501(c)(3) tax exempted non-profit charitable organizations and provided subsidized transitional housing to eligible families.

Although each organization provided transitional housing services to Prince George’s County residents, eligibility requirements and program regulations and services varied among the agencies. Neucombe’s, a faith based community organization, was the smallest of the THPs – serving only one female headed household and relied solely on charitable fundraising. Neucombe’s had served as a prison ministry for almost 13 years, assisting men recently released from prison to reintegrate into society and providing up to six-months of transitional housing. During an interview with the volunteer executive director of Neucombe’s, she explained the organization had recognized a growing need for housing assistance among single mother families within the community and started targeting services to female headed-households in 2007 and planned to extend services to additional families in the next year. Neucombe’s worked in partnership with a local homeless shelter that provided temporary housing to women and their children and eventually offered their housing services to one of the families in the shelter. As a resident of Neucombe’s THP, clients are given a minimally furnished unit in an apartment.
complex for twelve months and are strictly forbidden from having overnight guests. While in the program, clients are required to give 30% of their monthly income to the THP in lieu of rent, which is placed in an escrow account and returned to the client at the end of the program. Rent and all basic utilities (i.e., electric, gas, telephone landline, water) are paid by the THP, with the client paying for all other household expenditures. The client is required to meet weekly with volunteer members of the THP, who serve as case managers and lay-counselors, and work toward establishing economic self-reliance.

Iris, another non-profit THP, also had ties to the faith-based community and has provided social support services, in addition to transitional housing, to individuals and families in the county for over twenty years. While Iris relies on monies collected through fundraising and private donations, transitional housing services are funded through grants provided by the U.S. Department of Housing and Urban Development (HUD). Potential clients of Iris’s THP are prescreened by case managers, interview with a committee, and pass a mandatory drug screening before entering the program. As a resident of the THP, clients are given minimally furnished units in apartment complexes for a maximum of two years and required to pay a $300 security deposit. While in the program, clients are required to give 30% of their monthly income to the THP for the payment of rent. The THP also requires clients to pay a monthly portion of basic utilities (electric and gas) with the remaining portion paid by the THP through grants from HUD and the Maryland Energy Assistance Program (MEAP). Clients are required to pay for all other household utilities and expenditures (telephone, cable, internet, groceries, etc.), in addition to placing a portion of their monthly income into a
THP savings account, which is returned to the client at the end of the program and ideally assists clients in securing stable housing after the program. Upon entry into the program, clients meet with a volunteer member of Iris to establish a plan for future economic self-reliance, creating an account of monthly resources, expenditures, and outstanding financial obligations. While a client is advised of an appropriate monthly budget to meet household needs and financial obligations, each woman is ultimately responsible for implementing a household budget with little oversight from the THP. Additionally, the clients are required to meet weekly in their homes with an assigned case manager, who assesses the woman’s and family’s well-being, provides connections and referrals to additional support services needed by the household, and aids women in establishing skills necessary for economic self-reliance. Recognizing that self-reliance is a learned process that encompasses all aspects of an individual’s life, Iris clients are also required to attend weekly workshops, as a group without their children, to promote budgeting, employment, parenting, and other life-skills. Upon completion of the program, Iris provides each client who has secured housing with a security deposit and first’s month rent for their new residence.

Cope, also a non-profit organization, is not associated with the faith-based community, and instead has a close working relationships with mental health care providers in the county and provides both permanent and transitional housing to individuals and young female heads-of-household with clinically diagnosed mental illnesses. Like Iris, funds for Cope’s THP are provided by fundraisers, private donations, and grants from HUD and various mental health agencies. To gain entry into the THP, single mothers between the age of 18 and 23 must first file an
application with the Mental Health Authority (MHA) a division of Prince George’s County Department of Family Services (DFS). Once MHA and DFS staff determines whether a potential client meets eligibility requirements and can live independently without extensive medical attention or nursing care, a referral is made to the THP. An assessment team interviews the potential client to determine if the woman is a likely candidate for their THP program. Once admitted to the program, clients and their children are housed in individual family dwellings in local apartment complexes until the head of household turns 23 years old. As a requirement of the program, clients are not allowed to have guests stay over night and must meet daily with representatives from the Department of Family Services. As with all the THPs, Cope’s mission is to support client’s self-reliance and self-sufficiency, but unlike the other THPs, this program encourages clients to enroll in some type of educational setting that will increase clients’ skills and employability. To create an environment where the development of clients’ human capital is possible Cope, does not require clients to pay a portion of their monthly income toward rent or a savings account, but instead pays for rent, basic utilities (i.e., electric, gas, water, landline), childcare, and provides clients with monetary allowances for food, clothing, and transportation. THP clients are each assigned a case manager and are required to attend, weekly meetings and workshops, without their children, that focus on building skills critical to self-reliance and self-sufficiency. After completing the program, Cope assists clients in obtaining appropriate social service resources and permanent supported housing.

Prince George’s County Department of Social Services (DSS) operates the fourth THP included in this study. Like many of the programs discussed, a majority
of this THP’s funding comes from HUD and provides clients with individual homes in commercial apartment complexes. Unlike the other THPs, eligibility for transitional housing is extended to homeless low-income individuals, single parent households, and two-parent households. To receive transitional housing, potential clients must document chronic homelessness and be referred by an agency (i.e., homeless shelter) that submits the potential client’s housing application and credit report. A DSS-THP committee then interviews the potential client to determine whether the individual or family is suitable for the two-year program. Upon entry into the program, clients are required to pass a drug test, pay $100 security deposit, and assigned a DSS case manager. As with other THPs, clients of the DSS-THP are required to pay 30% of their monthly income toward rent and set aside a fixed percentage of their monthly income into a THP savings account, which is returned to the client at the end of the program. Unlike the other THPs in this study, DSS clients are financially responsible for all other household expenditures and obligations. DSS-THP clients are required to be in their apartments without guests by a curfew, which DSS enforces through nightly residence searches. Failure to comply with curfews and guest policies results in a written reprimand of the client and can ultimately lead to the dismissal of the client from the program. As with the other THPs, DSS clients are required to meet with their case manager on a weekly basis and attend weekly meetings and workshops.

4.2.2 Homeless Shelter Description

While Prince George’s County has six year-round emergency homeless shelters for adults, only three shelters provide services to female headed-households,
and all shelters require individuals to contact the homeless hotline for vacancies and placement. Of the three shelters aiding both women and children, Haven, a non-profit organization only provided shelter to women and children who were victims of domestic violence, The Wilson House, provided residences to families with male children over the age of twelve, and Guilford’s, also a non-profit organization, provided temporary shelter to female headed-households without male children over the age of twelve. Although both Haven and The Wilson House were contacted for inclusion into the study, only Guilford’s allowed the recruitment of women for inclusion into the study.

Guilford’s homeless shelter, a converted elementary school, has a capacity of 100 beds and houses women and their children in a dormitory for up to 90 days. Depending on the number of children a woman has, three to four families reside in one room with access to a chest of drawers for personal items and bed space for the family. Clients are required to attend a community breakfast at 6:30 a.m. in the cafeteria and leave the shelter by 10 a.m. Clients with school age children are required to either transport their children to school on their own or contact school officials to arrange busing. Clients are let back into the shelter at noon to attend lunch, but are not allowed to return to their rooms or other community rooms until 5:00 p.m. Dinner is served to clients at 5:30 p.m. and all clients are required to be in the shelter by 9:00 p.m. All clients without employment are assigned chore activities (e.g., kitchen cleanup and meal service, mopping living areas, cleaning community rooms and bathrooms). Each woman is assigned one of two case managers who provide women with the necessary contacts and referrals to acquire appropriate social services (e.g.,
temporary cash assistance from TANF, Food stamps, WIC, Employment services, Substance abuse counseling). Clients with employment or some source of monthly income are required to pay a daily residence fee to the shelter according to family size and economic resources. While in the shelter all clients are expected to obtain employment if unemployed, begin searching for permanent housing, and follow all program rules and regulations. Clients violating program rules and regulations (e.g., not completing assigned chores, not adequately supervising children, consuming drugs or alcohol, keeping food or drink in rooms, failing to leave or return to the shelter by designated times, or engaging in verbal or physical confrontations with other shelter residents or staff members) may be given written reprimands, which can ultimately lead to their early dismissal from the shelter, or immediately asked to leave the shelter. Clients approaching the maximum stay of 90 days may be given a two-week extension if the client has abided by shelter regulations and demonstrated to shelter staff reasonable progress in securing stable employment or housing.

4.2.3 Descriptive Statistics of Sample by Housing Status

Age

The average age of women in the combined sample is 33.5 years, with the youngest participant 19 years old and the oldest participant 53 years old. Of the combined sample 34 participants (91%) were between the age of 19 and 45 years old. However, when the samples are split according to residence, women residing in the

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1 See Table 1 in Appendix B.
THP were on average older (34.7 years) than women residing in the homeless shelter (32.2 years), although this difference is not statistically significant. Of the THP sample, 16 women (89%) were between the ages of 18 and 45 years old, while 18 women in the shelter sample (95%) were between the ages of 18 and 45 years old.

*Ethnicity*

From both the THP and homeless shelter samples, 29 women self-identified as African American (78%), while four self-identified as European American (11%), and four self-identified as African immigrants (11%). When the samples are split according to residence, no woman in the homeless shelter self-identified as European American, while four women in the THP sample (22%) self-identified as European American. The ethnic distribution of the THP sample more closely resembles the ethnic distribution of the Prince George’s County population.²

*Marital Status*

While the focus of the study was single mothers, classifying women’s relationship status into specific categories was complicated and ultimately relied on how the participants’ identified their current marital status.³ Of the women in the THPs, six were divorced (33%), four were currently involved in a romantic heterosexual relationship and never married (22%), four were still married (22%), and four were currently single and never married (22%). For the six women who were divorced, one-third of these women reported having a romantic heterosexual partner

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² See Table 2 in Appendix B
³ See Table 3 in Appendix B
who contributed to the household’s emotional or financial well-being. Of these six women, one woman, Tabitha, confided that her partner was currently incarcerated in another state and while she hoped they could be a family when he was released from prison, she considered herself single. Of the four women who reported a current romantic partner, only one woman considered herself to be single. When asked about the dual classification, Cindy responded that her partner did little to improve her household’s circumstances and did not contribute to the household’s financial or emotional well-being. While 22% of the sample were still legally married to their husbands, one woman, Lillian, was in the process of obtaining a divorce from her estranged husband and considered herself single. Kay, another woman still legally married to her husband, explained her husband had left several months prior to entering the THP and she maintained an active single social life. One woman in the THP sample, Elsie, reported that she had been widowed for several years and did not perceive herself single.

Of the women residing in the homeless shelter, four were divorced (21%), four were involved in a heterosexual romantic relationship and never married (21%), three were legally married (16%), and eight were single and never married (42%). For the four divorced women, three considered themselves single. Similarly, of the four women who reported a romantic partner, three considered themselves single. Monica, one of the women who asserted this dual category of having a partner but single, revealed her child’s father was incarcerated and not due to be released for over a decade. Monica expressed that while ideally she would like to maintain this relationship, it might not be realistic and her priority was taking care of her son. Of
the three women who reported being legally married, two reported that the separation from their spouses was a direct result of being homeless. Each woman explained that according to the shelter regulations set by the county, grown men or intact households were not housed in this shelter. Each woman further explained they could not find an available homeless shelter in Prince George’s county that would take their entire household, requiring the family to split up. Melody, one of the women, explained her husband was currently at another homeless shelter across the county exclusively serving men, while Nikki, the other woman, explained her husband resided with his parents and the offer of shelter had not been extended to her or her son. Tina also reported being legally married but explained her husband lived in another state and she had no contact with him. She further revealed that she had raised her two sons by herself for the last seven and half years.

Regardless of the legal status of relationships, 11 of the 18 women (61%) residing in the THPs and 15 of 19 women (79%) residing in the homeless shelter considered themselves single. The way in which these women perceive their romantic involvement with men reflects their previous and current experiences with the opposite sex, their economic objectives for and obligations to the household, and the lesson they wish to convey to their children. Women who reported dual categories (i.e., partner but single) most often admitted to doing so because their romantic partners contributed very little or nothing to the emotional or financial well-being of their household. LaTonya, a mother of three and eight months pregnant, revealed that her partner expected her to find housing for the entire household while she was in the homeless shelter. While, LaTonya admitted she loved this man and he was the father
of her unborn child, her dual classification may reflect that regardless of her relationship status, she ultimately shoulders the responsibility of taking care of her children and this in turn influences her perception of their relationship.

**Children**

In the THPs, 40 children resided with their mothers. Of these children, 15 were five years old or younger (37.5%), 15 were between six and twelve years of age (37.5%), and 10 were between thirteen and eighteen years of age (25%). It is important to note here that the observed number of children does not reflect the total number of children women in the sample gave birth to or raised. Five women in this sample reported a total of 20 additional children. In Veronica’s case her other six children were over the age of eighteen and living on their own. Becky also reported her two sons were grown and living independently. In Tabitha’s and Kay’s cases, each woman shared custody of two additional children with their ex-husbands, but the children resided with their fathers. Karen explained she had minimal contact with four of her children, but was in close contact with two of her other children who were grown and living on their own.

In the homeless shelter, 19 children resided with their mothers. Of these children, 12 were five years old or younger (63%) and seven were between six and twelve years of age (37%). As before, the number of children does not reflect the total number of children the women cared for. Seven women in this sample reported fostering 10 children with ex-husbands, relatives, or friends. Despite fostering their

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4 See Table 4 in Appendix B
children, each woman reported having contact with their children and providing either emotional or financial support to their children. Of children fostered, five were between thirteen and eighteen years of age (50%), two were between six and twelve years of age (20%), and three were under the age of five (30%). Participants reported several reasons why their children were not currently in the homeless shelter, but all spoke of being reunited with their children when they obtained stable housing. As might be expected, almost all of the mothers, given their current situation, believed others could better provide for their children. Mothers of children in the two older age categories disliked the idea of their children experiencing life in a homeless shelter and worried about the emotional or psychological effect it would have on their children. Additionally, three of the children, males over the age of sixteen years, were barred from residing in the shelter with their mothers due to shelter regulations. When fostered children are taken into account, the combined sample reported 69 children in their care. Of these children, 30 were under the age of five (43%), 24 were between six and twelve years of age (35%), and 15 were between thirteen and eighteen years of age (22%).

**Education**

Most of the women I worked with had earned their high school diplomas, 34 women from the combined sample (92%). Of these women, 14 had attended college and 5 of the 34 women had earned either associates or bachelors degrees. When the sample is split, seven women residing in THPs had attended college, with almost half

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5 See Table 5 in Appendix B  
6 See Table 6 in Appendix B
of these women currently in school. Of the homeless shelter sample, seven women reported attending college, with almost half of these women currently in school.

**Employment**

Approximately one half of the combined sample (51%) was employed. However, when the sample is split according to residence a different picture emerges. Among women in the THPs, 14 were employed (78%), while among women in the homeless shelter only five of the women were employed (26%). Of the women unemployed and residing in the THPs, two women were engaged in the job search process and two were attending school full-time. Of the women unemployed and residing in the homeless shelter, two women explained their advanced pregnancies prevented them from seeking and gaining employment, three women were attending school full-time, and nine were engaged in the job search process.

4.2.4 **Household Characteristics**

In the THPs only the contractual lessee and their dependent children may reside in the subsidized apartment. All THP households consisted of single mothers and their dependent offspring, with 14 households (78%) composed of a mother and either two or three children. However, on numerous visits to participants’ apartments, households were observed frequently to have other individuals present. Carmen, one of the heads of households explained her two adult nephews consistently assisted her

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7 See Table 7 in Appendix B  
8 See Table 8 in Appendix B
with childcare and transportation needs, which she could not pay for, but reciprocated by letting the men eat her groceries and sleep at her apartment.

Nancy, another head of household, stated her brother and nephew routinely stayed at her apartment during the school year.

“He drops my nephew off on his way to work around six in the morning. I make breakfast for all the kids, and my oldest [child] makes sure my nephew gets to school. After he’s done at work, he [the brother] comes here [her apartment] and watches the boys until I get off of work. I don’t know what I’d do without him [her brother] when I have to work in the evenings – I can’t leave ‘em alone, but I can’t afford a sitter. It’s good he’s here too, ‘cause my sons need a good male role model in their lives. I feel guilty sometimes that he does so much for us; but I try and make up for it by makin’ dinner and lettin’ ‘em stay the night, ‘specially when I work the late shift. It just doesn’t make sense to make ‘em drive an hour and turn around in four hours and make ‘em drive back here”.

Tabitha, another head of household, shared custody of two children with her ex-husband and was allowed weekend visitation rights every two weeks.

“He [the ex-husband] forgets to pack enough clothes when they come to stay. So I’ve got to buy clothes for them, as well as extra groceries. It does put a cramp in my finances, but it’s important to me to spend time with them, so I try to budget my money to include all of my children. We’re supposed to go back to family court in a couple of months to review custody arrangements and my kids have told me they want to come live with me, so I figure I need to be able to show a judge I can do it financially”.

Kay also related how her current romantic partner frequently came over in the evenings and stayed overnight. “I like havin’ him around, he makes me feel safe. He’s good with the kids too and brings things we need”. Despite THP regulations, several women in the sample routinely relied on the assistance provided by familial and social network members to meet childcare responsibilities and household
subsistence needs. Without this support, women remarked they would be unable to maintain employment or their children would suffer from material hardships.

THP household size also fluctuated due to fostering children to relatives for limited periods of time. Karen revealed why she fostered one of her children with relatives.

TRASK: How’s your daughter enjoying summer vacation?

KAREN: She’s been stayin’ at her sister’s.

TRASK: Is everything okay?

KAREN: Oh yeah, I just couldn’t leave her at home when I went to work and she didn’t wanna come to work with me. So my daughter said she could come stay with her until we move.

TRASK: How’s it working out?

KAREN: Pretty good. I talk to her everyday and its nice not havin’ to play referee between her and her brother.

Jennifer, another single mother, explained she had two sons under the age of four, the oldest of which, stayed with a relative for a couple of months while she made the transition into the THP. While the child was staying with a relative, Jennifer took both of her sons to their babysitter each day before work and provided adequate food, clothing, and other essentials to the babysitter and the relative. This support from relatives decreased the financial and emotional burdens several women in this sample experienced and allowed women to focus on gaining economic self-reliance.

Families wishing to reside in the homeless shelter must be female-headed with dependent offspring under the age of eighteen years, unless the child is male and then he must be under the age of thirteen years. However, several women reported being
separated from their husbands and/or fostering their children with relatives and friends upon entry to the shelter. While one of the women in the sample was separated from her husband and she was left to provide for her daughter by herself, another woman was separated from both her husband and her learning-disabled eighteen-year-old son. Separation from either spouses or children did not stop women from expressing their desire and plans to reunite their households. For this reason, household size among the homeless shelter sample is a reflection of household size before entering the homeless shelter and the expressed desired household size upon obtaining secure employment and housing, resulting in 18 households composed of a single mother and either one or two children (95%).

4.3 Household Economies

4.3.1. Health and Human Service Poverty Guidelines & Definitions of Self-Reliance

The poverty guidelines are an official poverty measure issued annually by the U.S. Department of Health and Human Service in the Federal Register (Table 4.1). Unlike the poverty thresholds, which are used to generate poverty statistics and issued by the U.S. Census Bureau, the poverty guidelines are used to assess individuals and families eligibility for several federal and non-profit social welfare service programs. These measures of absolute poverty are the same for the District of Columbia and all U.S. states, except Alaska and Hawaii. Orshansky (1965) developed the poverty guidelines, and the thresholds from which they are derived, as a measure of income inadequacy. Orshansky constructed the thresholds and guidelines based on the least

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9 Two households with three members include the spouses. Additionally, household size in three families was expected to increase in size, as three women were pregnant.
expensive economy food plan presented by the U.S. Department of Agriculture. This plan outlined the necessary cost of food for one individual constrained financially. The U.S. Department of Agriculture recommended the usage of this food plan on a temporary or emergency basis. Given data from the U.S. Department of Agriculture’s Household Food Consumption Survey (1955) suggesting a family of three spent one-third of after-tax income on food expenditures. Orshansky (1965) essentially multiplied the cost of the cheapest food plan by a factor of three. In her calculations, Orshansky (1965) assumed that as food expenditures were cut, individuals or families would also reduce expenditures on other consumption categories at the same rate, and more easily meet basic needs. In 1969, the calculations were updated and the consumer price index (CPI-U) from the previous year replaced annual changes in food prices.

The poverty guidelines are not for planning budgets or how individuals or families should meet resources needs. They only define food expenditures. Because the measures are also national, they do not reflect changes in general standard of living or geographic cost of living differences. Moreover, the Department of Health and Human Services poverty guidelines do not calculate monthly incomes, but rather allow federal, state, local and non-profit programs to determine how monthly income is estimated and whether net or gross incomes are used in the calculations. Poverty guidelines are used to determine eligibility for programs, including: Head Start, Low-Income Home Energy Assistance Program (LIHEAP), State Children’s Health Insurance Program (SCHIP), parts of Medicaid and Medicare, Food Stamps, WIC, and Job Corps. However, several important means-tested programs do not use the poverty
guidelines to determine eligibility, including: TANF, Supplemental Security Income (SSI), Earned Income Tax Credit (EITC), Section 8 low-income housing assistance, and low-rent public housing ([http://aspe.hhs.gov/poverty/faq.shtml](http://aspe.hhs.gov/poverty/faq.shtml)).

<table>
<thead>
<tr>
<th>Persons in Family or Household</th>
<th>Maximum Income in 48 Contiguous States &amp; D.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$ 10,210</td>
</tr>
<tr>
<td>2</td>
<td>$ 13,690</td>
</tr>
<tr>
<td>3</td>
<td>$ 17,170</td>
</tr>
<tr>
<td>4</td>
<td>$ 20,650</td>
</tr>
<tr>
<td>5</td>
<td>$ 24,130</td>
</tr>
</tbody>
</table>

For each additional person add

$ 3,480

• Source: Federal Register 72(15): 3147 – 3148

Table 4.1 U.S. Department of Health and Human Service Poverty Guidelines for 2007

4.3.2. Descriptive Statistics of Monthly Household Incomes

For the purpose of my study, monthly household income is defined as federally reported gross income and includes: temporary cash assistance (TCA) administered by TANF, social security, and unemployment benefits. Monthly incomes do not reflect benefits from the Food Stamp program, child support payments, and wages earned through overtime or informal employment, as these can be inconsistent financial resources. The monthly household income of the combined sample (N =37) represents households in THPs and the homeless shelter with women earning on average $1,125, with a median monthly income of $1,000 (Figure 4.1). In the
combined sample, seven women (18.4%) reported no monthly income, while one woman reported a monthly income of $3,200 as a nurse.

Figure 4.1 Combined Shelter and THP Monthly Household Incomes

When the samples are split according to residence, a different picture emerges. Women residing in the homeless shelter earned on average $649.89, with a median monthly income of $499.00. As Figure 4.2 illustrates, seven women (36%) reported no income, although one woman reported an income of $2,400 a month as an administrative assistant. Only four women (21%) in this sample were employed, 50% of the unemployed women drew a source of income from social welfare programs, averaging $606 a month. Of the women in the homeless shelter sample, five (26%) received TCA, and averaged a monthly income of $471.00 (σ = 57.61). Of the
remaining fourteen women, five were employed, thus ineligible for assistance; one received unemployment benefits, which made her ineligible; two had either lost or been denied assistance; and six were waiting for the review of their application for assistance. Only two women in the sample received benefits from SSI, for a monthly average of $513.50. Most women in the shelter sample were ineligible for SSI and unemployment benefits (90% and 95%, respectively).

![Figure 4.2 Shelter Monthly Household Incomes](image)

Women who resided in the THPs reported significantly higher monthly incomes than women residing in the homeless shelter ($F = 15.095, P = 0.000$). Women in the THP earned on average $1,660.55$, with a median monthly income of $1,523.04$ (Figure 4.3).
4.3.3. Poverty Guidelines in Context with THP Sample

I have placed the monthly incomes of households from the THP according to the U.S. Department of Health and Human Service’s Poverty Guidelines to demonstrate the economic circumstances and the material hardship several households experience in their endeavors to transition to a position of greater economic self-reliance. Tables 4.2, 4.3, and 4.4 illustrate the maximum gross and net earnings broken down by hourly wage, weekly earnings, and monthly earnings of various household sizes to be considered living in poverty. As various federal, state, local, and non-profit programs determine whether before or after tax incomes are used as eligibility criterion, I display net earnings to convey the actual operating income of a
household to meet poverty guidelines. I also show the percent of THP households operating at or above the poverty line, according to household size.

Example one is of a single mother with one dependent child if she is characterized as living at or below the poverty line. This mother can earn at most a gross monthly income of $1141.00 (Table 4.2). In reality, this household operates below the poverty line on a daily basis due to federal tax withholdings. A single mother must earn a net monthly income of $1228.10 to function as if at the guideline. Susie, a clinically bipolar 21-year-old mother relying solely on TCA as an income source was the lowest income earner of the THP sample. Of the three single mothers residing in the THPs and caring for one dependent child, including Susie, each woman earned below the poverty guideline when gross and net earnings were considered.

<table>
<thead>
<tr>
<th>Per Hour Wage</th>
<th>Weekly Earnings</th>
<th>Monthly Earnings</th>
<th>Percent in THP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Earnings</td>
<td>$ 6.58</td>
<td>$ 263.27</td>
<td>$ 1141</td>
</tr>
<tr>
<td>Net Earnings</td>
<td>$ 7.08</td>
<td>$ 283.41</td>
<td>$ 1228.10</td>
</tr>
<tr>
<td>Susie</td>
<td>N/A</td>
<td>$ 105</td>
<td>$ 420</td>
</tr>
</tbody>
</table>

- Adapted from Rebecca Blank’s (1997) Earnings Need Table

Table 4.2  Single Mothers Living at or Above the Poverty Guideline With One Child
Example two is of a single mother with two dependent children. This mother can earn at most a gross monthly income of $1431 to be characterized as living at or below the poverty line (Table 4.3). However, to function at the guideline, this mother must earn a net monthly income of $1540. Carmen, a 42-year-old mother in substance abuse recovery, was employed at a wholesale furniture store with five months left in the THP, and her gross earnings exceeded the maximum monthly earnings limit by nine dollars, but still fell $100 short of the minimum net monthly earnings. For single mothers with two children residing in the THPs, to include Carmen, over three-fourths had gross monthly earnings that placed their households at or above the poverty guideline. However, when net earnings were considered, only five households were at or above the poverty guideline.

<table>
<thead>
<tr>
<th>Gross Earnings</th>
<th>Weekly Earnings</th>
<th>Monthly Earnings</th>
<th>Percent in THP</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 8.26</td>
<td>$ 300.19</td>
<td>$ 1431</td>
<td>78</td>
</tr>
<tr>
<td>Net Earnings</td>
<td>$ 8.89</td>
<td>$ 355.45</td>
<td>56</td>
</tr>
<tr>
<td>$ 9.00</td>
<td>$ 360</td>
<td>$ 1440</td>
<td></td>
</tr>
</tbody>
</table>

* Adapted from Rebecca Blank’s (1997) Earnings Need Table

Table 4.3 Single Mothers Living at or Above the Poverty Guideline with Two Children

Example three is of a single mother with three dependent children. This mother can at most earn a gross monthly income of $1721 to be characterized as
living at or below the poverty line (Table 4.4). To function as if at the guideline, this mother must earn a net monthly income of $1852. Kay, a 33-year old nurse, was the highest earner of the THP sample and clearly exceeded the guidelines, potentially suggesting economic security and self-reliance. Of the single mothers with three children, to include Kay, residing in the THPs, four households earned gross and net monthly incomes at or above the poverty guideline.

<table>
<thead>
<tr>
<th></th>
<th>Per Hour Wage</th>
<th>Weekly Earnings</th>
<th>Monthly Earnings</th>
<th>Percent in THP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Earnings</td>
<td>$ 9.93</td>
<td>$ 397.12</td>
<td>$ 1721</td>
<td>80</td>
</tr>
<tr>
<td>Net Earnings</td>
<td>$ 10.69</td>
<td>$ 427.50</td>
<td>$ 1852</td>
<td>80</td>
</tr>
<tr>
<td>Kay</td>
<td>$ 20.00</td>
<td>$ 800</td>
<td>$ 3200</td>
<td></td>
</tr>
</tbody>
</table>

- Adapted from Rebecca Blank’s (1997) Earnings Need Table

Table 4.4 Single Mothers Living at or Above the Poverty Guideline with Three Children

4.3.4. Income-to-Needs Ratio for THP Sample

To further understand how the federal government or other social service agencies perceive the economic circumstances and the conditions of poverty experienced by low-income individuals and families, I calculated income to needs ratios for the combined sample of women (Figure 4.4, N = 37). An income-to-needs ratio (INR), also known as the poverty ratio, divides a household’s income by the appropriate household threshold. For example, a single mother of two children
earning an annual income of $13,632 is divided by the guideline level for a household size of three members, $17,170, resulting in a value of 0.79. A value of 1 is considered living at the poverty guideline, while a value below 1 indicates a household living in poverty. A value greater than 1 is living above poverty, while a value of 2 is “working poor”. In the example above a household with an INR of 0.79 is considered to live in poverty.

Figure 4.4 Income-to-Needs Ratio for Combined Sample

For the THP sample, six households lived in poverty (33%), two households lived at the poverty line (11%), and 10 households lived above poverty (56%) (Figure 4.5). Of the households living in poverty, three relied solely on the temporary cash assistance provided by TANF, while two relied on full-time employment paying an
average of $6.93 per hour, and one household relied on a combination of unemployment and social security survivor benefits.

The income-to-needs ratios of the women living in the homeless shelter stands in stark contrast to women in the THP sample. Of the women living in the shelter, 16 had ratios placing their households in poverty (84%), whereas three women had ratios situating their households above the poverty line (16%). Of the 16 women who lived in poverty, approximately 50% reported a reliance on social welfare service support programs, such as temporary cash assistance, unemployment benefits, or social security. Of the three women categorized as living above the poverty line, one, Erin, had the highest income-to-needs ratio of both samples combined, placing her in the ‘working poor’ category. While Erin’s circumstances are not reflective of most of the homeless shelter sample’s economic experience, it does illustrate two important barriers confronting homeless female head-households: obtaining / maintaining employment when homeless, and once employed, securing affordable housing.\textsuperscript{10}

\textsuperscript{10} See chapter six for further information.
The prevalence of single mothers in the THP sample earning both gross and net incomes at or above the poverty guideline can be misleading if it is used as the only measure of low-income women’s transition toward achieving economic self-reliance. For this sample, a more pragmatic approach examines not only the earnings of a household, but also examines additional economic resources such as informal employment, child support payments, and social welfare subsidy amounts given to a household in contrast to household expenditures; acknowledging the discrepancy in resource allocation that must be overcome if economic self-reliance is to be obtained. Current measures of poverty used by the federal government do not reflect the actual expenses of maintaining a household (i.e., housing, food, utilities, telecommunications, transportation, childcare, health care and insurance). When these
expenses are accounted for, in relation to monthly household income, it is clear that current social welfare policy initiatives do not adequately prepare low-income women to become economic self-reliant.

4.3.5. Additional Economic Resources & Adjusted Monthly Incomes: Informal Employment and Social Welfare Subsidies

Monthly incomes do not include economic resources from informal employment, child support payments, and social welfare benefits such as food stamps, childcare subsidies, and rental subsidies. Informal employment and child support payments were specifically excluded from the calculation of monthly incomes, as these funds can sometimes be irregular in their amount and their occurrences are not federally reported. However, to exclude these sources of income does not accurately reflect female headed-household’s economic circumstances. Figure 4.6 illustrates THP households’ monthly income (blue line) and their adjusted monthly income (red line) from informal employment and social welfare subsidies. THP households’ adjusted monthly income averaged $3,166.82 (N = 18, σ = 758.29) and was significantly different from unadjusted monthly incomes (T = -10.48, P = 0.00, Paired Sample T-test), with 70.8% averaging higher than unadjusted monthly incomes (N = 18, σ = 37.7). As is discussed in more detail later in this chapter, informal employment, child support payments, and social welfare subsidies enable women in the THPs to meet most of their financial obligations. However, without these additional sources of economic support, it is highly unlikely that women in the THPs could meet the subsistence needs of their families.
In the THP sample, only two women received additional monthly income from informal employment. Both women earned on average an extra $420 a month from cleaning homes. Each woman reported how their clients’ current economic circumstances impacted their own household’s economic circumstances. Tabitha, a mother of two earning a reported income below $1,500 a month, explained when one of her clients canceled on her, she lost $150 of supplementary monthly income.

In the THP sample, six women (33%) reported receiving child support payments from non-custodial fathers. Of these women, only five received payments, which averaged $353 (σ = 376). Cindy, a mother of four relying on TCA as her sources of monthly income, explained because she was on welfare DSS collected the $500 in child support each month and that she would only start collecting once she stopped accepting TCA. For the other women in the sample who reported receiving
no child support, two were actively pursuing child support through family court, but the majority explained that child support from absentee fathers was not possible for a variety reasons (e.g., incarceration, deportation, unknown whereabouts, insufficient information to pursue a case).

Low-income heads of household may qualify for a variety of federally funded social welfare benefits, which are designed to decrease material hardship. Table 4.5 documents national, state, county, and sample participation rates for frequently utilized social welfare benefits. Figure 4.7 reflects the frequency of subsidies or benefits received by households residing in the THP. It is important to note that subsidy amounts and eligibility for benefits can change when the head of household’s monthly income increases or decreases.

On average, rental subsidies accounted for almost 81% of a household’s rent (N = 18, σ = 14.8), with the lowest subsidy paying 53% of the rent and the highest subsidy covering the entire rent payment. Regarding food stamps, 50% of the sample received the subsidy, with an average monthly subsidy of $258 (N = 9, σ = 143.02). During the study period, Carmen, a single mother of two working for $6.00 per hour received over $400 in food stamps, but experienced a 50% increase in hourly wages and found her food stamps reduced to $89, a 78% decrease. Of the nine households without food stamps, five (56%) were no longer financially eligible for assistance, three (33%) had applied for the benefit and were waiting for their application to be processed, and one (11%) had not applied for support.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>National</th>
<th>Maryland</th>
<th>Prince George’s County</th>
<th>Combined Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare Assistance&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1,799,300</td>
<td>22,900</td>
<td>Not available</td>
<td>8</td>
</tr>
<tr>
<td>Food Stamps&lt;sup&gt;b&lt;/sup&gt;</td>
<td>26,468,422</td>
<td>317,825</td>
<td>26,950</td>
<td>16</td>
</tr>
<tr>
<td>LIHEAP&lt;sup&gt;c&lt;/sup&gt;</td>
<td>5,800,000</td>
<td>38,186</td>
<td>2,725</td>
<td>18</td>
</tr>
<tr>
<td>Medicaid for Children&lt;sup&gt;d&lt;/sup&gt;</td>
<td>25,519,700</td>
<td>432,600</td>
<td>49,800</td>
<td>54</td>
</tr>
<tr>
<td>Medicaid for Adults&lt;sup&gt;d&lt;/sup&gt;</td>
<td>13,177,600</td>
<td>142,000</td>
<td>8,489</td>
<td>17</td>
</tr>
<tr>
<td>Social Security&lt;sup&gt;e&lt;/sup&gt;</td>
<td>8,300,000</td>
<td>839,896</td>
<td>Not Available</td>
<td>3</td>
</tr>
<tr>
<td>Subsidized Rent</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td>18</td>
</tr>
<tr>
<td>TANF&lt;sup&gt;f&lt;/sup&gt;</td>
<td>1,655,089</td>
<td>19,901</td>
<td>7,084</td>
<td>9</td>
</tr>
<tr>
<td>WIC&lt;sup&gt;g&lt;/sup&gt;</td>
<td>8,285,249</td>
<td>123,868</td>
<td>20,850</td>
<td>10</td>
</tr>
</tbody>
</table>

- <sup>a</sup> Administration for Children and Families Department of Health and Human Services 2006;
- <sup>b</sup> United States Department of Agriculture 2008 and RESI Towson University 2006;
- <sup>c</sup> National Energy Assistance Directors’ Association 2007 and Maryland Department of Human Resources 2006;
- <sup>d</sup> Henry J. Kaiser Family Foundation n.d. and Maryland Department of Health and Mental Hygiene 2003;
- <sup>e</sup> Social Security Administration 2005 and 2008;
- <sup>f</sup> Administration for Children and Families Department of Health and Human Services 2007 and RESI Towson University 2006;

Table 4.5 Available Social Welfare Benefits

Half of the THP households included children of an eligible age to receive the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). However, only one-third of these households received WIC. Of the remaining two-thirds, one woman’s household was not economically eligible, one woman was planning to submit an application, and four women viewed the products provided by WIC as unappealing and of little value to their households citing dietary restrictions and food preferences. Jennifer, a mother of two toddlers, explained that both she and
her sons were lactose intolerant vegetarians, and WIC would not pay for most of the food her household consumed.

Figure 4.7  THP Sample Benefits and Subsidies

Of the 40 children residing in the THPs with their mothers, only two went without some form of health insurance (5%), whereas 31 children (78%) received either Medicaid or the State’s Children Health Insurance Program (SCHIP), and seven
received private health insurance provided through mothers’, non-custodial fathers’, or close relatives’ employers (17%). As for the health insurance coverage of the mothers in the THP sample, one-third received Medicaid or SCHIP and four received health insurance coverage through either their employer or their ex-husbands’ employer (22%). However, eight women in the sample (44%) reported no health insurance coverage for themselves, citing they were no longer financially eligible for publicly funded healthcare and either could not afford health insurance through their employer or were ineligible for health insurance benefits.

For the 15 THP households composed of at least one child under the age of 13, 14 women needed childcare (93%). Of these households, seven reported receiving some form of childcare subsidy, either through the Prince George’s County Purchase of Care program (POC) or through their THP, with an average monthly subsidy of $653 (σ = 365). Women with childcare assistance through their THP were not required to make a co-payment for childcare, while women receiving POC subsidies paid a co-payment based on a sliding scale of their income. Of the seven households without childcare assistance, three (43%) were rejected due to income ineligibility, three (43%) had applications under review, and one (14%) had not applied for the subsidy.

Only two of the THP households (11%) reported receiving transportation subsidies disbursed by their THP. Although an estimated 24% of residents in the Washington Metro Area are classified as a transportation-disadvantaged population because of their income (Newman and Klancher 2007). The Maryland Department of Human Resources recognizing the lack of transportation as a potential barrier to
gaining and maintaining employment consequently allows a portion of unspent TANF block grants to fund transportation programs benefiting low-income and welfare-reliant individuals. However, 16 women in the sample (89%) were not aware of transportation vouchers and did not receive a transportation subsidy from Prince George’s County Department of Social Services.

When factoring in additional financial resources from informal employment, child support, and social welfare benefits (i.e., childcare, rental, and transportation subsidies, and food stamps) adjusted monthly economic resources for the THP sample averages $3166.82 (N = 18, σ = 758.29) and is significantly different from the previously reported THP monthly average income of $1,660.53 (N = 18, σ = 803.45) (One-Sample T-Test, P = .000). However, a majority of the increase in economic resources available to each household is due to social welfare benefits and if economic self-reliance is to be achieved by these households the role of subsidy assistance must be understood not only in the context of strict monthly income, but also in household expenditures.

I measured subsidy dependence by dividing monthly food stamp, childcare, TCA, and rental subsidy payments by total adjusted monthly economic resources and divided it into three categories: low subsidy dependence (one standard deviation or more below the mean), medium subsidy dependence (the range within one standard deviation below and above the mean), and high subsidy dependence (one standard deviation or more above the mean). The average subsidy dependency ratio for the THP sample was 0.4538 (N = 18, σ = 0.223, Figure 4.8), classifying low subsidy dependence as a ratio of 0.2308 or lower, medium subsidy dependence as a ratio
between 0.2309 and 0.6767, and high subsidy dependence as a ratio above 0.6768. Almost two-thirds of the THP sample demonstrated a medium level of subsidy dependence, while four women in the sample classified as low subsidy dependence (22%) and three reported high levels of subsidy dependence (16%).

![Figure 4.8 THP Sample Subsidy Dependence Ratios](image)

4.3.6. Economic Expenditures of THP Sample

The essential role social welfare subsidies serve in meeting the material needs of female headed-households’ is further illustrated when subsidy amounts are situated in context to household expenditures (Figure 4.9). On average, nearly two-thirds of the women’s monthly income in the THP sample was directed toward seven expenditure categories: rent, food, childcare, transportation, telecommunications, utilities, and laundry. It is important to note when each woman’s percent of monthly income toward these seven expenditure categories is calculated, six women have exceeded or nearly surpassed their monthly income and are consequently accruing financial debt. When monthly income, subsidies, and the seven expenditures
categories are taken into account, the data illustrate that current social welfare policy initiatives do not adequately prepare low-income women to become economically self-reliant.

![Figure 4.9 THP Household Expenditures by Monthly Income and Subsidy](image)

Every woman in the THP sample received a rental subsidy; with the amount varying according to her federally reported monthly income, the size of her apartment and household, and the guidelines of the THP program. On average, women spent 11.64% ($\sigma = 7.76$) of their monthly income on rental payments, with three women directing none of their income toward rent and some women directing almost 30% of their income. While the average percent of monthly income spent on rent provides contextual data regarding female-headed households’ expenditures, it does not adequately capture these households’ economic circumstances or their capacity to
obtain and sustain housing, on their own, in the future. Figure 4.10 illustrates the amount each household directed toward rent each month and the amount of rent covered by rental subsidies. The average listed rent for the 18 apartments was $1,162.67, with the lowest rent at $746 and the highest rent at $1430.00 per month. Figure 4.10 exemplifies the considerable role rental subsidies performed in meeting households’ financial obligations. Despite the financial contributions made by rental subsidies, 50% of the sample reported that rent payments were still difficult to manage on their limited monthly reported incomes. Carmen, a mother of two, spent 25% of her monthly income on rent and repeatedly spoke about “asking the THP to lower my rent from $350 to $150 for a few months so I can catch up on other bills”. During our follow up interviews, Carmen admitted she had not asked the THP to lower her rent and expressed that “the THP has done so much for me and my kids – I feel guilty asking for more”. Carmen also admitted she continued to fall behind on other bills and her family went without some of the things they needed. Kay, the highest earner of the THP sample and mother of three, explained she sometimes could not afford to pay the rent in full ($450) once a month and arranged to pay the THP twice a month. These events raise concerns about female headed-households’ potential to afford, obtain, and sustain housing for their families and become economically self-reliant after leaving THP programs.
Each woman in the THP sample was questioned about expenditures related to feeding household members. Household food expenditures included the purchase of groceries and meals at restaurants. On average, women directed 10.2% (σ =10.2) of their monthly income to feeding their families, with one woman spending as little as 4.8% of her monthly income and another woman spending as much as 40% of her monthly income toward food (Figure 4.11). Food stamps, on average, paid for almost 30% of women’s food expenditures, with nine women reporting no assistance from food stamps and one woman reporting over 85% of her expenses covered through the subsidy. Regardless of whether women received food stamps, 16 women in the

Figure 4.10  THP Rental Payment Amounts by Clients and Subsidies and as a Percent of Participants’ Monthly Income
sample (89%) reported difficulties feeding their families. Amy, on such woman and
the second to lowest earner for the sample, received $187 in food stamps each month,
but spent 37% of her monthly income on food for her and her child. Figure 4.11
illustrates the function of food stamps in meeting THP clients’ household needs and
financial responsibilities. Figure 4.11 also indicates several women in this sample
would encounter considerable hardship feeding their families without substantial
increases in reported monthly income, which raises concerns about female headed-
households’ potential to achieve economic self-reliance.

In the THP sample, 14 households had children requiring childcare services.
On average, women spent approximately 14% of their monthly income on childcare
providers, with some women directing no portion of their income toward childcare and
two women directing over 40% of their monthly income to childcare (Figure 4.12). While the average percent of monthly income spent on childcare provides contextual data regarding female-headed households’ expenditures, it does not adequately capture these households’ economic circumstances or their capacity to obtain and sustain childcare services on their own or in the future (Figure 4.12). The average monthly total cost for the 14 households requiring childcare services was $668.86 ($ = 468.48). These figures reflect the payments made by THP clients and the use of childcare subsidies. Regardless of receipt of childcare assistance, of the women reported difficulties in paying childcare providers. One of these women, Kay, a mother of three boys under the age of five, did not receive a childcare subsidy and spent $1,500 each month on childcare, which was almost 47% of her monthly income. Figure 4.12 illustrates the function of childcare subsidies in meeting THP clients’ household needs and financial responsibilities. Figure 4.12 also indicates that several women in this sample would encounter considerable hardship affording childcare services without dramatic increases in reported monthly income, which again raises concerns about female headed-households’ potential to achieve economic self-reliance.
I asked each woman in the THP sample about expenditures related to transportation. Household transportation expenditures included: vehicle operation costs (i.e., gasoline and insurance), vehicle maintenance, parking, and public transportation. On average, women directed 14.35% ($\sigma = 6.84$) of their monthly income toward transportation, with one woman spending as little as 3.58% of her monthly income and another woman spending as much as 25% of her monthly income toward transportation (Figure 4.13). This variation in monthly income expended on transportation is due in part to transportation subsidies and mode of transportation (i.e., private or public transport). Only two women in the sample received subsidies for transportation expenditures, which were provided by their THP. These subsidies, accounted for one-third of female headed-households’ transportation expenditures. Even when women received transportation subsidies, 16 women (89%) reported difficulties affording transportation. Nancy was given a car by her church during the study and directed 15% of her monthly income toward transportation. After the
receipt of the vehicle, Nancy expressed during several interviews how the vehicle had eased many of her transportation problems, but how it had also created new ones. When asked to explain the new transportation problems, Nancy explained she now had to budget car insurance and vehicle maintenance into her already limited monthly income. Nancy also confided her car needed serious repair work, but that she could not afford the expenditures. Figure 4.13 illustrates women’s monthly transportation expenditures and role of transportation vouchers in meeting THP clients’ household needs and financial responsibilities. Given that only 11% of the sample received transportation subsidies, Figure 4.13 demonstrates women’s economic self-reliance for this particular expenditure category. However, with regard to women’s continued self-reliance in this category and overall economic self-reliance a caveat is warranted. As women leave THP programs or gain moderate increases in monthly reported income, thus losing eligibility for financial assistance from social welfare programs, finite economic resources are shifted to take the place of subsidies. This can potentially lead to households experiencing material hardships, as transportation is deemed as essential to obtaining and maintaining employment.
I asked each woman in the THP sample about expenditures related to telecommunications, including: telephone land lines, cellular telephones, cable television, and internet services. On average, women directed 8.89% ($\sigma = 10.29$) of their monthly income toward these services, with one woman spending no portion of her income and another woman spending almost 46% of her monthly income (Figure 4.14). The variation in monthly expenditures to telecommunications is due in part to the fact one of the THPs provided telephone landlines to clients free of charge and several women reported receiving services for telephone landlines, cellular telephones, cable television, and Internet. Only two women in the sample received subsidies for telecommunications expenditures (an installed telephone landline) provided by their THP, while 10 women (56%) reported difficulties paying for telecommunication expenditures. When questioned about her household’s telecommunications
expenditures, Kay explained her cable television had been disconnected because of unpaid bills and a friend paid for her cellular service; she did not have a landline telephone in her home. Amy, spent almost 46% of her monthly income on telecommunications expenditures and also admitted to being over extended and behind on bills for cable television and cellular service. Similar to four other women in the THP sample who received cellular service through a familial or social network member, Amy, received cellular service through her mother, who she currently owed money to for this service. While almost all the women with this type of arrangement, reported paying their portion of the cellular bill to their familial or social network member, this arrangement provided women with flexible payment options not offered by cellular companies.

Figure 4.14 illustrates women’s monthly telecommunications expenditures and the percent of monthly income directed toward these services. While conservative welfare critics have criticized low-income households’ expenditures toward these ‘luxury’ items (Rector 1999, Rector and Johnson 2004) as wasteful behavior and illustrations of poor financial decision-making, women in the THP sample voiced their responses to these criticisms. Stacey, a mother of three teenage children, put it plainly, “Have you seen this neighborhood? I’d rather them watch TV and play video games than be out hangin’ out doin’ who knows what. This way, I know where they at and that they safe”. Mothers in this sample also expressed how the possession of a cellular telephone was also a matter of safety, for the entire household and thus a necessary expenditure. Mothers also conveyed feelings of guilt motivated their purchases of ‘luxuries’ like cable television. Lillian, one such mother, confided, “My
kids have gone through so much and without so much lately – they deserve to have something”.

However, mothers’ concerns over safety and providing their children with some ‘luxuries’ did not prevent mothers’ from eliminating these expenditures from the household budget when these expenses proved too costly, as five households (28%) demonstrated.

Laundry on average accounted for 4.57% (σ = 2.84) of women’s monthly income expenditures (Figure 4.15). As all of the THP apartments, except one, did not include washer and dryer units, expenditures toward laundry were a necessary expense. Women were asked how frequently they used coin operated laundry facilities and the amount they usually spent. Of the sample, 17 women reported they used laundry facilities in their apartment complexes or went to Laundromats on a
weekly basis. In addition, one woman reported the occasional use of familial or social network members’ laundry appliances in exchange for housekeeping services.

![Figure 4.15 THP Monthly Laundry Expenditure Amounts and as a Percent of Participants’ Monthly Income](image)

While all women in the THP sample received subsidies for utilities either through MEAP or through their THP, women spent on average 1.74% (σ = 1.60) of their monthly income on utilities (Figure 4.16). Figure 4.16 illustrates the function of utility subsidies in meeting THP clients’ household needs and financial responsibilities. This data indicates several women in this sample would encounter considerable hardship affording utility services in the context of other household expenditures without current subsidies and increases in reported monthly income, which raises concerns about female headed-households’ potential to achieve economic self-reliance. Furthermore, it is also important to recognize that as women leave THP
programs or gain moderate increases in monthly reported income, thus losing eligibility for financial assistance, finite economic resources are shifted to take the place of subsidies. This can potentially lead to households experiencing material hardships in other areas, as electricity and heat are vital household necessities.

Figure 4.16  THP Monthly Utility Expenditures by Participants and Subsidies and as a Percent of Participants’ Monthly Income

4.3.7  Economic Expenditures of Shelter Sample

Figure 4.17 reflects the frequency of subsidies or benefits received by households residing in the homeless shelter. Of the women in the homeless shelter 42% received food stamps, with an average monthly subsidy of $268.13 (N=8, σ = 106). Since the shelter provided three daily meals to residents and prohibited the storage of food in residents’ rooms, all of the women said that they did not use their food stamps regularly. However, four of the women who received food stamps did
state that during occasional weekend passes from the shelter they would use their food stamps to reimburse family or friends for groceries. Of the 11 of women (58%) who did not receive food stamps, six were waiting for their application to be processed and assessed, two had been denied or lost assistance, and three had never applied for aid.

Of the women in the homeless shelter, 12 households included children of an eligible age to receive WIC. However, only seven (58%) households received the subsidy. Of the remaining five households, 80% had not applied for assistance and 20% viewed the products provided by WIC as unappealing and of little value to their households due to dietary restrictions. Steph, a mother of two toddlers, explained her children were lactose intolerant and WIC would not pay for soy-based or lactose intolerant products.

Women in the homeless shelter reported providing emotional and financial support to 29 children, yet five of these children (17%) went without health insurance. Of these children, three had Medicaid or SCHIP applications under review and two children had lost coverage, despite being economically eligible. Of the children who received health insurance, only one received private health insurance, which was provided by her father’s employer. Health insurance coverage for mothers in the homeless shelter was also low with only 11 women (58%) receiving either Medicaid or SCHIP. Of the remaining eight mothers without health insurance coverage (42%), three had not applied for Medicaid or SCHIP, two had lost coverage, and three were awaiting the review of their applications.

Of the homeless shelter households, 16 were composed of at least one child under the age of thirteen, who needed childcare. However, only one woman reported
receiving a childcare subsidy from the Prince George’s County Purchase of Care Program. Of the remaining 15 women, three had not applied for the subsidy because their children were not currently residing with them, nine had never applied to the program, and three women were waiting for the review of their applications. Of the nine women who had not applied for childcare subsidies, four were TCA recipients and unaware their welfare status gave them priority eligibility according to the County’s regulations.

The women in the homeless shelter sample reported few expenditures. The most frequently reported categories were shelter fees, transportation costs, and the cost of cellular telephones. Every head of a household with some source of income was required to pay a daily fee for access to the shelter. These fees covered costs for all members of the household and served as the residents’ room and board. Of the 19 women interviewed, 53% paid a monthly average of $65.00 (N = 10, σ = 34). Erin paid $112 a month for herself and her son, while four mothers paid $30.00 a month. Each of the mothers talked about how these fees were used by the shelter to purchase household supplies (e.g., laundry detergent, hygiene products, diapers). However, nine mothers (47%), regardless of shelter payment, reported asking for household supplies from shelter staff and were refused supplies. This resulted in mothers without an income sharing household supplies with other shelter residents or obtaining supplies from extended family or friends. For women with a source of income, they reported sporadic purchases of supplies for their households. Women stated how the shelter’s policy regarding COMAR fees and erratic assistance with household...
necessities constrained their ability to pay for other household expenditures or to save money.

Transportation and cellular telephones were two of the expenditures women reported difficulty affording with their limited incomes. With one exception – one woman owned a vehicle. Each head of household reported walking, utilizing public transportation, and relying on family or friends for rides. Women spent on average $48.00 on public transportation a month (N = 19, σ = 16.1), with expenses ranging from as high as $75.00 to a low of $30.00 per month. Mothers, who were in school or working, incurred higher transportation costs and approximately one-third of the women reported receiving occasional public transportation tokens from shelter staff. During an interview with shelter staff, case managers revealed the shelter possessed a limited number of bus tokens each month and thus discouraged clients from relying on tokens to meet their daily transportation expenses.

Among the shelter heads of household, 14 possessed operating cellular telephones and five women had their cellular service disconnected by their provider. On average, women spent $50.33 a month on cellular service (N = 14, σ = 25.25), with one mother paying as much as $120.00 a month and six mothers paying $40.00 a month.

Some additional expenses included costs associated with storing goods. Women storing goods with commercial storage facilities, paid on average $203.00 a month. Other women reported storing their household items with familial or social network members free of charge. Finally, school related expenses posed another problem. Two women reported paying an average $55 a month to cover student loans,
while an additional five women reported either defaulting on, or within the grace period, of student loans.

Women in the homeless shelter sample directed little of their financial resources toward food expenditures, childcare, or laundry. While all the women in the sample reported the food served in shelter as unappetizing, only 11 of the women (58%) reported purchasing food from fast food establishments. This is in part due to women’s lack of financial resources, but also due in part to the shelter’s policy on food. According to shelter regulations, residents were only allowed to store food for infants, which was kept in a community refrigerator. Furthermore, food purchased from restaurants was to be consumed at the time of purchase or outside of the shelter building. Women’s childcare expenses were also limited while in the shelter for two reasons. First, mothers, who were not employed or attending school, often kept their children with them during the day, eliminating the expense of childcare. Second, mothers who were employed or attending school either received assistance with childcare from other shelter residents for some type of in kind payment or placed their children in the onsite and free day care facility. Women reported that while the onsite day care center was free, priority was given to mothers who were either employed or attending school, and the facility did not have enough staff to watch the children, which forced the day care center to close with little advance warning.

While mothers were often responsible for buying their own laundry detergent, residents did not have to pay for the weekly use of shelter owned washers and dryers. All the mothers in the sample stated how the use of these machines, at no cost,
alleviated some of the financial strain they experienced while living in the homeless shelter.

![Figure 4.17 Homeless Shelter Sample Benefits and Subsidies]

4.4 Chapter Summary

In this chapter, I have described the transitional housing and homeless shelter programs where women were recruited from, presented demographic data on women and children in each sample, and described the monthly household incomes of each sample. To understand how the federal government perceives these mothers’ economic circumstances, I placed THP household economies in context to the U.S.
Department of Health and Human Service’s Poverty Guidelines and measured the income to needs ratio for the THP and shelter samples. While significantly more households in the THP sample lived above the federal guidelines of poverty than did households in the homeless shelter sample (N = 37, P = 0.017, 2-tailed Fisher’s Exact Test), this measure, as applied to women in the THP sample, can be misleading if it is used as the only measure of low-income women’s transition toward achieving economic self-reliance. To understand the process of transitioning off of public assistance to a position of economic self-reliance, the THP sample’s monthly income was compared to their adjusted monthly income, which included financial resources from informal employment, child support, and social welfare benefits and subsidies, was found to be significantly lower (N = 18, T = -10.48, P = 0.00, Paired Sample T-test). Low-income single mothers’ reliance on social welfare benefits and subsidies to meet their families subsistence needs, as evidenced by 1) the subsidy dependency ratio of the THP sample and 2) the percent of women’s monthly income and the percent of social welfare benefits and subsidies directed toward household expenditures, does not suggest these women have achieved the financial wherewithal to become economically self-reliant. These calculations suggest low-income single mothers will continue to encounter challenges in their pursuit of economic self-reliance. As women leave transitional housing and homeless shelter programs, or gain moderate increases in monthly reported income, the loss of eligibility for financial assistance granted by social welfare programs requires the redirection of finite economic resources to take the place of lost benefits and subsidies. This loss in benefits and subsidies can potentially lead to low-income single mothers’ households to experience severe
material hardships and may undermine women’s achievement of economic self-reliance.
CHAPTER 5
MATERIAL HARDSHIP

5.1 Introduction

The impoverished circumstances experienced by low-income single mothers are reflected in how these women allocate their monthly income and utilize social welfare subsidies to meet household needs. Material hardship data further demonstrates the capacity of low-income single mothers to meet the needs of their household and serves as an indicator of current and future achievement of economic self-reliance. Material hardship generally describes circumstances in which a financial head of household is unable to provide adequate food, shelter, healthcare services, utilities, or other necessities for dependents and self during a specified period of time (Reichman et al. 2005). I expand the concept of material hardship to include the lack of economic, material, and non-material resources perceived and experienced by mothers and their households in the THP and shelter samples. Single mothers in both samples perceived and reported four broad categories of material hardship: the lack of material resources affecting the entire household, the lack of material resources pertaining to their children, the lack of financial resources, and the lack of non-material resources essential to the future well-being of the household. While I present
and discuss each category as a distinct type of material hardship, they are synergistically correlated in the household. A comprehensive awareness of the material hardship experienced by low-income families demonstrates how artificial guidelines of poverty fail to capture the reality of living conditions and reveals the ensuing difficulties low-income single mothers encounter in their attempts to obtain positions of economic self-reliance.

### 5.2 Material Hardship of THP Households

Figure 5.1 illustrates the women in the THP sample’s self-reported data regarding their perceived lack of material resources experienced by the entire household in nine categories: childcare, adult dental care, food insecurity, health insurance for the primary caretaker, housing, the late payment of bills, mental health care for the primary caretaker, physical health care for the primary caretaker, and transportation.
In the category of childcare hardship, nine mothers (N = 14, 64.3%) reported difficulties providing care for children under the age of 13. While eight of the nine mothers had either fulltime or part time arrangements with childcare providers, the mothers in this sample expressed how these arrangements did not meet their childcare needs. Brenda, a mother of three who worked fulltime and attended college, explained,

“I’ve got before and after care for the 7-year-old and the two little ones go to the center during the day when I’m at work or school. Vouchers cover most of it. But now I have to take these two night classes for my nursing degree. Vouchers aren’t going to cover that! My sisters aren’t going to watch my kids
two nights a week. I don’t know anybody else and I can’t afford to pay anyone to watch three kids for 8 hours a week”.

Lillian expressed similar problems.

“Y’know those meetings we have to go to every Monday night for transitional [housing] we’re not supposed to bring our kids. I know some of the women do, but it’s not right. We’re discussing things a lot of times kids shouldn’t hear. And I’ll get in trouble if I don’t show, but I don’t know anybody who can watch my kids for me. Then there’s the whole money thing … I’m already a month behind - $700 – in paying the daycare now. I can’t afford a sitter too”.

Brenda’s and Lillian’s statements articulate three distinct childcare hardships encountered by THP single mothers: the availability and accessibility of childcare during non-standard hours, the capacity to afford non-standard hour care arrangements if found, and the inability to afford current childcare arrangements. Of the women in the THP sample, seven reported difficulty in paying for childcare services. Four of these women did not receive childcare subsidies, while three women expressed the need for larger subsidies and smaller co-pays. Tabitha was surprised at the start of her children’s summer vacation from school when her first grade daughter would need fulltime childcare instead of part time care and the subsidy did not increase to reflect the additional care needed. During an interview Tabitha expressed, “What are they [DSS] thinking? The voucher for my daughter is for aftercare – eight to ten hours a week. Just because school’s out for the summer doesn’t mean I don’t have to go to work. She needs full time care. How am I supposed to pay an extra $400 month for day care? And that’s with the voucher”. Tabitha’s reliance on state subsidies to meet childcare arrangements illustrates many low-income single mothers’ inability to meet their household’s needs and demonstrates a lack of economic self-reliance.
5.2.2 Food Insecurity

Among mothers in the THP sample 16 reported instances of food insecurity during the study period (89%), in spite of the fact that half the sample received food stamps. When asked about their experiences, mothers revealed: going to food pantries on a weekly or monthly basis; grocery store shopping strategies; how to stretch meals and ingredients to last over several days; and going hungry. During interviews, nine of the women in the THP sample reported either requesting groceries or were observed receiving groceries from their case manager on a monthly basis. Several women also asked me for the locations of food pantries near their apartments or for rides to these food banks.\footnote{When women asked for the locations of or rides to pantries, I provided both to the women.} Carmen, a single mother with two children, experienced a 78% decrease in her food stamp allotment when her hourly wage increased from $6.00 to $9.00, a 50% difference. When asked about her circumstances Carmen related why she had problems feeding her children and the function food served in compensating family members for childcare arrangements.

“I’m having trouble this month because of my surgery. My job counted the time off as sick leave, but I’m not getting full pay for the time off and the co-pays for the surgery are more than I expected. Miss Carol [case manager] has brought by some food so we’re just not eating noodles, but my nephews are here in the evenings watchin’ my kids while I work. They bring food sometimes when they watch the kids, but I can’t pay ‘em for any of it. I need to have some food in the house at least”.

All of the women without food stamps reported that food stamps would not only decrease the household’s food insecurity, but also allow for the redirection of limited financial resources toward other household expenditures. Four women (45%), who reported receiving food stamps, also said their current food subsidy allowance did
not currently meet the needs of their households. As a result, several women allocated a sizeable portion of their monthly income toward food expenditures. Susie, who received $200 in food stamps and $420 in temporary cash assistance each month, explained why she spent almost an additional quarter of her monthly income on food.

“My son’s daycare requires that he bring breakfast, lunch, and two snacks each day. I didn’t pick the daycare, they [THP staff] did and they [the THP] pay for it. But I have to pay for the food and it’s expensive. I can’t wait till he goes to school in a couple of months and we don’t have to do this no more. I should be able, by then, to get him [her son] some clothes for winter”.

Susie’s circumstances illustrate how even with public assistance, benefit amounts do not measure up to basic household expenditures. Women’s experience with food insecurity and their perception of how it effected their households, not only demonstrates the inadequacy of social welfare benefits and women’s monthly income to fulfill basic needs, but also the associated material hardship that is incurred. As all of the women in the THP sample received some type of social welfare benefit (e.g., housing subsidy) designed to facilitate economic self-reliance, and all most the entire sample reported food insecurity, the capacity of social welfare programs and benefits to move families out of poverty is questionable. If participation in social welfare programs and receipt of benefits still results in households living in poverty and experiencing material hardship, then what is the likelihood of low-income single mothers becoming self-reliant when they are forced to leave these programs and no longer receive benefits?
5.2.3 Transportation

Issues related to transportation proved to be a hardship that 16 women in the THP sample experienced (89%), with half of those women citing the cost of operation and maintenance associated with a personal vehicle the most frequently. However, seven women in the THP sample (39%) did not have a vehicle. These women were reliant on access to public transportation to conduct daily activities (e.g., dropping kids off at day care, going to work). Jennifer, a single mother with two toddlers, worked in a neighboring county and spent close to $165 a month, almost 10% of her monthly income, on transportation. She recounted her daily commute.

“If I get enough sleep the night before, I get up around 4:00 a.m. so we can all catch the bus down the street at 5:35 a.m. I drop the kids off at the babysitter in D.C. and then take the metro so I can be at work by 7:00 a.m. I get off work at 4:00 p.m. and take the metro back to D.C. to pick the kids up from the sitter. Then, we all take the bus home and get here [their apartment] by 7:00 p.m”.

Later in our conversation, Jennifer relayed her concern for herself and her sons’ safety during their commutes.

“It’s so early and dark when we go out to the [bus] stop in the morning and I got my hands full with the kids. And sometimes it’s so cold! I worry about my boys. I’m worried about our safety too. It’s so dark and nobody’s around. My boyfriend’s been teaching me some self-defense moves since I moved to the complex. That didn’t help much last week when someone stole my phone when the electricity went out in the metro station. Metro’s having some problems this summer. A couple of weeks ago I was on the escalator when it stopped dead and sent a bunch of us flyin’ down the stairs. Before, I was just worried about somebody hurting us, now with all the trouble metro’s having, I’m worried about that too”.

Jennifer’s statements illustrate the investment in time mothers without private transportation are required to make in order to conduct daily activities, in addition to the potential hazards they must face. Regardless of whether women in the THP relied
on either private or public transport, a majority of the sample perceived and experienced transportation as a material hardship.

5.2.4 Household Bills

In the THP sample, 15 women (83%) reported difficulties paying their rent, household bills, and childcare providers on time and in the required amounts. After recently moving into the THP, Nikki an unemployed mother caring for three adolescent daughters confided the trouble she confronted trying to settle her family in a new place.

“We don’t have anything, it’s all in storage and it’s going to cost $90 to get it out. I’m barely getting $1000 a month and I’ve [got] to pay the security deposit and rent to the program by the end of the month. I’ve also to get the girls’ uniforms and supplies for school, pay a late cell phone bill for $150, and $381 to ACE check cashing before they turn it over to collections”.

Nikki’s statements illustrate the economic hardship many low-income single mothers’ encounter when they have too few economic resources to meet the needs of their families. Although social welfare benefits such as temporary cash assistance, social security, rental subsidies, childcare subsidies, and food stamps assist in defraying household expenditures, women often have household expenses, financial obligations, and debt that they are unable to afford without living-wage employment. Moreover, the economic insecurity women experience in social welfare programs, such as transitional housing, is exacerbated by previous financial conditions (e.g., defaulted student or auto loans, defaulted mortgages, back rent). As Nikki’s circumstances demonstrate, when confronted with financial responsibilities they cannot afford (i.e., rent, groceries, household bills) low-income single mothers’ often resort to high
interest money lenders to meet immediate household needs and avoid material hardship, frequently leaving their households in worse financial situations.

5.2.5 Housing

While all the mothers in the THP sample expressed gratitude to their respective THPs for providing their families a place to live, every woman, except one, reported and/or demonstrated problems associated with their housing arrangements (e.g., infestation of bugs and rodents, plumbing, apartment maintenance, safety of apartment grounds). Of the women reporting issues, two reported a single problem (11%), three reported two problems (17%), three women reported three problems (17%), and nine reported four or more problems (50%). The most frequent problem, reported by 17 of the women (94%) was the infestation of their apartments by either roaches or mice. Each woman voiced her frustration in trying to rid her apartment of the vermin. Veronica, a mother with one teenage son at home, said, “There’s nothing I can do. If I [bug] bomb the place, the roaches go to the next unit and it’s only a matter of time before someone else sends theirs’ my way”. Carmen, another mother in the same complex stated her daughter was afraid to sleep in her own bed because of the mice and had consequently started sleeping with her mother. Water damage was another problem reported by nine of the women (53%). Susie experienced the most severe problem with several large water stains on the ceiling of her dining room and hallway. However, Susie’s most dire circumstance lay in the bathroom, where she showed me how the shower ceiling was falling down and in between the broken pieces of plaster mushrooms and other fungi were beginning to grow. When asked whether the
complex’s maintenance staff had been contacted, Susie responded that only the THP could contact the apartment staff on her behalf and that she had contacted her case manager several times, with staff from maintenance showing up only once and dismissing the problem.\textsuperscript{12} Susie’s problem with apartment complex’s maintenance personnel is one shared by 14 women in the sample. Problems with apartment maintenance varied from water damage, appliance malfunction, faulty plumbing, lack of central air conditioning, cracked windows, and vermin infestation problems. Another central concern of mothers was the safety of apartment grounds and complexes for their families, with 15 women citing several concerns, such as, arson, drug and gang activity, larceny and burglary, and felonious physical assault. Women’s concerns regarding the safety of the apartment complexes they lived in were justifiable, as several of the apartment complexes were the sites of arsons, felonious assaults and murders, and rampant drug and gang activity, during the period of data collection.

5.2.6 Health Insurance

Additional hardships for women in THP households concerned health insurance coverage with eight of the women (44\%) without either private or public health insurance coverage. These women reported they were economically ineligible to receive Medicaid or SCHIP and they either did not qualify for benefits through their employer or could not afford the monthly health insurance premiums. When asked

\textsuperscript{12} At the close of the study, neither the THP nor the apartment complex had resolved Susie’s maintenance problems. Convinced of the potential health hazards this posed to her and her son, Susie contacted an inspector from the county’s health department and lodged a complaint against the apartment complex.
what these mothers did when they got sick, Kay, the highest earner in the sample and an LPN, replied, “I can’t get sick. I can’t afford to. I just deal with it and hope that it’s not serious”. Kay’s comment illustrates a perspective shared by all of the mothers without health insurance; becoming ill is not an option or a luxury they can afford. When women are ill or need treatment, women reported forgoing medical attention. When each woman in the THP sample was asked about dental, mental, or physical health problems, all of the women without health insurance reported going without treatment of current ailments in at least one of these three areas because they lacked the financial resources to pay for treatment. For example, Brenda, a single mother of three, explained she had used the last of her contact lenses and could not afford a visit to the doctor for a renewal of her prescription, let alone purchase the lenses. As a result, she wore out of date prescription glasses with the nose bridge and one arm held together with scotch tape.

5.2.7 Health Problems

Possessing health insurance did not prevent women from forgoing treatment for various health problems as figure 5.1 illustrates. Of mothers in the THP sample, regardless of health insurance, 11 reported the need for dental care (61%), nine reported the need for general physical care (50%), and 10 reported the need for mental health care (56%). Among the women in the THP sample, 10 suffered from mental health ailments such as depression, clinically diagnosed mental illnesses, or the dual diagnosis of mental illness and substance abuse. Nancy, a mother who was bipolar, in substance abuse recovery and on Medicaid, revealed of the problems she encountered.
“They’ve got me on the wrong meds – I can tell its not working. I told my therapist she needs to adjust my prescription. She says the doctor’s the only one who can do it, but I can’t get an appointment with him. And now she [the therapist] keeps missing our weekly appointments. I can feel things flying apart [pause] I’m so frustrated [pause] I’ve worked too hard to be sidelined by these peoples’ crap”.

Nancy’s situation with her mental health care providers not only demonstrates the difficulty many mothers confront in obtaining the health care they need, but it also underscores the precarious circumstances of low-income female headed households. When single parents lack or are unable to receive healthcare, regardless of their health insurance coverage, the entire household’s emotional, financial, and physical well-being is in jeopardy. Perhaps this is no better illustrated than with the circumstances Kay encountered. Two weeks before ‘graduating’ from the THP program, Kay, was counseled that she may have some type of gynecological cancer and would need a biopsy.13 She underwent the biopsy the following week and moved her family into the basement of another woman’s home. However, within a week of leaving the THP, Kay collapsed at work and was rushed to the county hospital with septicemia. She spent several days in the hospital and was released after several days to recover at her new only to learn her employer had fired her. The situation further deteriorated when the woman Kay lived with learned of the termination and informed her, she and her three boys would have to leave by the end of the month, leaving Kay’s family homeless at the end of the study.

13 Graduating was a term used by THP staff to acknowledge clients who left the program after reaching their time limit.
5.3 Material Hardship of Shelter Households

Figure 5.2 illustrates the homeless shelter sample’s self-reported data regarding the perceived lack of material resources experienced by the entire household in nine categories: cellular services, childcare, clothing, adult dental care, health insurance for the primary caretaker, housing, mental health care for the primary caretaker, physical health care for the primary caretaker, and transportation.

Figure 5.2  Perceived Material Hardship of Single Mothers in Shelter Sample

5.3.1 Childcare

Unlike women in the THP sample, mothers in the homeless shelter sample confronted two distinctly different types of hardships associated with childcare: the
immediate concern of obtaining care for their children while residing in the homeless shelter and the more distal concern of obtaining care for their children once they left the homeless shelter. While in the homeless shelter, women are expected to take actions that lead to the achievement of economic self-reliance. These efforts may include meeting with shelter support staff in employment preparation, conducting employment searches, obtaining social welfare benefits from the Department of Social Services, gaining employment, pursuing higher education or vocational training, and/or conducting searches for permanent housing. Recognizing that a lack of childcare can act as an impediment to single mothers’ progress in these tasks, the homeless shelter provided a free on-site childcare facility for residents. The facility was available to residents during the weekdays from 8 a.m. until 5 p.m. on a first come basis, with employed mothers having priority status. Women requesting childcare services were required to register their children with the staff a day in advance to ensure availability. As with any commercially licensed childcare provider, the homeless shelter childcare facility maintained staff to children ratios, which limited the number of children that could be provided with care. The number of children provided with care fluctuated on a daily basis due to the number of staff on site, usually two, and the age of children requiring care. Infants and toddlers necessitated smaller staff to child ratios, usually one to three, whereas elementary age-children accorded larger staff to child ratios, usually one to five. Ultimately, staff availability and the age demographics of children requiring services limited mothers’ use of the on-site facility. Of the 19 mothers in this sample, 12 women (63%) reported needing childcare for children that resided with them in the shelter. However, only three
women (26%) reported regularly utilizing the on-site childcare facility. When mothers were asked why they did not utilize the free daycare, mothers reported several problems associated with obtaining care from the facility. The most commonly reported problem dealt with the registration of children. Steph, an unemployed single mother of two toddlers reported,

“We’re supposed to leave the shelter by 10 a.m. and we’re not allowed to be in the building before 5 p.m., unless we’re meeting with the staff or at lunch. But, if I want my kids to be in daycare I have to sign them up between 4:30 p.m. and 5 p.m. the day before. We’re [her and her children] out sometimes trying to take care of things and I don’t make it back in time to sign them up. There’ve been times when I go to sign them up and they tell me that they’re all full and there’s only three kids on the list. Other times, they’ve gone home early and the list is already gone. It’s triflin’. If I’m supposed to follow the rules – so should they. I don’t even bother with ‘em anymore”.

Another problem often reported by mothers concerned the type of care their children received while at the facility. Le Kesha, a single mother attending a two-year college recounted the problems she experienced with the daycare.

“I dropped her [7 month old daughter] off in the morning with enough bottles and diapers for the day. When I picked her up after school they had only given her half a bottle, used none of the diapers, and she was soaking wet. What kind of care is that? I don’t mess with them anymore. One of the ladies [another resident] in the shelter watches her for me”.

Steph’s and Le Kesha’s experiences with shelter staff illustrate the hardship single mothers in the homeless shelter encounter when attempting to utilize the on-site daycare facility. Because the childcare facility was perceived by residents as unreliable and providing inadequate care, five the of women (42%) in the homeless shelter reported keeping their children with them at all times or relied on other residents to provide childcare services. These arrangements potentially have negative
effects on shelter residents’ capacities to obtain employment and housing and thus transition to a position of greater economic self-reliance.

When mothers in the homeless shelter sample were asked about childcare arrangements once they left the shelter, only 2 of the 16 mothers with children requiring care had established arrangements for their children, one with a relative and another utilizing a childcare subsidy with a commercial childcare provider. The remaining mothers expressed how childcare services were something their households’ needed, but given their current economic circumstances and uncertain housing situations it was not something they could establish arrangements for.

5.3.2 Transportation

Issues related to transportation proved to be a hardship almost 95% of the homeless shelter sample experienced, with all of these women citing the cost and inconvenience of public transportation. In this sample, three women reported owning a vehicle. However, two of these women lost their vehicles due to repossession or the impoundment of the car by the county. For women without personal transportation, daily activities (i.e., finding employment or housing, attending employment or school, applying for social welfare benefits from the county Department of Social Services offices) required either the successful negotiation of the public transit system or assistance from familial or social network members. Elsie, a resident whose car had been repossessed related the hardship she encountered with public transportation. “Before coming to the shelter, we lived up near Howard County and I had car. When I got here, we had lost our car, I didn’t know where anything was, or how to get to the
places I needed to go with the bus. A trip that would probably take me 15 minutes by car, now takes a couple of hours”.

Harriet, a single mother of two toddlers spoke of similar circumstances.

“My caseworker cut us off Medicaid and TCA, so I’ve gotta go down to DSS and reapply. It’s different down there. You’ve gotta be in line before 8 a.m. if you wanna get seen. If you get there at 8, the line is snaking around the building and they only take so many people a day. It’ll take me 3 buses and 2 tokens just to get down there and they [shelter staff] only give me 2 tokens. How I’m supposed to get back? What if I don’t get seen? I gotta go back and they’re [shelter staff] pressin’ me for why I want more tokens. If had cash, I wouldn’t be askin’”.

5.3.3 Housing

While all the mothers in the homeless shelter sample expressed relief when they gained access to the shelter, each woman related their anxiety concerning future housing arrangements. As residents of the homeless shelter, women are eligible to apply for transitional housing provided by the County. With the assistance of their case manager, shelter residents must submit a housing application and a report of their credit history. Upon submission of these documents, a panel interviews shelter residents to assess whether they are likely candidates for the program. In the homeless shelter sample, 17 women (90%) expressed a desire to obtain transitional housing. Of these women, one had her interview and was denied housing; three women were waiting for their interviews; three women had completed the necessary paperwork and were waiting for their case manager to submit their documents; and 10 were waiting for their credit reports. Of the 10 women awaiting their credit reports, two women’s time expired in the shelter and they were not granted extensions, nor did they have
housing arrangements. Monica, the single mother denied transitional housing, recounted her interview with the THP panel.

“They asked me what my plans were. I said I was enrolling in school to become a nurse. Then Mr. Cutlass asked if I planned to get a job. I said that with school and a job I wouldn’t be able to be there for my son. Mr. Cutlass then asked who was going to take care of my son when I was at school. I told ‘em my mom had offered to watch him or pay for daycare. He then asked why I couldn’t go live with my mom – why did I need transitional. I knew then I wasn’t gettin’ in”.

When asked what her current plans for housing were since she had been denied housing by the County, Monica replied,

“My uncle has said we can come and live in his basement. I asked the shelter for two more weeks so he could get it ready for us, but they’re not helping. So, me and my son are going to stay with my uncle, and his wife and four kids. It’s not the best, but it’s free and we don’t have nowhere else to go now”.

Monica’s transient housing circumstances are reflective of the majority of the homeless shelter households’ experiences. Among women in the shelter sample, 11 reported they had either been without their own residence for several months (58%), living with family or friends, forced to live on the streets, or had been in the shelter system months or years prior to their current situation. Riley, pregnant with her second child and waiting for her case manager to submit her housing application, revealed that this was her second time in this particular shelter in two years.

“They didn’t help me the last time I was here. But now I’m pregnant and I’m due in 4 months. My case manager can’t be bothered to talk to me [pause] she’s about useless. If I don’t get transitional [housing] this time I don’t know what we’re going to do. I’ve been on the street [pause] I slept outside a library [pause] I was so scared and you know the shit I’ve been through. They [shelter staff] won’t help me find another shelter and we can’t come back here for another year. I don’t know what we’re going to do”.

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5.3.4 Health Insurance and Health Ailments

Additional hardships experienced by homeless women and their families concerned health and health insurance, with eight women (42%) lacking private or public health insurance coverage. Of these women, three had not applied for Medicaid, two reported losing Medicaid, and three reported they were waiting for their applications to be processed. When asked about their current dental, mental, or physical health problems, 6 of the 8 mothers stated foregoing treatment of current ailments because of lack of insurance and money to pay for treatment. As with the THP sample, possessing health insurance was not a panacea to mothers’ various health problems as figure 5.2 illustrates. Of mothers in the homeless shelter sample, regardless of health insurance, eight reported the need for dental care (42%), 12 reported the need for general physical care (63%), and 10 reported the need for mental health care (53%). Monica, a diabetic, recounted the problems she confronted with Medicaid, “I’ve got diabetes and have to test my blood. Medicaid wouldn’t pay for the machine and it cost almost $200. My mom, aunts, and uncles gave me some money to help by the machine but it got lost in the move to the shelter. I can’t go askin’ them [family] for help again, so I haven’t been testin’”. Among the 10 women in the homeless shelter sample who suffered from mental health ailments, these women dealt with depression, post-traumatic stress disorder, clinically diagnosed mental illnesses, or the dual diagnosis of mental illness and substance abuse. Donna a single mother who had fostered her two toddlers while in the shelter explained how difficult it was to obtain mental health care. “When we come here, they make us get tested for TB and go to MELS [for a mental health evaluation]. I went and told the
doctor that I was a suicidal manic-depressive – that I was diagnosed when I was 16 and I was out of my meds. After my appointment, MELS said I wasn’t that bad and I didn’t need meds”. Monica’s and Donna’s situations with health insurance and health care providers not only demonstrates the difficulty many mothers confront in obtaining the health care they need, but it also underscores the precarious circumstances of low-income female headed households. When single parents are unable to receive healthcare, regardless of their health insurance coverage, the entire household’s emotional, financial, and physical well-being is placed in jeopardy.

5.3.5 Cellular Services and Clothing

Women in the homeless shelter sample noted two additional categories of hardship not expressed by women in the THP sample, cellular services and clothing. In the homeless shelter, possessing cellular telephone services is crucial to meeting a household’s needs. While a pay phone is located on the dormitory floor, it requires that residents to have immediate monetary resources, coins. Shelter residents have limited access to one other phone located in the office of the case managers. The use of this phone is only accessible during weekdays when case managers are present and limited to outgoing calls concerning employment and housing opportunities. Cellular services allow women to maintain contact with family and friends, search for employment, and seek housing. Shelter residents without cellular services lose potential aid provided by family and friends, lack a point of contact for potential employers, and are restricted in their search for housing. Of women in the homeless shelter, eight reported no cellular services, trouble maintaining services, or in danger
of losing services plans because they could not make payments. Steph, who was unemployed, explained how the lack of cellular services affected her ability to gain employment.

“I lost my job when I came to the shelter. I don’t get TCA, so the phone was one of the first things to go. I’ve looked since [for employment], but I ain’t got no phone. I’ve put down the house phone [on employment applications], but it’s in the hallway and there ain’t no machine. Once they [potential employers] figure out I’m in the shelter, they’re not interested”.

Donna expressed similar difficulties. “I have to be out of the shelter by tomorrow. I’ve been trying all day to line something up with a friend. This week’s [work] schedule came out today and I don’t know if I have to work tomorrow. I used up all my minutes trying to find a place to stay and they [shelter staff] won’t let me use the phone so I can find out if I have to work tomorrow”. Steph’s and Donna’s experiences demonstrate how the use of cellular phones is often one of the few available means that shelter residents have for acquiring needed resources. Lacking the resources to use either cellular or pay phones, shelter residents become isolated and more removed from the goal of economic self-reliance.

Clothing was another concern and nine of the women (47%) in the homeless shelter sample reported they lacked adequate clothing. For three women, lack of clothing was directly related to their pregnancies. As they progressed through their second and third trimesters, these women did not have the financial resources to buy additional clothing to accommodate their pregnancies. Leaving these women to wear restrictive, ill fitting, torn clothing, and shoes. Two other women in the shelter explained their lack of adequate clothing as a byproduct of their housing circumstances. Donna explained, “My boyfriends kids were so mad at me and one
had already hit me. I just got what I could grab and left. I left most of my things, including my clothes. All I’ve got is what’s in my backpack. I’m scared to go back and get my things”. Four other women reported lacking adequate clothing for work and school. Harriet, a mother of two toddlers explained, “We’ve been homeless for about three years. I lost most of my things a long time ago. But now I’m tryin’ to get a job. I used to work in a government office on the night shift. I’d like to get some office work like that again, but I’m gonna need clothes for interviews and actually goin’ to work”.

5.4 Low-Income Single Mothers’ Perceptions of the Material Hardship Experienced By Children

Mothers in both the THP and homeless shelter samples consistently reported the material hardships endured by their children. Of concern to mothers were their children’s lack of clothing and school supplies, lack of medical care, and health insurance coverage (Figure 5.3).

5.4.1 Clothing for Children

Access to adequate clothing was a problem for 28 of the 40 children in the THP sample (70%) and 17 of the 29 children in the homeless shelter (59%), according to their mothers. Mothers remarked that their children did not have appropriate winter clothes (e.g., jackets, gloves, hats), a sufficient supply of everyday wear and undergarments, an adequate quantity of required school uniforms, and shoes that fit properly and were not worn out. Mothers in the THPs and homeless shelter explained
the lack of clothing: 1) children outgrew clothes, 2) lack of funds to purchase clothing, and 3) the loss of clothing due to unstable living arrangements. In the THP sample, several mothers mentioned how other household obligations constrained the purchase of everyday and school attire for children. Nancy, the mother of adolescent and elementary age sons, related the inadequacy of her income and social welfare benefits to meet her children’s needs.

“My oldest is in high school and they wear uniforms. We get two outfits - shirts, pants, undershirts – from the homeless education office. While that helps, it’s not enough for an entire week and then it has to last the entire year. My kids are hard on clothing – they’re boys and their growing. My oldest has grown three inches over the summer. So I wind up making up the difference, which is tough. I’m having trouble paying the bills I’ve got”.

Tabitha made a similar point.

“The school board thinks they’re helping us out by requiring uniforms. But it’s actually costing me more. I can’t get their [her kids] clothing at Target or Wal-mart; their clothes can’t have any labels on the outside and they’ve got to be certain colors and lengths. So I’m stuck going to the uniform store. Before, I could have put them in anything – they’ve plenty of regular clothes. But now I have to get uniforms”.

Nikki expressed her guilt over her inability to provide adequate clothing for her three adolescent daughters.

“Now that we’re in the THP, the girls will all be going to new schools and they all require uniforms. But when we went to get the clothes with the voucher, they didn’t have any of the sizes we needed. So my girls don’t have uniforms. The principle understands our situation, but I don’t know when I’m gonna be able to get uniforms for them. I worry about my girls being in a new school and lookin’ like they don’t fit in because we’re poor”.

Mothers in the shelter sample also cited the hardships of providing adequate clothes for school and everyday wear. Melissa, a pregnant mother with two toddlers explained the circumstance concerning her children’s clothing. “When we came here
[the homeless shelter] I guess my grandmother was angry at me. She threw out all my kids clothes, so all we have is what we got with us and I have nothing for the one coming”. Riley, a pregnant mother with an elementary aged son, spoke of similar, but different circumstances.

“My son’s got a couple of uniforms for school that we got from the homeless ed people, but he needs shoes. He keeps telling me how they’re hurtin’ his feet. I called his dad the other day to tell him that his son needed shoes for school, but he keeps brushing me off. Now, I have another son coming and nothing ready for him. I don’t have a job – no one will hire me because of the pregnancy and I don’t get TCA”.

I asked mothers in the THP and homeless shelter samples how they tried to alleviate the hardships their children experienced and their responses differed according to housing circumstances. A majority of women in homeless shelter (80%) reported clothing as a material hardship for their children and revealed that their children went without the items they needed. In the THPs, six of the mothers (36%) reported clothing as a material hardship for their children and admitted that their children went without the items they needed. Several mothers in the THPs (27%) also revealed shopping strategies to obtain the clothing items their children needed. Tabitha, the mother who expressed her concerns about the cost of school uniforms, reported in a later interview that she had visited several thrift stores in the local area to see if she could purchase the clothing her children needed second-hand. One-third of THP mothers also reported relying on family and friends to assist with items their children needed. Nancy spoke of the aid her family provided. “My aunts have money, but they don’t help me. But, if the boys need clothes or somethin’, then they’ll help”. Carmen, the mother of an adolescent son and elementary aged daughter,
mentioned the assistance provided to her children by her family. “My nephews are always over here watching my kids and they’re always bringin’ clothes or toys for my daughter”. Only four of the mothers in the homeless shelter (20%) received assistance with clothing for their children from familial and social network members. Riley, who noted that her son needed new shoes, continued “I told him [her boyfriend] of the problems my son’s dad has been givin’ me and how he won’t even get shoes for his son. My boyfriend stopped by here [the shelter] the next day, picked me and my son up and went and got him shoes for school”.

5.4.2 School Supplies

Women in both samples revealed they were unable to afford school supplies for their children. Of the 29 children women in the homeless shelter reported caring for, only eight children (28%) were perceived to have inadequate supplies for school, whereas 24 of the 40 children (60%) in the THP sample were perceived to have inadequate supplies for school. The low frequency of hardship among the homeless shelter sample is most likely explained by the age of children; 16 children were not of an age to be attending school and five school age children were fostered with relatives who provided children with the necessary items for school. Despite the high frequency of hardship in the THP sample, 12 children were not of an age to be attending school and four school age children were perceived to have adequate supplies. All of the mothers, in both the THP and homeless shelter samples who reported that their children had inadequate school supplies (N = 13), admitted that they
did not have the financial resources to buy the required items for school. Cindy, who had four children – two of whom were in school, explained her situation.

“I got the [school supply] list today. My case manager gave us a couple of book bags, a few notebooks, and some pencils. But that doesn’t cover half the things that are on their lists. I’m trying to budget for a car, but I’m working with what I get from TCA. I’ve already told the kids that their supplies are gonna have to wait until October, unless our case manager gives us more supplies”.

5.4.3 Healthcare and Health Insurance

Mothers in the THP and homeless shelter samples also cited healthcare and health insurance as material hardships their children endured. Of the 40 children in the THP sample, two of the children (5%) were not covered by either private or public health insurance, whereas, five of the children in the homeless shelter sample (17%) went without either private or public health insurance. Each mother in the THP sample explained that their children were previously covered through Medicaid, but their children had lost eligibility through a combination of age and earnings. While both children were 18 years of age and still living with their mothers, neither child earned enough or was eligible for private health insurance through their employers. In the homeless shelter sample, three children had lost their coverage through Medicaid and two children were awaiting their Medicaid applications to be processed.

Regardless of their health insurance status, mothers in both samples reported that their children required medical treatment for dental, physical, or mental health problems. In terms of dental care, one child in the THP sample required treatment for several cavities. Karen, the child’s mother explained, that even though her son was covered through Medicaid, she was having difficulty finding a dentist who would see
her son. In the homeless shelter sample, two children also required dental care for cavities and cleanings. Tina, the mother of one of the children, explained that she too was having trouble finding a dentist who would provide care for Medicaid patients. Brenda, the mother of the other child requiring care for cavities, explained that since Medicaid no longer covered her and her son, she could not afford the treatment he needed.

Significantly more children in both samples required care for general physical health problems. Despite the fact that Medicaid covered almost all of the children in the THP sample, 11 children (27.5%) needed medical treatment for ongoing health problems. Nikki explained her adolescent daughter’s circumstances.

“She’s got some kind of bowel problem that the doctors can’t diagnosis. She’s been to doctors in the County and D.C. They’ve put her on medications, prescribed her laxatives and suppositories, given her this stuff to mix with her food, and told her to eat more oranges, but nothing helps. It got so bad recently, we had to take her to the hospital – she was impacted up in her intestines and they had to do surgery. She’s missed a lot of school and I just want them to figure out what’s wrong”.

Lillian, a mother of two morbidly obese children, also spoke of her children’s health problems.

“I know they have problems and we’re working on it. Miss Carol [the case manager] is supposed to give us a referral to a nutritionist, but it’s been three weeks and we haven’t heard anything. I’m trying to watch what the kids eat, but my daughter hordes and hides food. I know there are some deeper issues goin’ on, but we need help to fix them”.

Nearly half of the children in the homeless shelter sample also required general physical health care for chronic and routine health concerns. Among these mothers, seven women reported their children went without health care because of issues
related to finding doctors for treatment. Melissa, one such mother, cited an abdominal hernia her 10-month-old son suffered at delivery. “He’s had it since he was born. The doctors said if it didn’t go away by the time he was two then they’d do surgery. But I think they don’t want to mess with it ‘cause he’s on Medicaid”. Three other mothers reported that their children went without health care because their children lacked health insurance. Le Kesha, one such mother explained her concerns for her 7-month-old daughter. “We haven’t had Medicaid since after she was born. They just dropped us. I’m tryin’ to get it back. But she hasn’t seen a doctor since she left the hospital. She’s not had any of her shots and I worry, especially here [in the shelter] that she’s gonna get something”.

Mothers in both samples were also concerned about the mental health of their children. According to mothers, seven of the children in the THP sample (17.5%) and three of the children in the homeless shelter sample (10%) required treatment for problems related to mental health. The mothers in both samples encountered difficulty in obtaining care for their children for multiple reasons. Lisa, the mother of a seven-year-old son, related the difficulty she encountered in trying to obtain mental health treatment for him.

“His doctors made a referral for another doctor and we’ve got insurance, but it doesn’t fully cover these types of problems. So, I’m not sure if we can afford it. Then there’s the issue with work. I told ‘em that I would need some time off to take him to the doctors when I got him an appointment. But their telling me, if I don’t come in it’s grounds for dismissal – that I’m not allowed to miss any work or be late during my training period. I don’t care – they can fire me – my kids’ health comes first”.

Lisa’s situation illustrates how the availability and affordability of care are not the sole problems to accessing the health care their children require. As single mothers,
women are both economic provider and care-giver. The inability to take time off from work not only threatens the well-being of women’s children, but also women’s ability to maintain employment and financially support their families.

Elsie, a mother in the homeless shelter sample expressed her concerns over her son’s mental health status. “My son’s mentally challenged and he was molested when he was younger, so he needs a lot of care. It wasn’t a problem before I got let go from work – we had health insurance. But now we’re waitin’ on Medicaid to come through before I can get him seen and I just hope he’s okay”.

![Figure 5.3 Perceived Material Hardship Experienced by Children in Shelter and THP Sample](image-url)
5.5 **Material Hardship: Financial Resources**

Women in both the homeless shelter and THP samples perceived and reported their households experienced hardships regarding child support, childcare subsidies, food stamps, and TCA (Figure 5.4).

### 5.5.1 Child Support Payments

In the THP sample, 12 women (67%) were not receiving child support from non-custodial fathers and two women (11%) thought their child support payments were too low. When each woman was asked about child support, all of the women who did not receive child support admitted financial support from non-custodial fathers would improve their household’s economic circumstances. Of these 12 women, half believed obtaining child support was not feasible because of absentee fathers’ current circumstances (e.g., incarceration, low-wages) Tabitha explained the father of her two youngest children was in prison and not able to pay child support. The other six mothers expressed a desire for child support payments, with two women initiating court proceedings. Two women, with children of similar ages, thought their child support payments were too low. One woman received $40.00 a month, while the other received $360.00 a month.

In addition to child support, two women noted the financial drain child support payments could or did place on their economic resources. Tabitha, whose two children from a previous marriage lived with her ex-husband, reported how her ex-husband was threatening to take her to family court for child support payments.
“I know it’s all his wife’s idea. They just had a new baby and bought a new car and she’s not working. He said that they’re hurting financially and he pays so much of the kids’ care that I should be contributing too. His wife called me and told me that I needed to start giving them $200 a month and that I should do this or risk having them take me to court where they would ask for more money. I told her I didn’t have that kind of money, so they could take me court”.

Kay also had two children from a previous marriage who resided with her ex-husband.

“I pay him $600 each month in child support and he won’t even let me see the kids. I want my kids, I want to take care of ‘em, but it’s too much and it’s not like he needs the money – he makes six figures”.

In the homeless shelter sample, 17 mothers (89%) reported the need for child support payments. Of these women, one received child support, but the payment went directly to DSS because she received TCA. Another woman who was supposed to receive child support through a court ordered mandate revealed her children’s father was not making the payments. Child support was not an option seven women believed they could pursue either because they did not have sufficient information concerning father’s whereabouts, fathers had custody of the children while mothers were in the shelter, one father was in prison, and one woman was raped by unknown assailants. Eight other women reported that while child support payments would improve their household’s economic circumstances, they had no contact with the men and it was unlikely they could financially contribute to the well-being of the children.

5.2.2 Childcare Subsidies

Nearly all women at the homeless shelter (93%) had concerns with childcare subsidies. For the THP sample, 64% of the women with children who were of an age
requiring care reported childcare subsidies would increase the financial stability of their households and meet childcare needs. In the THP sample, six women stated the need for subsidies, but three were economically ineligible, and three were waiting for their applications to be processed. Of the women who received childcare subsidies, three revealed an increase in their subsidies would allow them to meet their childcare responsibilities, as well as other household obligations. Women stated larger subsidies would allow them to reallocate their income toward rent, groceries, transportation, debt, and savings. In the homeless shelter sample, four of the fourteen women who required childcare also received TCA and were unaware their status as welfare recipients gave them priority for childcare subsidies. Additionally, three of the fourteen women were waiting for their subsidy applications to be processed and seven other women stated they would apply for the subsidy in the future.

5.5.3 Food Stamps

Women in the THP (N = 13, 72%) and homeless shelter (N = 11, 58%) samples also reported food stamps were essential to the financial stability and material needs of their households. In the THP sample, nine women did not receive food stamps and four women reported their subsidy was too low. In the homeless shelter sample, five women were awaiting their applications to be processed; two women were preparing their applications, while three reported losing eligibility for food stamps for administrative reasons. Steph, one of these women, stated, “I applied for food stamps, when I lost my job. But they [DSS] denied my application because they said I didn’t give ‘em enough for the child support. The lady kept pressin’ me for
information – I gave her his name, relatives’ names, last known address and work. It’s not my fault they can’t find him”. One woman reported that while DSS allotted her food stamps, her ex-husband actually received them and she and her children never received the subsidy.

5.5.4 Temporary Cash Assistance

Only one woman in the THP sample reported TCA assistance would improve her household’s economic circumstances, while half of the homeless shelter sample reported the need for TCA. Of the women in the homeless shelter sample, five women were waiting for their applications to be reviewed, two stated they would apply for assistance in the coming weeks, and two women had lost assistance for administrative reasons and were considering appealing the decisions. Each of the women who went without TCA in the homeless shelter sample addressed how the financial assistance provided through TANF was essential to improving their households’ economic and living circumstances. La Tonya, a pregnant mother of three children, explained her household’s circumstances. “Right now I’ve got nothin’ comin’ in. I don’t know if we’re gonna get transitional. TCA a hassle, but I need somethin’ for my kids, especially with the baby comin’ in a couple of weeks”.

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5.6 Material Hardship: Non-Material Resources

Women in the THP and homeless shelter samples also expressed experiencing hardship related to non-material resources, which influenced their households’ future economic well-being. Non-material resource hardship is defined here according to two sets of categories, income and job insecurity, and outstanding debt and poor credit history (Figure 5.5). While it could be argued that income insecurity should be included under financial resource hardship, it is included in non-material resource hardship because women expressed it was the combined result of insufficient wages, inadequate or non-existent subsidies, and obligatory expenditures to meet the material needs of the household.
5.6.1 Income Insecurity

Among the women in the THP and homeless shelter samples, 17 and 15 of the women, respectively, reported income insecurity. While the difference between the two samples was not statistically significant, it was unexpected. However, when women’s specific living arrangements are taken into account, it may explain why more women in the THPs reported insecurity. Nearly all of the women in the THP sample expressed concern for how they would continue to provide for their households while in the program, but even more so when they ‘graduated’ from the program. While the data collected during this study are not appropriate to support this conclusion, it is possible, women in the THPs possessed a more pragmatic understanding of the financial responsibilities required of them in the future. Of the women in the homeless shelter, only the three highest earners did not report income insecurity. Again, while the data are not appropriate to support this conclusion at this time, it is possible that these women evaluated their financial status according to their current housing arrangements, the homeless shelter, and not their future economic and housing circumstances. It is also important to note here, all three women who did not report income insecurity recently entered the shelter system and therefore had at least one to two months to improve their households’ economic circumstances.

5.6.2 Job Insecurity

Related to the issue of income insecurity was job insecurity. Job insecurity was included in the category of non-material resource hardship because women argued that while they currently had employment, which provided their households with
financial resources, the prospects for maintaining that particular employment was uncertain. Even though almost 74% of the homeless shelter sample was unemployed, curiously, none of the five women who were employed expressed any concerns about maintaining their current employment. This however was not the case for eight of the women residing in the THPs. Each of these women revealed their concerns for retaining employment, which included: discrimination, inability to work 2\textsuperscript{nd} and 3\textsuperscript{rd} hour shifts, the hazards of free-lance contracting, criminal records, employer policies, and bankrupt firms. Each woman stated how their particular experiences with their employer threatened the current financial positions of their households and endangered their prospects for achieving economic self-reliance. Jennifer’s and Kate’s circumstances illustrate the current and potential consequences of job insecurity on the economic well-being of low-income female headed-households.

Jennifer, a college graduate, worked for an information technology firm who contracted with a large private hospital in the county. During an interview one evening, Jennifer appeared highly agitated and preoccupied, which was unlike her normally relaxed demeanor. When I asked what was troubling her, Jennifer confided that she was afraid the THP was going to make her leave the program because she could not pay the rent that month.

“I get my paychecks directly deposited into my checking account and I got paid this month, but I didn’t get paid this month. I went to put money on my fare card [for public transportation] and found out my account was overdrawn by over $800 – my paycheck. I called the bank and they said my paycheck bounced and they’re [the bank] threatening to close my account. That was my rent money, grocery money, money for the sitter. I’ve got 20 bucks for the next two weeks – that won’t even get me to work”.

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During an interview the following week, Jennifer reported she finally receive her paycheck from the contracting firm, but the problem started because her boss had written the paycheck as a personal check from his own account to hide the fact that he was embezzling money from the firm. If this was perhaps insufficient evidence to suggest a precarious employment situation, Jennifer learned she was not receiving her entire salary from the firm. “I went online to see what the pay grade for this position was according to the hospital; it ranges from mid to high thirties [$35,000 - $39,000] based on experience. The hospital pays the firm my salary, but I’m not even making 20 grand a year. Where’s all that money goin’ because I’m not seeing any of it”?

5.6.3 Financial Debt and Poor Credit History

Kate earned $30,000 a year working in an administrative position at the County hospital and supported three children on her salary. The County hospital system, which manages four facilities throughout the area serves over 180,000 residents, and employs almost 2,300 people, has publicly battled financial problems for several years (Carter et al. 2007, Helderman and Wiggins 2007). However, during the course of this study, the hospital announced it would have to close all of its facilities if it did not receive hundreds of millions of dollars from the state and local government to meet its operational costs and balance of payments problems. Currently, the state and county have not resolved the hospital’s financial crisis, but have pledged 24 million dollars over the next two years to sustain the hospital and are seeking bids from potential organizations (O’Malley 2008).
Outstanding debt and poor credit history were also two types of non-material resource hardship experienced by women in both samples. The frequency of debt and poor credit history are discussed concurrently, as so often poor credit histories are the result of financial debt. Debt and credit history are not readily categorized as material and financial resource hardships, but are a crucial indication of women’s current financial status and their households’ well-being, as well as a potential harbinger of these women’s capacity to achieve economic self-reliance.

Among women in the THP sample, 16 reported outstanding debt and poor credit histories, with an average debt of $13,487 (89% \( \sigma = 20,679 \)). While this sample’s debt is by no means normally distributed, with the lowest amount at $200 and the highest amount at $80,000, it is pertinent to the current and prospective financial well-being of these households, as well as women’s capacity to meet their households’ material needs. When asked about the financial debt they carried, women reported several categories of debt (e.g., automobile loans, back rent, credit cards, household bills, medical bills, student loans for college, and unpaid federal taxes), with some women reporting multiple categories of debt. Nancy, a mother of two earning less than $14,000 a year, explained that before entering a substance abuse recovery program, she used her credit card for cash advances to support her drug habit, rather than turn to prostitution.

“I’m in the hole over 25 Gs. I’ve got four for back taxes, fifteen on my old credit card, six for a repossessed car that I lost before I got clean, and a couple hundred dollars for late bills. I’m trying to pay everything down. I send the government $187 each month for the taxes, but I usually don’t have enough [money] to pay the others. I’ve gotta get a better paying job and get my debt down before I get out of here, or there’s no way we’re gonna be able to get a place”.

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Nancy’s concern for repairing her credit history is commendable, but also an issue of practicality.

“I’m only number 6 hundred something on Baltimore’s list for public housin’ after 10 years and I’ve got a little over a year left in the program. I can’t get a place for us with my credit history – nobody will rent to me. And my aunts won’t take the risk of co-signin’. All I can do is work on gettin’ my debt down and hope public housin’ comes through”.

Nancy’s circumstances of debt and poor credit history and the correlation to future housing are illustrative of one of the major challenges this sample confronts in obtaining economic self-reliance. Among women in the THP sample, six actively attempted to repair their credit histories by reducing their debt. However, women frequently stated that two years was an inadequate amount of time to pay several thousands of dollars of debt, given their monthly incomes and twelve of women (72%) consistently reported, if they were unable to improve their credit histories before the end of their term in the THPs, they would be unable to secure independent housing for their families because of credit checks and would consequently risk becoming homeless again.

In contrast to the THP sample, fewer women reported outstanding debt (N = 13, 68%) and poor credit histories (N = 16, 84%) in the homeless shelter sample. While it is possible women in the homeless shelter did not feel as comfortable as women in the THPs in confiding private financial information, it is more likely women from the homeless shelter hailed from different economic circumstances. For example, 6 of the 19 women in sample reported upon entering the homeless shelter, they did not owe back rent for their previous residence. On average, women in the
homeless shelter were in debt $11,419 (N = 13, σ = 22,372), with the lowest amount at $2,000 and the highest at $85,000. Women reported several types of debt (e.g., automobile loans, back rent, credit card, foreclosed mortgages, medical bills, and student loans for college), with some women reporting multiple categories of debt. Unlike the THP sample, more women in the homeless shelter reported poor credit than outstanding debt. When each of the three women were asked why they reported poor credit histories, but no debt, each responded that they had no credit history, which according to them, was equivalent to poor credit. Of the 13 women in this sample reporting outstanding debt, all echoed the concern for how their credit histories would impact their ability to obtain housing once they left the homeless shelter.
In this chapter, I have presented women’s perceptions of the material hardships they encounter in their attempts to become economically self-reliant. Despite women’s participation in different social welfare programs, the report of material hardships experienced by these households is surprisingly similar. The THP and homeless shelter samples reported the lack of accessible and affordable childcare arrangements and transportation, and the lack of health care and health insurance for primary care givers as hardships they endured. Both samples perceived their children suffered from material hardship as a direct result of the household’s financial and housing circumstances. While both samples reported experiencing non-material hardships...
hardships, as might be expected given the housing arrangements of the two samples, more women in the THP sample reported insufficient income, financial debt, poor credit history, and job insecurity as hardships, than did women in the homeless shelter sample.

Women in the THP sample, unlike women in the homeless shelter sample, reported food insecurity and the inability to pay bills as hardships they suffered. This is most likely due to the housing arrangements of each sample. Women in the homeless shelter were provided access to three meals a day, whereas women in the THP were responsible for meeting the dietary needs of their families independently. These circumstances most likely explain why women in the THP perceived their inability to pay household bills as a hardship. Women in the THP sample had several financial responsibilities, whereas women in the homeless shelter had few immediate financial obligations to maintain. It is possible that this is why women in the homeless shelter sample did not perceive the inability to pay household bills as a hardship. However, women in the homeless shelter sample did perceive the lack of clothing and their inability to maintain cellular phone services as a hardship, while women in the THP sample did not. The isolating effects the lack of these goods and services impart on women and the challenges they present to women attempting to obtain employment or housing may explain why women in the homeless shelter were this specific type of material hardship.

Women in each sample stated how the lack of child support payments, childcare subsidies, and food stamps were direct hardships they experienced and explained how the lack of financial assistance created additional hardships for their
families. While most women in the THP sample were ineligible for TCA, women in the homeless shelter sample stated how the lack of this social welfare benefits prevented them from meeting the basic subsistence needs of their families. Despite the lack of receipt of TCA by a majority of the women in the homeless shelter, a more positive undercurrent is that none of the women in either sample stated they were denied TCA because they had surpassed the five-year time limit for assistance. This is particularly important as women currently receiving public assistance are often described in the welfare literature as being hard to serve clients with high rates of recidivism. While several women in these samples did report previous receipt of TCA before participating in the study, the fact that no woman reported reaching her limit of receipt is significant because it demonstrates that a portion of the population currently receiving TCA are seeking assistance for the first time and circumstances in the local economy or labor market are more likely causes for the need of support than welfare dependence or individual characteristics of these women.

The consistent and frequent perception and report of these categories of material hardship illustrates the endemic problems low-income single mothers confront as they transition to a position of greater economic self-reliance. The various types of material hardship these households experience, regardless of the support they receive from social welfare programs, suggests these programs do not adequately equip women to become self-reliant; nor do these programs meet the material and non-material needs of low-income single mothers’ households.
6.1 Introduction

This chapter demonstrates how low-income single mothers’ restricted access to various financial and material resources serves as a barrier to economic self-reliance. Results presented in this chapter are from free list data collected from social welfare service providers and women in the THP and homeless shelter samples. Examining how the perceived lack of financial resources (e.g., living-wage employment, lack of job training, lack of education, insufficient income, lack of child support and poor credit history) function in concert with the perceived lack of material resources (e.g., housing, childcare, and transportation) may aid in explaining why welfare reform has not succeeded in promoting low-income single mothers’ economic self-reliance during and after accepting public assistance.

6.2 Financial Resources Barriers

Each sample reported several barriers that could negatively influence a low-income single mothers’ accumulation of financial resources, consequently affecting her capacity to become economically self-reliant. Of these barriers, only six items received a Smith’s S over 0.200 by at least one sample: living-wage or low-wage employment,
lack of job training or lack of employable skills, lack of education, insufficient income, lack of child support, and poor credit history.

6.2.1 Living-wage and Low-wage Employment

A majority of social welfare service providers and low-income single mothers reported wages from employment as a barrier to economic self-reliance (Figure 6.1); however, providers’ and women’s terminology differed. Providers addressed how women’s lack of access to living-wage employment prevented women from assuming financial responsibility for their households’ needs, whereas women in the THP and homeless shelter samples commented how they could not financially support their families with low-wage employment. The difference in the use of terminology demonstrates how each sample conceives the problem of paid employment. According to providers’ statements, women’s lack of economic self-reliance was the result of restricted opportunities to living-wage employment in the labor market. These limited opportunities to higher wages and salaries prevented women from gaining access to financial resources promoting the development of self-reliance. Women’s comments explained how the dependence on low-wage employment constrained the use of available economic resources, lead to material hardship in the household, and impeded the attainment of economic self-reliance. Simply put, women in the homeless shelter and THP samples identified low-wage employment as a barrier because of what it prevented, whereas providers indicated the lack of living-wage employment as the more immediate barrier to self-reliance.
Of the 40 providers sampled, 23 reported women’s lack of living-wage employment as a perceived barrier to economic self-reliance with an average rank of 6.565 and a Smith’s S of 0.397. When asked to explain how the lack of living-wage employment functioned as a barrier to self-reliance, providers described how low-income single mothers were unable to meet their families’ basic subsistence needs without a living-wage in the context of current county living standards. Mrs. Patterson, a minister from a local church, related her experience working with low-income single mothers.

“It’s really hard for single moms in this area who are working minimum wage jobs. They simply can’t make enough to pay the rent, keep the car running, the kids in daycare, and food on the table without working two or three jobs. And then who’s home with the kids? With rents as high as they are, the cost of gas and food going up, it’s impossible for these mothers to support their families on minimum wage without assistance from the government”.

Figure 6.1 Percent of Providers and Low-Income Single Mothers Who Perceived Living-wage and Low-wage Employment as a Barrier to Economic Self-Reliance
Such statements illustrate providers’ awareness of the economic challenges confronting low-income single mothers and the hardships their families experience when women attempt to become self-reliant.

Although 58% of the provider sample acknowledged the lack of living-wage employment as a barrier to economic self-reliance, significantly fewer providers reported it as a barrier compared to women in the combined THP and homeless shelter sample who reported low-wage employment as a barrier (Fisher’s Exact Test, N = 77, P = 0.023). In the THP sample, 12 women (67%) identified low-wage employment as a barrier with an average rank of 5.333 and a Smith’s S of 0.480. Unlike providers, women in this sample described how low-wage employment, in addition to not meeting their households’ daily needs, hindered the attainment of more lucrative employment, which ultimately reduced their opportunities for economic self-reliance. Nancy, a checker at a local grocery store, explained how her current employment prevented her from acquiring higher paid employment.

“I’m always workin’ different shifts throughout the week, which makes it difficult to go on job interviews, when I get them. If I know what my schedule is like for the week, I try to have them in the morning if I’m workin’ the afternoon / evenin’ shift or on my two days off during the week. The problem with my days off is that’s when I schedule all the other meetin’ I have to go to – doctors’ appointments, meetin’ with the THP group, meetin’ with my case manager, bible study, meetin’ with my counselor, sponsor, and NA group therapy. I’m booked solid on those two days and I can’t miss those meetin’ or I get in trouble with the program. I’ve takin’ off [of] work a couple of times to go to job interviews, but it hurts me in the end when I don’t get the job. I lose a part of my paycheck. I’m only makin’ $215 a week and it’s hard enough to support a family on that. I can’t keep callin’ off of work and not gettin’ paid for something that might not happen. Plus, if my bosses catch on to why I’m calling off, they could let me go”.
Nancy’s statements reveal the problems many single mothers confront as low-wage earners when attempting to advance their households’ income. Seeking greater earnings while maintaining a household on low-wage employment forces single mothers to make unenviable decisions situating their households’ current and tenuous economic security in direct opposition to an ambiguous economic future. Forgoing paid employment, even low paid employment, for the tentative prospect of obtaining higher wages is a risk low-income single mothers often cannot afford.

Despite the economic hardship imposed by low-wage employment, significantly fewer women in the THP sample perceived it as a barrier to economic self-reliance when compared to women in the homeless shelter sample (Fisher’s Exact Test, N = 37, P = 0.037). In the homeless shelter sample, 18 women (95%) reported low-wage employment as a barrier with an average rank of 4.444 and a Smith’s S of 0.733. This difference in perception is most likely due to the employment rates and earnings of the women in the two samples. In the THP sample, 78% of the women were employed, with 11 of those women earning above living-wage employment. 1 Whereas, 74% of the women in the homeless shelter sample were unemployed and of the five who were employed, only two earned above a living-wage. Given the economic insecurity and material hardship experienced by women in the homeless shelter (e.g., lack of earned income, lack of social welfare benefits, lack of housing) as compared to women in the THP sample who did have housing and some financial resources, it is not surprising women in the homeless shelter would perceive low-wage employment as a barrier to

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1 Maryland passed a living-wage bill in 2007, requiring employers with state contracts to pay employees in the Baltimore and Washington area $11.30 an hour and $8.50 an hour to employees in rural areas (Greenhouse 2007 and Wagner 2007). For the purpose of defining living-wage employment, the state minimum of $11.30 an hour is used.
economic self-reliance. Unlike women in the THP sample, women in the homeless shelter sample are in a more precarious economic situation that is not easily remedied through low-wage employment. Candi explained how her new job at a local restaurant was not likely to change her current circumstances.

“They [the shelter staff] push us to get jobs, any job. The case managers say it improves our chances for transitional [housing]. So now I’ve got this job waiting tables at this diner and I’m makin’ a grand a month. But now that I’m not gonna get transitional, how am I gonna afford rent for me and my daughter on what I’m makin’? I’m stuck! I’ve got to leave in less than a week and I’m back where I started. How long am I gonna be able to keep this job if I don’t have a place to stay”?

As Candi’s circumstances illustrate, low-wage employment does not significantly alter or improve homeless women’s economic or housing conditions. Although low-wage employment provides a source of income, it does not adequately equip single mothers with the financial resources required to sustain a family, consequently leaving the household economically insecure. Moreover, the economic vulnerability of the household (i.e., housing insecurity, material hardship) can lead to unemployment, which further hinders the development of economic self-reliance.

6.2.2 Lack of Job Training or the Lack of Employable Skills

Related to low-income single mothers’ lack of living wage employment, 18 social welfare service providers (45%) reported women’s lack of job training as a barrier to economic self-reliance, with an average rank of 8.167 and a Smith’s S of 0.295. When asked how a lack of job training hindered low-income single mothers’ economic self-reliance, providers explained how many of the clients they served lacked the skills to compete for living-wage employment in the labor market. Ms. Tindle, an
education and career counselor for a non-profit multi-service organization, addressed what she perceived to be the problem.

“We [the organization] recognized many of our clients who were repeatedly seeking assistance were women who had been disconnected from the labor market for some years. Most of these women had stayed at home taking care of their families and for a variety of reasons were now entering the workforce as the sole breadwinner. Our clients’ experience with employment ranges with some women who have never held a job to some women who are seeking certifications to improve their marketability. Our program tries to meet these various needs by offering basic education courses and software training classes. While both types of courses are in high demand, the software training is especially important for these women to compete for jobs that pay a living-wage and ultimately lead to a career. Without this basic knowledge in computers, these women are stuck working minimum wage jobs in the service sector, which does not allow them to raise their families out of poverty or become self-sufficient”.

Social welfare service providers’ concerns about low-income single mothers’ lack of job training was not limited to women’s employment skills, but also women’s ability to represent themselves in a professional manner. Providers expressed how their clients lacked basic resume writing skills and interviewing techniques, which prevented women from obtaining employment paying greater than minimum wage. When providers were asked to explain why they believed clients lacked these skills, several providers responded that their clients’ previous employment and education did not promote the development of such skills. Moreover, because their clients were unaware of their inadequate skills, providers acknowledged clients did not foresee the need to improve these skills. Social welfare service providers, like Ms. Tindle, suggested employment readiness programs should focus more sharply in providing women the skills necessary to successfully compete in the current labor market.
Unlike providers who perceived the lack of job training to be a relevant barrier to low-income single mothers’ future economic self-reliance, three women in the THP sample (17%) reported the lack of employable skills as a salient barrier, with an average ranking of 10.667 and a Smith’s S of 0.094 (Figure 6.2). As with the case of low-wage employment as a potential barrier to economic self-reliance, the responses of women in the THP sample most likely reflect their own experiences. Of the women in this sample, eight possessed administrative and secretarial skills (44%), five were currently employed in a medical or health related field (28%), three had extensive computer literacy skills (17%), and three held specialized training in a trade or service (17%) (e.g., childcare, computer technology, transportation). However, three women in the sample (17%) acknowledged that to earn higher wages, they would need to develop employment skills that were in greater demand. Carmen’s statements reveal her awareness of this situation and the subsequent problems acquiring additional employment skills posed to the current financial security and well-being of her household.

“I need a job that pays more than nine dollars an hour if I’m gonna be able to support my kids once we leave the program. But jobs that pay well want people with more skills than I have. I know this girl in the program who trained to be a phlebotomist [a person who draws blood], and she makes good money. I’ve thought about doing it, but I don’t know how long the trainin’ takes. I don’t know if I could be in school again at my age. Then there’s issues of schedulin’ around work, earnin’ enough money while I’m in trainin’ to support my family, transportation, and being there for my kids”.

Carmen’s situation illustrates the dilemma low-income single mothers confront when balancing the roles of both economic provider and single parent – how best to provide

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2 Percentages total above 100 as some women possessed multiple skill sets.
for your family and at what economic, emotional, and practical expense. Although additional employment training may increase some low-income single mothers’ prospects in the labor market, the time and resources devoted to the development of such skills must be weighed against the potential cost to the household. For several women in this study, further training imposed too much risk (i.e., the possible harm to their children, the impact on household finances, potential job insecurity, and reduced emotional well-being).

According to free list results, the lack of employable skills as a barrier to economic self-reliance was a more salient barrier to women in the homeless shelter sample than women in the THP sample (Fisher’s Exact Test, N = 37, P = 0.005), with 12 women (63%) reporting it as such at an average rank of 5.667 and a Smith’s S of 0.442. The higher frequency of report of this perceived barrier among this sample is most likely due to a combination of factors: the high rate of unemployment in the sample, women’s previous employment history, and the accessibility of on-site employment resources at the shelter. Even though 74% of the women in the homeless shelter were currently unemployed, all but two women were previously employed. Unlike the THP sample, only four of the women reported employment in administrative or secretarial positions (21%), while nine women in the sample reported employment in retail and food services industries (47%), and four women recounted erratic informal and formal employment (21%) over the last several years. Additionally, as a condition of their residence in the shelter, women were required to develop a service plan with their case manager, which outlined their employment and housing goals and the requisite actions essential to obtaining these objectives. To assist women in obtaining
employment, the shelter provided on site career counseling, educational services, job fairs, and contracted with another social welfare service organization once a week to provide additional employment services to shelter residents. Women who sought out these services revealed how the assistance from these providers encouraged them to think about employment that would sustain their families in the future. Monica cited how her experience with the career counseling staff motivated her to pursue a career as a nurse.

“Before I came here [the shelter], I worked mostly fast food. But I decided when I got here that if I didn’t want to end back up here I needed to make some changes. I met with Ms. Tindle who does the employment counselin’ and she got me to start thinkin’ about a career. I’ve always been interested in health stuff because of my diabetes and that’s when I started thinkin’ about bein’ a nurse. I’ve been accepted into an accelerated nursing program and my mom and I are taking out loans to pay for school. When I’m done with school, I’ll be able to get a job that allows me to take care of my son”.

Monica’s comments reveal how access to employment services and career counseling can aid in the assessment and development of employable skills, and ultimately empower low-income single mothers to become economically self-reliant. However, as both Monica and Carmen’s statements indicate, the development of employable skills leading to economic self-reliance often requires low-income single mothers to obtain additional education.³

³ Social welfare service providers and low-income single mothers contend that a lack of education acts as a barrier to future economic self-reliance and is discussed in the next section.
Figure 6.2 Percent of Providers and Low-Income Single Mothers Who Perceived Lack of Job Training and Employable Skills as a Barrier to Economic Self-Reliance

6.2.3 Lack of Education

Half of the social welfare service providers sampled perceived low-income single mothers’ lack of education as an important barrier to future economic self-reliance, resulting in an average rank of 6.300 and a Smith’s S of 0.369 (Figure 6.3). When providers were encouraged to explain how a lack of education prevented economic self-reliance among low-income single mothers, providers addressed how individuals who had attended and completed post-secondary education were able to command higher wages than those individuals who only received a high school diploma or general equivalency degree. Providers also acknowledged how the labor market had altered in the last two decades giving a competitive advantage to those individuals with more than a high school degree. Mr. Nolan, the director of a family emergency shelter, described the changes he had observed. “It used to be, if you had a [high school]
diploma you could get a job that paid a decent salary without having to work in retail or food service. But the market has shifted and good jobs are in the technology sector. You need a college degree to compete these days”.

Although providers perceived a lack of education as a barrier to low-income single mothers’ economic self-reliance, several providers cautioned education was not a ‘silver bullet’, but rather ‘a good shot in the arm’ enabling individuals to garner higher wages. This caveat is particularly relevant as 17 providers (43%) described their clientele as possessing a high school diploma or general equivalency degree and obtaining some post-secondary education. These seemingly incongruous viewpoints are compatible given two considerations. First, low-income single mothers who seek social welfare services are not a monolithic group. The diversity in educational attainment of women in this sample indicates academic achievement does not presage living-wage employment or economic self-reliance. Second, providers who argued the lack of a formal education was only part of the problem, maintained their clients often lacked opportunities providing ‘real world experience’ and lacked professional mentorship, which could aid in the development of economic self-reliance. Ms. Tindle’s statements best reflect other providers’ sentiments.

“Essentially what I’m talking about is providing women with education outside of a classroom setting. An individual can have a piece of paper that says they took these courses and [it] lists their grades, but employers also want an employee who has real world experience. I think that’s something we [social welfare service providers] don’t always focus on. So with our program, we have developed relationships with area businesses and professionals to provide women with the opportunity to get that experience and mentoring”.

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When the concept of education is expanded to include training inside and outside of a classroom setting, providers’ perceptions of lack of education offers a more comprehensive understanding of how this barrier limits low-income single mothers’ economic self-reliance.

![Figure 6.3 Percent of Providers and Low-income Single Mothers Who Perceived the Lack of Education as a Barrier to Economic Self-Reliance](image)

Unlike social welfare service providers, fewer women in the combined THP and homeless shelter sample reported the lack of education as a barrier to economic self-reliance (Fisher’s Exact Test, N = 77, P = 0.05). This is perhaps not surprising considering 38% of the women in the combined sample reported receiving some post-secondary education, with some women earning associates and bachelors degrees, and 62% of the women reported graduating from high school or receiving its equivalent. However, the difference between the two samples of women concerning lack of education as a barrier is striking. Among the women in the THP sample, only three
women (17%) perceived it as a barrier, according it an average rank of 10.333 and a Smith’s S of 0.097, whereas eight of the women in the homeless shelter sample (42%) cited it as a barrier with an average rank of 7.000 and a Smith’s S of 0.234. While it is unclear why women in the homeless shelter sample perceived the lack of education as a more salient barrier to economic self-reliance than did women in the THP sample, statements from women in both samples may provide some explanation of these results.

When the 11 women in the THP sample without post-secondary education were asked why they had not pursued additional education, a majority of the women responded that college was a luxury they could not afford and given their current financial circumstances was not feasible at this point in their lives. Echoing Carmen’s earlier statements, Tabitha, a mother in the THP sample, recognized that obtaining more education would enhance her earnings but would create additional hardships for her family.

TABITHA: The job I’ve got pays well considering I didn’t go to college. But if I want something that pays more I’ll have to go back to school and I don’t know if I can do that.

TRASK: Why didn’t you go to college?

TABITHA: My family didn’t have the money for me to go and even though I did well in school, I skipped a grade, I never liked it much. I always thought it was boring.

TRASK: Have you thought about going back to school?

TABITHA: Yeah, I’ve thought about it, but there isn’t much I’d want to do. Plus I’m already overwhelmed trying to take care of my kids and work. I feel like I don’t spend enough time with them as it is now, I’d spend even less [time] with them if I were in school. Then there’s the whole issue of money for books, tuition, gas, and childcare. It’s just not feasible.
Tabitha and Carmen’s statements illustrate that while furthering their educational attainment may be the only way to increase their earnings, low-income single mothers’ opportunities for obtaining more education is hindered by a lack of economic resources and their responsibilities as single parents.

Women in the homeless shelter sample also referred to how the lack of opportunity to obtain post-secondary education was a barrier to their future economic self-reliance. Unlike women in the THP sample, women in the homeless shelter related other concerns unconnected to affordability and parental obligations. Monica and Jody’s circumstances best illustrate how institutional barriers impede low-income single mothers’ educational attainment and future economic self-reliance.

“I couldn’t believe it when Mr. Cutlass started pressin’ me during my interview [for transitional housing] about gettin’ a job along with goin’ to school or suggestin’ I drop out of school now. ‘I’m sittin’ there thinkin’ is he crazy? Is he for real? How am I gonna support my kid if I can’t get somethin’ earnin’ real money? And how am I gonna get that kind of job without some more school’? They’re [DSS] not out to help us, they’s just holdin’ us back”.

Monica’s statements reveal not only her frustration with the THP interview panel, but also illustrate how TANF policies and regulations are not sufficiently communicated to recipients of welfare and in fact create dissension between social welfare service providers and the clients they serve. According to the current guidelines of PRWORA, recipients of TANF are required to participate in eligible work activities for a minimum of 30 hours a week to receive temporary cash assistance (TCA). While welfare recipients may attend school and receive TCA, the training must be vocationally oriented and completed in less than twelve months. Pursuit of general equivalence or college degrees must be done in addition to other approved work activities to receive
TCA. As a recipient of TCA, Monica was unaware of these policies, did not realize her actions would leave her with no source of income as she would no longer be eligible for TCA, and did not understand the THP panel’s persistent stance she maintain some form of employment while attending school or forgo her education in favor of full-time employment. Monica’s perception of the THP panel as controlling and uncaring may in fact evince the THP panels’ concern for how she will financially support her family (i.e., pay for rent, childcare, transportation) while participating in the THP. While the goal of the THP program is to promote participants’ economic self-reliance, welfare reform policies and regulations inadvertently situate clients and providers at opposite ends of this objective. Providers, like the ones described on the THP interview panel, are often compelled to dissuade clients of their ambitions, even those efforts promoting economic self-reliance, because they do not conform to welfare reform policies and regulations. As in Monica’s circumstances, the discord that arises between how welfare recipients believe they can achieve economic self-reliance and how providers regard these efforts in the context of welfare guidelines oftentimes results in low-income single mothers failing to acquire the services their families need to survive.

Jody, another single mother in the homeless shelter sample, perceived post-secondary education as a way to obtain economic self-reliance. She too experienced similar barriers to pursuing and completing her education.

“I met with Ms. Krammar [an employment and housing counselor] today about gettin’ into transitional [housing]. She tried to help me get ready for the panel [interview] and was askin’ me questions about what my goals were and what I was gonna do if I got into the program. I told her I wanted to be a social worker and that I’d been going to school in D.C. to get my degree. She asked me if I’d been workin’ and I told her that I’d been when I was in school, but that I’d lost my job when I got to the shelter. I told her I really wanted to focus on my
education ‘cause my job had interfered a lot. That’s when she told me I probably wouldn’t get into transitional. She said they wanted people who had jobs and that if I wanted to get into the program I should find something now. She recommended a couple of jobs at the hospital doing housekeeping and servin’ in the cafeteria that I’ll look into. I understand she’s just tryin’ to help, but I’m worried about workin’ and goin’ to school fulltime again, about what it’s gonna do to my grades”.

As with additional employment training, the pursuit of post-secondary education is fraught with challenges for low-income single mothers who must balance parenthood, employment, and schooling. Although higher education may be used as a tool to promote economic self-reliance, without the proper resources and support it operates as a composite barrier.

It is possible women from the homeless shelter sample perceived the lack of education as a barrier to economic self-reliance more frequently than women in the THP sample because they were obliged to reside in a homeless shelter for the survival of their families. Living in the shelter with other women and children and lacking little control over the basic routine of their daily lives (e.g., when they must wake up in the morning, when they could eat, what they would eat, when they could be in and out of their rooms, when they must be asleep) may have persuaded women to reevaluate the circumstances that brought their families to the shelter. This, combined with the shelter’s mandatory policy of designing an individualized service plan for becoming economically self-reliant and the high level of unemployment among women in the shelter, may have lead women to perceive the lack of education as a contributing factor to their current economic and homeless state and as an imminent barrier to their future economic self-reliance.
6.2.4 *Insufficient Income*

Directly related to the perceived barriers of living-wage or low-wage employment, lack of job training or employable skills, and lack of education, social welfare service providers and low-income single mothers identified insufficient income as a barrier to economic self-reliance. Data collected from the free lists revealed two unanticipated results. First, when providers and low-income single mothers were asked to explain how insufficient income served as a barrier to economic self-reliance, providers gave shrewd and detailed accounts for the origins of insufficient income, whereas women in the THP sample related the negative outcomes associated with insufficient income to their families’ well-being and to their ability to become self-reliant. Second, women in the THP sample reported insufficient income more frequently as a barrier to economic self-reliance than did women in the homeless shelter sample (Fisher’s Exact Test, N = 37, P = 0.001).

Almost half of the social welfare service providers sampled (45%) perceived insufficient income as a barrier to the economic self-reliance of low-income single mothers with an average rank of 7.944 and a Smith’s S of 0.291. Providers related four causal factors contributing to the experience of insufficient income: inadequate amounts of living-wage employment in the county, the difficulty in redirecting finite economic resources when financial assistance is lost from social welfare programs (e.g., Food Stamps, POC, rental assistance, Medicaid), the lack of another wage earner or source of income in the household, and the cost of living in the Washington
Metropolitan Area. Ms. Hightower, the executive director of a faith-based multi-service non-profit organization addressed how the loss of financial assistance provided by social welfare programs jeopardized low-income single mothers’ economic self-reliance.

“I think one of the things ‘the system’ needs to address is how subsidies and benefits are reduced when monthly wages increase. Right now it’s too drastic. Whatever increase people are seeing in their incomes is nullified when the services they receive are either cut off or reduced, leaving families worse off than they were before. Where is the sense in this? I know the goal is to discourage dependency, but people must first be in a position to take care of themselves before we start removing the support their families use in order to survive”.

Ms. Hightower’s statements demonstrate that providers are cognizant of the negative consequences a withdrawal of social welfare benefits has on low-income single mothers’ economic security and development of self-reliance. The loss of financial assistance from social welfare programs without adequate increases in earned income often contributes to the material hardship and economic insecurity low-income single mothers experience and directly undermines their attempts for self-reliance.

In the THP sample, 13 women (72%) perceived insufficient income as a salient barrier, according it an average rank of 3.154 and a Smith’s S of 0.622, whereas only three women in the homeless shelter sample (16%) reported it as a barrier with an average rank of 6.333 and Smith’s S of 0.104 (Figure 6.4). Women’s explanations for how insufficient income impeded their economic self-reliance focused on both cause and effect. In the THP sample, women expressed how low-wage employment did not

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4 Providers’ perception of the effects cost of living has on low-income single mothers is discussed in section 6.3.

5 Social welfare policies and eligibility requirements determining financial assistance are discussed as barriers to low-income single mothers’ economic self-reliance in chapter seven.
adequately meet their basic household financial obligations (e.g. rent, groceries, childcare, transportation), and how the lack of child support from non-custodial fathers and the lack of financial assistance from social welfare programs restricted their ability to effectively utilize economic resources. Women also described how the lack of economic resources or an inadequate income forced them to make difficult financial decisions, potentially jeopardizing the well-being of their households and subverting the achievement of economic self-reliance. Tabitha’s explanation for why she did not have health insurance illustrates the hard decisions low-income single mothers are required to make, the rationale for those decisions, and the potential consequences of those decisions.

“I’ve just now started workin’ enough hours again to qualify for insurance at my job and the enrollment period is comin’ up soon. I don’t qualify for Medicaid anymore, so I’ll have to make a decision. I’m scared though. What if I sign up [for health insurance] and they start deducting the premium from my paycheck, and something happens and we don’t have that extra money anymore when we need it. But what if something happens to me and I get real sick – I can’t afford something to happen without insurance. And then there’s the issue with my ex wantin’ child support. If I have start payin’ him there’s no way I can afford insurance. There’s just so much to consider, I’m just not sure what I’m gonna do”.

Tabitha’s concerns demonstrate the ongoing dilemma low-income single mothers confront when forced to make important financial decisions in the context of an uncertain future with limited economic resources and imperfect knowledge about the costs and risks associated with their decisions. Herbert Simon (1957) described this type of decision-making process as bounded rationality, whereby individuals may appear to make ‘irrational’ and ‘sub-optimal’ decisions when compared to the behavior

6 Child support as a barrier to economic self-reliance is discussed in the proceeding section.
of other individuals who seek to maximize the utility of their preferences. Simon argues the ‘irrational’ or ‘sub-optimal’ decisions made by individuals are in fact rational given the constraints of the environment in which the decision is made, the knowledge available to the individual about the probable benefits, costs, and risks of a decision, and the individual’s capacity to calculate and evaluate intricate outcomes. In Tabitha’s case, she was aware of the ‘rational’ decision – purchase health insurance from her employer. However, registering for health insurance was not a ‘rational’ or ‘optimal’ decision that Tabitha could calculate in the context of her limited economic resources and her inability to foresee unexpected financial crises (e.g., expensive car repairs, child support payments). As a consequence of insufficient income, low-income single mothers, like Tabitha, encounter such decisions on a routine basis with regards to which bills to pay, the household necessities they must do without, and the occurrence of unanticipated household financial emergencies.
Why fewer women in the homeless shelter sample perceived insufficient income as a less salient barrier to economic self-reliance than did women in the THP sample is unclear but may be related to each samples’ economic and housing circumstances. While in the homeless shelter, a client’s basic needs of food and shelter are met for free or at a minimum cost to the individual, reducing the financial obligations of maintaining a household; whereas, women residing in most of the THP programs sampled are responsible for meeting shelter and food expenses of their household, in addition to all other financial obligations associated with maintaining a household. The proximate financial responsibilities of most women in the THP sample are far greater than those of women in shelter sample; therefore, insufficient income may be deemed as more salient barrier to future economic self-reliance. Furthermore, women in the THP sample possess a level of security, by way of their participation in a THP, which women in the
shelter sample do not have. When women participate in the THPs they know where they will be living for the next 12 to 24 months. Women residing in the shelter only know where they may be living for the next 60 to 90 days. This level of insecurity, combined with their two most immediate needs being met, albeit temporarily, may influence women in the shelter to view other barriers (e.g., lack of future housing, transportation, childcare, or low-wage employment) as more salient barriers to economic self-reliance.

6.2.5 Child Support

Women in the THP and homeless shelter samples perceived the issue of child support as a more salient barrier to their economic self-reliance than did social welfare service providers (Fisher’s Exact Test, N = 77, P = 0.000). Among the THP sample, 10 women (56%) stated it as a barrier according it an average rank of 10.900 and a Smith’s S of 0.262, while 11 women in the shelter sample (58%) accorded it an average rank of 9.818 and a Smith’s S of 0.241 (Figure 6.5). When women in both samples were asked to explain how the issue of child support functioned as a barrier to their economic self-reliance, responses focused on how child support limited women’s potential economic resources.
In the THP sample, 66% of the women did not receive child support from non-custodial fathers and 11% of the women who did receive child support reported the payment as too low. Each of the women who did not receive child support expressed how this potential additional source of income could be used to enhance the financial security of their households once they left the THP program. Stacey, a mother of three adolescent children, related how child support for her two youngest children would prevent her family from becoming homeless.

“He [the children’s father] used to pay child support, but it wasn’t set up with the courts or nuthin’ and he stopped payin’ when I went to jail. I know when we leave the [THP] program, we’re gonna need it [the child support payments] so we can get housin’. It’s been a hassle though. I filed the paper work back in November of 2005 and just now got a court date for April [2007]. They’ve [family court personnel] lost my paperwork twice, made me verify paternity twice, and prove that my boys live with me and that they’re mine. It’s so frustratin’. We’re out of the program in October [2007] and I don’t make enough to cover rent without the child support. Now he’s callin’ me at work threatin’ to sue for custody of my boys on the grounds I’m an unfit mother”.

Figure 6.5 Percent of Providers and Low-Income Single Mothers Who Perceived the Issue of Child Support as a Barrier to Economic Self-Reliance
Stacey’s statements illustrate not only the difficulties many single mothers encounter when seeking child support payments from non-custodial fathers, but also the important financial role child support payments can play in providing greater economic security to a low-income single mother’s household. Stacey was not the only woman in the THP sample to contemplate how child support payments could be used to increase her capacity to become economically self-reliant. Lillian also explained how she planned to use child support payments from her future ex-husband. “If they’re [family court] able to make him [her ex-husband] pay child support, I’m just gonna pocket the money and not touch it. I’ll put it [the child support] in my THP account and save it for when we’ve leave the program, so I can get us a place”. Both Stacey and Lillian’s comments illustrate how low-income single mothers who have limited earned incomes perceive child support payments as a way to increase the economic resources available to them without the continued reliance on social welfare benefits. Packaging child support payments with other sources of earned income potentially enables low-income single mothers to transition off of social welfare programs and become economically self-reliant.

However, the receipt of child support payments is not always an assurance of greater financial security for low-income single mother households. In the THP sample, two mothers, Nancy and Carmen, stated how the amount of child support they received was inadequate given the financial responsibilities of providing for their families and the earned income of non-custodial fathers. Nancy, who received 40 dollars a month in child support for her teenage son, revealed how little she was able to accomplish with
the payment. “He’s a growing into a man and I can’t keep up when it comes to getting
him clothes. He [her son] needs clothes and shoes for school and 40 bucks only
stretches so far in a month. I’ve been askin’ his dad for more money ‘cause I know he
has it, but he won’t help”. Carmen, who received 360 dollars a month in child support
for her teenage son described her situation in different terms.

“He’s [the boy’s father] makin’ over 60 grand a year and I don’t even make 18.
My food stamps have been cut down and we’re goin’ to the pantry for food. I’m
fallin’ behind on my bills, I can’t get everythin’ he [her son] needs for school,
and I don’t know how we’re gonna make it once we’ve got leave the [THP]
program. I’m tryin’ to get him back in court, so they’ll increase the payment,
but I don’t know what we’re gonna do if it doesn’t work”.

Despite the difference in the amounts of child support they receive, Nancy and
Carmen’s circumstances demonstrate how this additional source of income is essential
to providing these households with basic goods such as food and clothing. Low-income
single mothers, like Nancy and Carmen who earn below a living-wage, rely on child
support payments to meet basic household subsistence needs. Without adequate child
support payments and few viable alternatives to increase earnings, these families are
forced to live without the things they require and as a result oftentimes experience
severe material hardship. Moreover, in an effort to meet the financial responsibilities of
their households, low-income single mothers receiving inadequate amounts of child
support are forced to redirect limited economic resources away from strategies that
could enhance economic self-reliance (e.g., additional education, savings accounts).

Unlike women in the THP sample, none of the homeless shelter sample received
child support even though two women were legally entitled to the support. Harriet
stated that although the father of her two children was required by the court to pay child
support, she never received payments from him. Tina, the other mother legally entitled to receive child support, explained that since she received TCA the child support payments were withheld by DSS. According to TANF policies, single mothers applying for welfare benefits must petition non-custodial fathers for child support and are required to provide DSS personnel with sufficient information to pursue such action on their behalf. If a single mother is still receiving TCA when child support is granted, TANF regulations allow DSS to retain these payments to compensate for the expense of pursuing the child support case. Only when full reimbursement is achieved, or a client no longer receives TCA, will the child support payments be disbursed to the single mother. Tina commented she was aware of this policy and appreciated DSS pursuing her case, but acknowledged she could have used the child support payments to aid in securing housing for her and her two children.

Steph, another woman in the shelter sample, disclosed how TANF policies on child support actually prevented her from receiving TCA and thereby jeopardized her and her children’s well-being.

“I lost my job after we got to the shelter ‘cause I didn’t always have someone to watch my kids and I couldn’t come in. So, I applied for TCA. They [DSS staff] were pressin’ me for all this stuff on my babies’ fathers. I gave ‘em what I could – names, places where they worked and lived, relatives’ names. But they wanted social security numbers. Who knows stuff like that about their boyfriends, especially if you ain’t together anymore? Any way, a month after I applied I found out that DSS denied my application for TCA ‘cause I ‘failed to comply with the child support enforcement policy’. I was so pissed – I’m still pretty hot about it ‘cause how am I supposed to take care of my kids if I can’t get a job ‘cause I can’t pay a babysitter and DSS whose supposed help me won’t? But I found out from one of the ladies here [the shelter] that you can appeal DSS’ decisions, so that’s what I’m doin’ now”.
According to Steph, her inability to provide enough information about the whereabouts of her children’s fathers was sufficient grounds to deny her application for welfare benefits. Unable to afford legal aid to pursue child support cases on her own and turned down by an institution with the resources to pursue such action, Steph, and other mothers like her, are left not only without child support, but also without the public assistance benefits they are financially eligible to receive. TANF’s child enforcement policy not only endangers the immediate well-being of low-income single mothers’ households, but also threatens women’s achievement of economic self-reliance. Without the support of TCA, low-income single mothers, especially those who are homeless and devoid of economic resources, are unable to afford a place to live, pay for childcare, or look for employment. These circumstances, a consequence of TANF policies, directly contradict the stated objective of PRWORA, the development of economic self-reliance.

Another way in which child support limited low-income single mothers’ available economic resources was through the payment of child support to custodial fathers. One woman in the THP sample reported paying monthly child support for two children residing with her ex-husband and another woman indicated her ex-husband was currently seeking child support payments from her. Kay described the effect of this had on her household.

“’Its not that I don’t want to pay child support or that I don’t want to take care of my kids. It’s just too much. My ex-husband pretty close with some people in the county who matter and he’s married to a lawyer and it’s because of who he knows that I got a raw deal. He and his wife pull in over six figures a year compared to my 38 thousand. And he’s not taking care of three other kids. I give him 600 dollars a month and I don’t get to see or talk to my boys. Meanwhile, my other boys are askin’ where their brothers are, why they can’t
see ‘em. And I’m left tryin’ to figure out how [to] explain things to ‘em and how to pay for childcare, rent, and groceries we need. So far I’ve been makin’ it work, but when we leave the [THP] program and I’ve got to pay full rent – things are gonna get worse around here”.

To understand Kay’s grim outlook on life after the THP and the financial role paying child support had on her household’s future well-being, an explanation of her current economic obligations are necessary. With Kay’s net monthly salary of $3,200 she paid: $1500 for childcare, $600 for child support, $450 for rent, $350 for food and groceries, and $200 for transportation. Before any other incidental expenditures (e.g., laundry, telephone services, household necessities, savings) are calculated, Kay has already allotted $3,100 of her monthly salary, leaving her one hundred dollars for the entire month. While Kay avowed financial responsibility to all her children, she also expressed the need for a more equitable child support payment given the disparity between her and her ex-husband’s annual incomes. For low-income single mothers, like Kay, the payment of child support to custodial fathers can lead to material hardship, housing insecurity, and hinder the development of economic self-reliance.

Few social welfare service providers, only seven, perceived issues pertaining to child support as a barrier to low-income single mothers economic self-reliance according it an average rank of 15.286 and a Smith’s S of 0.087. However, for those providers who acknowledged child support as a barrier, they spoke of how a lack of child support contributed to low-income single mothers’ insufficient income, lead to the material hardship experienced by these households, and should be an entitlement all single mothers deserved. Frank, a social worker at a faith-based multi-service organization, related his thoughts on the issue of child support. “All mothers’ should
receive child support for their children if the father is not part of the household. For those men who do not make a sufficient wage, they should be taught or trained to earn a higher wage, so they can pay child support and so that their children are not forced to live in poverty”. Despite Frank’s opinion and his potential method for resolving the dilemma of non-payment among economically disadvantaged fathers, 33 providers (82%) did not cite the issue of child support as a barrier to low-income single mothers’ economic self-reliance. Data from the free list suggests among providers, barriers such as high housing costs, lack of living-wage employment, women’s lack of education, and issues surrounding childcare were perceived as more salient to hindering low-income single mothers’ economic self-reliance.

6.2.6 Credit History

Social welfare service providers and low-income single mothers perceived poor credit history as a barrier to economic self-reliance. However, fewer providers, only 12, cited it as a salient barrier as compared to the aggregate sample of low-income single mothers (Fisher’s Exact Test, N = 77, P =0.016), according it an average rank of 9.500 and a Smith’s S of 0.184 (Figure 6.6); whereas, 13 women in THP sample (72%) conferred it an average rank of 10.538 and a Smith’s S of 0.301 and eight women in the homeless shelter sample (42%) gave it an average rank of 13.875 and Smith’s S of 0.055. Although the difference among women in the THP and shelter samples regarding credit history as a barrier to economic self-reliance is not statistically significant, the variation in perception between these two samples is most likely due to the level of engagement women in THP had with programs designed to promote
economic self-reliance. Each of the THPs sampled required clients to participate in workshops aimed at increasing financial literacy, restoring credit histories, and improving household budgeting skills, whereas the homeless shelter did not. The THPs’ emphasis on promoting economic self-reliance through the development of personal finance skills may have increased low-income single mothers’ awareness of how their credit histories threatened their capacity to become economically self-reliant.

![Graph showing the percent of providers and low-income single mothers who perceived credit history as a barrier to economic self-reliance.]

Figure 6.6 Percent of Providers and Low-Income Single Mothers Who Perceived Credit History as a Barrier to Economic Self-Reliance

Despite the difference in saliency scores, when asked to explain how poor credit history served as a barrier to economic self-reliance several related themes emerged from individuals in each sample. Among all three samples, individuals referred to how a poor credit history hindered economic self-reliance as a result of the financial debt it implied and by reducing low-income single mothers’ ability to acquire housing.
discussed in the next section, housing in the Washington Metropolitan Area, especially affordable housing, is in short supply but high demand. This leads to higher housing prices. With landlords who can afford to be selective in their choice of tenants, often setting minimum income requirements and credit score standards for lessees. Given that 89% of women in the THP sample and 84% of women in the homeless shelter sample reported poor credit histories acquiring housing under these conditions is problematic and a substantial threat to economic self-reliance. Furthermore, 89% of women in the THP sample and 68% of women in the homeless shelter sample reported several thousand dollars in outstanding financial debt, with a total of 27% accruing additional debt while participating in these programs. Future economic self-reliance is further jeopardized when women are unable to afford payments on outstanding debts, threatened with litigation by collection agencies, or forced to forgo other household financial obligations to meet debt payment schedules.

Providers explained poor credit history indicated an individual’s failure to assume financially responsible behavior and expressed their concern that low-income single mothers would continue to make irresponsible financial decisions, which would further negatively effect their credit scores. Providers acknowledged their clients’ poor credit histories were due in part to financial illiteracy and lack of budgeting skills. Rosalyn, a volunteer with a faith-based non-profit organization, described her experience working with low-income single mothers in the THP and expressed her concerns about her clients’ abilities to become economically self-reliant.

“I go over their budgets with them to figure out what resources they have, what expenditures they have, what debt they need to pay down. I point out where their money is going and make suggestions as to where they can cut back or
potential strategies they can use to save money. I also try and point out that they are getting a lot of financial assistance now and that they need to start implementing better financial decisions before they leave the program and lose a lot of the resources they currently have, so they will be able to support their families. But some of them aren’t disciplined. They lack the motivation to budget their money. They don’t try to cut costs, save money, or live within their means. It goes back to wanting to live like others and this world of wants versus needs”.

Unlike providers, women in both samples acknowledged how poor credit histories influenced their ability to obtain employment. After attending a local job fair with women from the shelter sample, several women remarked how they could not gain employment as tellers with area banks because of their credit histories. Several women in the THP sample who were attempting to find better-paid employment, and who had actually been turned down by potential employers because of their credit histories, reiterated this perception. Carmen explained why she believed employers utilized applicants’ credit history as part of the screening process for employment.

“I think they [employers] do it [look at credit history] for a couple of reasons. In a bank, they want to make sure you’re not a risk to them – that you’re not goin’ to steal money. And if you have a lot of debt, I guess they [a bank] think you’re likely to take money to pay off your bills. It’s pretty judgmental if you ask me. I think other employers use it as a way to see how responsible you are. But again, they’re just lookin’ at a piece of paper. They don’t know why you’re in debt or why your credit is screwed up. They don’t stop to think about the situation you’re in and how you got there. They just assume you’re irresponsible”.

Given the number of women in both samples reporting poor credit histories, the common use of such a pre-employment screening criteria could be potentially devastating for low-income single mothers attempts at economic self-reliance. Not only may these women confront bias in obtaining housing, but now they may also cope with financial discrimination in the labor market.
Women in the THP sample addressed the concern of rebuilding their credit and how the problems they encountered threatened their ability to become economically self-reliant. Tabitha explained how her poor credit history continued to affect her household finances.

“I declared bankruptcy about five years ago when their [her children’s] father was sent to prison. Since then, I haven’t been able to open any line of credit and I’ve been payin’ down my debt. With my tax return I paid down about five grand last year, but I’ve still fifteen hundred dollars to go. You’d think the progress I’ve made, with what I make, would count for somethin’. But when I called to set up the utilities for our new place, the electric company told me I’d have to pay a $260 deposit in addition to payin’ the first couple of months on time and in full. I get it – they think I’m a risk, but I don’t have the money right now to be payin’ a deposit and the bills. That’s money that should be goin’ to payin’ the rent or childcare, or puttin’ gas in my car, so I can get to work”.

Tabitha’s statements illustrate the financial sacrifices and hardships many low-income single mothers endure in their attempts to reduce debt and restore credit histories. Recognizing the significant role her credit history would have on her ability to secure housing for her family once she left the THP, Tabitha chose to use her tax return to pay outstanding financial debts, rather than direct the money toward purchases the household required (e.g., health insurance for herself, car repairs, current bills, savings). However, as Tabitha’s circumstances demonstrate, the task of rebuilding credit is arduous and may inadvertently undermine the achievement of economic self-reliance, lead to further material hardship, and contribute to economic insecurity.

Women in the shelter sample also spoke of how their lack of credit history served as barrier to becoming economically self-reliant. Among these women, previous housing arrangements contributed to a lack of credit history. Several young mothers reported living arrangements with relatives or romantic partners, prior to entering the
shelter, where they were not financially or legally accountable for household bills, such as rent or utilities. With reduced financial obligations and their role as caretakers, these women were often not required by family members or partners to obtain employment, which would allow access to credit building resources. These two types of financial and living arrangements not only provide limited opportunities for women to gain financial literacy and essential budgeting skills, but also result in a lack of evidence necessary to demonstrate credit worthiness. Low-income single mothers’ lack of credit history is as potentially problematic for women in this sample as is a history of poor credit. To potential landlords or employers, a low-income single mother’s insufficient credit history, coupled with either unemployment or low-wage employment, is perceived as risky, hindering access to economic and material resources (e.g., housing, credit cards) her household may require.

6.3 Material Resource Barriers

Material resource barriers are intricately related to the financial resource barriers hindering low-income single mothers’ attainment of economic self-reliance. In the context of my research, material resources are assets, goods, and services (e.g., housing, childcare, transportation) influencing low-income single mothers’ employment and/or subsequent achievement of economic self-reliance. The lack of these assets, goods, or services are directly linked to a lack of financial resources in the household. Data from the free lists suggest the lack of certain material resources serve as barriers to employment and the development of economic self-reliance. Among social welfare
service providers and women in the THP and homeless shelter samples, the most salient material resource barriers were housing, childcare, and transportation.

6.3.1 Cost of Housing

Affordable housing is a relevant concern for almost all households in Prince George's County, regardless of income bracket, but specifically among low-income single mother households. Although the county is reputed to have the most affordable housing market as compared to other counties in the Washington Metropolitan Area (Berger 2007, Straight 2007, Wiggins 2007), the term ‘affordable housing’ is a relative concept. From 2005 to 2006, median home prices rose 18% in the county from $287,000 to $339,000 (Straight 2007), ranking home prices in the county well below those in the District of Columbia and in the surrounding counties of Virginia and Maryland (Table 6.1). Rising prices in homes and apartment rentals is fueled in part by initiatives designed to revitalize the County’s economy and transform the County’s notorious reputation for high rates of crime, a failing public education system, and government corruption, to one of affluence and prominence (Wiggins 2007). In these endeavors, County officials and stakeholders have sought to attract potential residents, information technology firms, and high-end retailers to the county through the process of redevelopment and gentrification (Berger 2007, Valentine 2007, Wiggins 2007).  

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7 By 2011, an impending military base realignment and closure (BRAC) plan is estimated to bring at least five thousand new families to the area (with some projections as high as 25,000 households) through the development of ten thousand new jobs with private and government agencies (with some projections as high as 60,000) (Valentine 2007). Prince George's County is positioned to greatly benefit from this potential influx of employment and residents, as surrounding Maryland counties are unable to construct new housing developments until more schools are built to service these communities.
### Table 6.1  Median Prices for Single-Family Houses and Townhouses in 2005 and 2006 in the Washington Metropolitan Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Median Home Price in 2005</th>
<th>Median Home Price in 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>District of Columbia</td>
<td>419,900</td>
<td>450,000</td>
</tr>
<tr>
<td><strong>Maryland</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anne Arundel County</td>
<td>314,900</td>
<td>340,000</td>
</tr>
<tr>
<td>Calvert County</td>
<td>304,500</td>
<td>323,000</td>
</tr>
<tr>
<td>Charles County</td>
<td>298,000</td>
<td>329,900</td>
</tr>
<tr>
<td>Fredrick County</td>
<td>306,000</td>
<td>331,500</td>
</tr>
<tr>
<td>Howard County</td>
<td>384,900</td>
<td>407,289</td>
</tr>
<tr>
<td>Montgomery County</td>
<td>435,000</td>
<td>475,000</td>
</tr>
<tr>
<td>Prince George’s County</td>
<td>287,500</td>
<td>339,900</td>
</tr>
<tr>
<td><strong>Virginia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexandria</td>
<td>585,000</td>
<td>599,000</td>
</tr>
<tr>
<td>Arlington County</td>
<td>570,000</td>
<td>565,000</td>
</tr>
<tr>
<td>Fairfax</td>
<td>529,900</td>
<td>525,100</td>
</tr>
<tr>
<td>Loudoun County</td>
<td>535,000</td>
<td>535,000</td>
</tr>
<tr>
<td>Prince William County</td>
<td>398,000</td>
<td>410,000</td>
</tr>
</tbody>
</table>

* Adapted from government records of full-value transactions as cited in Straight (2007).

However, this revitalization of the county comes at a cost to low-income residents. Between 2003 and 2005, Prince George’s County lost 18,025 affordable apartment units and is projected to lose several thousand additional affordable housing units under contract with the Housing Authority’s Section 8 housing voucher program (Otto 2007). With fair market rent for a one-bedroom apartment listed at $1080 per month (Maryland Department of Human Resources 2006), it is a reasonable concern low-income individuals, especially single mothers, will be unable to afford decent and safe shelter as ‘affordable housing’ is converted to luxury-style condominiums and arts and entertainment venues (Wiggins 2007).

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8 Affordable apartment units are those with a monthly rent of $999 or less (National Housing Trust as cited in Otto 2007).
Results from the free list indicate both social welfare service providers and low-income single mothers perceived the lack of affordable housing as a salient barrier to economic self-reliance (Figure 6.7). Among providers, 27 reported the high cost of housing as a barrier, according it an average rank of 4.074 and a Smith’s S of 0.546. Among low-income single mothers, the entire shelter sample cited it as a barrier with an average rank of 3.316 and a Smith’s S of 0.849, while 16 women in the THP sample (89%) reported it as a barrier according it an average rank of 2.125 and a Smith’s S of 0.820.

![Figure 6.7 Percent of Providers and Low-Income Single Mothers Who Perceived Housing Costs as a Barrier to Economic Self-Reliance](image)

Although a majority of the providers sampled perceived housing cost as a barrier to economic self-reliance, fewer providers reported it as a barrier than women in the aggregate sample (Fisher’s Exact Test, N = 77, P = 0.003). The variation in the frequency of report between providers and low-income single mothers is most likely the result of women’s firsthand experience of being homeless and the continuous
uncertainty they encounter in attempting to secure housing for their families. To gain
entrance into a shelter or THP, individuals must lack a source of permanent and safe
shelter. Even when individuals are granted admittance to these programs, affordable
housing remains a barrier to economic self-reliance because involvement in such
programs is restricted to a predetermined length of time. For example, low-income
single mothers in the homeless shelter are advised to find alternative housing within 60
days of entry, even though the program is publicized to provide shelter to women and
their children for up to 90 days. The pressure to secure safe and affordable housing
during this two-month period is immense for these women, as a majority are
unemployed and aware they will not be permitted to re-enter the program for a
subsequent bout of homelessness for a full calendar year. Women in the THP sample
encounter a similar form of anxiety, as participation in the THP is generally limited to
24 months and former clients of THPs may not apply for re-entry to a program for an
entire calendar year. The unrelenting demand low-income single mothers confront to
acquire affordable and safe housing for their families given the time restrictions of THP
and shelter programs, the constraints of available financial resources, and their credit
histories, aids in explaining why women in both samples cited the cost of housing as the
most salient barrier to economic self-reliance.

While social welfare service providers reported the cost of housing as the most
salient barrier to low-income single mothers’ economic self-reliance, providers
acknowledged how the loss of affordable housing units in the county, coupled with the
rising costs of housing, made it difficult for mothers earning below a living-wage to
maintain housing. The director of a non-profit outreach organization voiced her frustration.

“We [the organization] used to manage some low-income apartments several years ago, but the complex was bought by the Redevelopment Authority and torn down to promote gentrification and economic investment. We’ve tried to remain active in the development of low-income housing, but there’s not a lot of money in it. The county wants to bring in a bunch of mix-use redevelopment with high-end retail merchandisers, up-scale entertainment and condominiums – leaving low-income residents few options for housing”.

Single mothers in both samples also referred to the lack of affordable housing in the county and the difficulty in maintaining housing for their families with low-wage employment. Steph, the mother of two toddlers and residing in the homeless shelter related how her family came to the shelter. “I was renting this place with two other girls and we all had jobs and we was payin’ rent. But the landlord got an offer from some developer to buy his house and we was out. We couldn’t find anything in the area we could all afford, so we ended up here [the shelter]”. Steph’s experience demonstrates the effects of economic redevelopment and gentrification on the availability of affordable housing in the county and the potential negative consequences to low-income single mothers attempting to maintain safe affordable housing for their families.

Jody, another mother in the homeless shelter, explained the challenge of sustaining housing with low-wage employment. “My daughter and I were living with a friend of mine before we came here [the shelter]. She had a good job and I was goin’ to school and workin’ at a pharmacy. We split the rent 50-50, but when she lost her job, I couldn’t cover the rent by myself and we fell behind. Even though I was still payin’ my half [of the rent], we were evicted before she could get another job”. Although the
circumstances prompting Steph’s and Jody’s loss of housing differ, their experiences reveal three commonalities. First, the expenses associated with housing in Prince George’s County exceed the financial resources of low-income single mothers (Table 6.2). Second, low-wage employment does not adequately equip an individual to acquire and maintain housing in this county. Last, unable to afford housing alone, low-income single mothers ‘double up’ with other single mothers, relatives, and friends to manage the expense of housing. To put these elements in context, the National Low-Income Housing Coalition (2007) estimates for the fiscal year 2008: 1) the hourly wage necessary to afford fair market rent for a two bedroom residence in Prince George’s County is $25.46, a 45% increase in the hourly wage required to afford such housing since the year 2000; and 2) the minimum annual income required to afford such housing is $52,960 or the equivalent of 4.1 fulltime minimum wage jobs. For low-income single mothers in this study, affordable and safe housing is unattainable without significant increases in earned income, financial assistance from housing subsidies, or living with family or friends.

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Fair Market Rent in 2007</th>
<th>Minimum Annual Net Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>995</td>
<td>39,800</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1134</td>
<td>45,360</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>1286</td>
<td>51,440</td>
</tr>
<tr>
<td>3 Bedroom</td>
<td>1659</td>
<td>66,360</td>
</tr>
<tr>
<td>4 Bedroom</td>
<td>2171</td>
<td>86,840</td>
</tr>
</tbody>
</table>

- Adapted from [www.huduser.org/datasets/fmr.html](http://www.huduser.org/datasets/fmr.html) for Prince George’s County Maryland Fair Market Rents in 2007

Table 6.2 Monthly Fair Market Rents and Minimum Annual Net Household Incomes for Prince George’s County Maryland in 2007

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9 Fair market rents are gross estimates including the expense of shelter and basic utilities (i.e., electricity, gas, and water). Minimum annual net household income reflects the income required to direct no more than 30% of household income to shelter and basic utilities expenses.
6.3.2 *Issues of Childcare*

Low-income single mothers’ lack of childcare services is consistently recognized as a potential barrier to employment and subsequent economic self-reliance (Henly and Lyons 2000, Loprest 1999, Pearlmutter and Bartle 2003, Scott et al. 2005, Youngblut et al. 2000). Despite initiatives designed to ease the burdens low-income single mothers’ and welfare clients’ confront, data from the free lists suggests childcare remains a salient barrier. Almost half of the social welfare service providers sampled (48%) perceived childcare as a barrier to economic self-reliance, consigning it an average rank of 9.684 and a Smith’s S of 0.293 (Figure 6.8). Significantly more women in the combined sample cited childcare as a barrier (Fisher’s Exact Test, N = 77, P = 0.036), with 14 women in the shelter sample (74%) conferring it an average rank of 8.143 and a Smith’s S of 0.395 and 13 women in the THP sample (67%) giving it an average rank of 6.500 and a Smith’s S of 0.441. Even with the variation in frequency of report and perception of saliency among the three samples, providers and low-income single mothers shared two explanations for how and why issues of childcare hindered economic self-reliance, the lack of childcare arrangements and the expense of childcare.
When providers were asked to explain how issues of childcare served as barriers to low-income single mothers, providers most often stated how a lack of childcare prevented women from gaining and maintaining employment. Ms. Hightower, the executive director of a faith-based non-profit multi-service organization, related her observations about how women’s lack of childcare arrangements prevented low-income single mothers from acquiring essential skills necessary to promote economic self-reliance.

TRASK: Of the clients, who participate in your skill development programs, are they mainly men or women?

MS. HIGHTOWER: Women, and they are the harder to serve. We have men in the program, but they are more apt to get their kids to school, so they can have a free day, I guess. Women, that’s a problem for women. That’s a barrier for women, childcare. Men will find childcare.
TRASK: Okay, I’m not sure I understand – I’ve never heard that before, so …

MS. HIGHTOWER: Before I came here, I was the outreach coordinator for another organization. My job was to operate and facilitate the shelter program and we found it then. Men who came in the shelter with their children would find babysitters or would make sure those kids got to school. I think it was a struggle for them, a burden for them. So they’d relieve that burden by making sure those kids got where they needed to be, so they could do what they needed to do. Where I think women run into the issue of care taking versus employment. Society’s got this perception that stay at home moms don’t work – they do. And they [stay at home mothers] see themselves as being there for their kids. The problem is, the women who come through my door don’t have that luxury to stay home, even when they want it – they’re the only ones there, they’ve got to work.

Ms. Hightower’s statements illustrate the struggle many low-income single mothers encounter when they are obligated to enter the workforce and become the sole economic provider for their families. As a culture that partly defines women’s worth and value based on one’s capacity to be a mother and one’s abilities as a caretaker, while simultaneously devaluing women’s paid employment, the notion of leaving one’s children with strangers for a job challenges some women’s beliefs about their roles and responsibilities as mothers (Chaudry 2004, Edin and Maria 2005, Gemelli 2008, Hays 1996, 2003).

Low-income single mothers in both samples explained how a lack of childcare arrangements hindered employment and even impeded educational opportunities. Central to their explanations were two themes: the availability of childcare for standard and non-standard hours of care and unreliable childcare support from family members and friends. For many mothers these two issues were inexorably intertwined. Harriet, a single mother with two children residing in the homeless shelter, explained how a lack of childcare services instigated the loss of her civil servant position.
“I used to work the night shift. But when my babysitter quit on me, I had no one to watch my kids at night when I was at work. I tried to get someone to watch my kids so I could go to work. My family and friends helped me out as much as they could, but sometimes I didn’t have anybody and I’d have to call off from work. I’d called off enough times that they fired me”.

For mothers like Harriet, who require non-standard hours of childcare, lack of childcare arrangements can lead to the loss of employment and eventual homelessness. Harriet’s circumstances illustrate not only the need for more formal childcare facilities providing non-standard hours of care, but also the limited assistance familial and social network members can provide to low-income single mothers. Women who possess small networks risk exhausting members’ resources or goodwill with overuse. Furthermore, when women are unable to meet reciprocal obligations (e.g., monetary or in-kind compensation) to network members, women risk losing childcare services, as well as isolation from network members.

In addition to the lack of formal and informal childcare services available to low-income single mothers, each sample indicated how the financial costs associated with childcare served as a barrier to employment and subsequent economic self-reliance. Among providers, the expense of childcare services was linked to other barriers women confronted, such as insufficient income and the availability of living-wage employment in the county. When these barriers were combined with the cost of childcare services in the county, providers argued low-income single mothers often could not afford childcare arrangements, which prohibited women from seeking or maintaining employment, or pursuing greater levels of educational attainment. To put this into context, the Maryland Committee for Children (MCC) (2008) estimated the annual cost of childcare for a family in Prince George’s County with two children
(between one and three years of age and between three and five years of age) during the year 2007 was $15,098. Table 6.3 describes the average weekly and monthly cost of full-time childcare services by provider type and age group for the state of Maryland in 2007. From these estimates, an employed low-income single mother in need of childcare services for a child under the age of 23 months must have a minimum disposable annual income of $7,600 for a family childcare program and a minimum income of $10,500 to afford services from a childcare center. The potential cost of childcare proves problematic for these women when other household financial expenditures are considered (e.g., shelter, food, transportation). Moreover, given the number of children 13 years old or younger, mothers in the THP sample require childcare for an average of 1.75 children and mothers in the shelter sample require services for an average of 1.46 children, which necessitates a larger annual disposable income to meet the expense of these services.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Family Childcare Programs(^{10})</th>
<th>Childcare Center(^{11})</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Monthly</td>
</tr>
<tr>
<td>0 – 23 Months</td>
<td>$158.15</td>
<td>$632.60</td>
</tr>
<tr>
<td>2 – 5 Years</td>
<td>130.65</td>
<td>522.60</td>
</tr>
<tr>
<td>6 – 13 Years</td>
<td>113.75</td>
<td>455.00</td>
</tr>
</tbody>
</table>

\(^{10}\) Adapted from MCC (2008) Average Weekly Cost of Full-time Child Care

\(^{11}\) Table 6.3  Average Weekly and Monthly Cost of Full-time Childcare in Maryland in 2007

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Family Child Care Programs are defined by the MCC (2008) as care given to a child under the age of 13 by someone other than the child’s legal guardian in a residence that is not the child’s for less than 24 hours a day.

A Child Care Center is defined by the MCC (2008) as a facility licensed by the state to provide childcare services (part-time or full-time) in the absence of a legal guardian.
Figure 6.9 illustrates the financial resources THP women require and expend on monthly childcare services. The line total cost reflects the reported cost for childcare services in a particular household given the age of children and the type of services procured. The estimated cost line suggests the amount women would have to pay monthly according to MCC’s estimates for the type of services they currently receive or desire for their children. The expenditure line represents the amount women expend monthly on childcare services after subsidies are taken into account. On average, THP women expend 14% of their monthly income on childcare services. Of the 14 women with children of an age eligible to receive childcare services, 13 women reported a total cost for childcare below MCC’s estimated expenses, with five women paying below the total cost of childcare amount with the aid of childcare subsidies and four women forgoing childcare services altogether.
In comparison, 15 women in the homeless shelter sample (79%) had children of an age eligible for childcare services. However, only one of these women maintained a childcare provider outside of the homeless shelter. To understand the financial burden childcare services places on these women and how childcare can serve as a barrier to future economic self-reliance, figure 6.10 compares the MCC’s monthly estimated cost for childcare, according to the age of the children in the household and the type of services provided, to women’s reported monthly income. Only three women in this sample reported a monthly income greater than either estimates of family childcare programs (FCC) or services provided by a childcare center (CCC), with one woman’s
entire monthly income required to meet the cost of the less expensive family childcare provider. For the six women without any source of income, estimated expenditures for family childcare programs averaged $862.60 ($\sigma = 434.51$), while estimated expenditures for childcare center services averaged $1016.19 ($\sigma = 529.45$). For the six women who reported income solely from social welfare benefits (e.g., TCA, SSI), estimated expenditures for family childcare programs averaged $729.27 ($\sigma = 252.27$), whereas estimated expenditures for services from childcare centers averaged $893.19 ($\sigma = 326.48$). Without living-wage employment or access to childcare subsidies, 68% of the women in the homeless shelter will experience financial and material hardship when they leave the shelter.

Figure 6.10  A Comparison of Reported Monthly Income and the MCC’s Estimates for Childcare Services in the Homeless Shelter Sample
When women in both samples were asked to explain how the cost of childcare served as a barrier to economic self-reliance, mothers in each sample related the difficulties they encountered in obtaining and maintaining childcare services with their limited economic resources. Women with children requiring childcare services explained how their inadequate income and or lack of childcare subsidies hindered the acquisition of employment or education, led to the loss of employment, and contributed to the material hardship experienced by their household. LaTonya, a pregnant mother of three children living in the homeless shelter, described how her problems with childcare directly contributed to her current homelessness and financial circumstances.

“Before we got here, I was workin’ as a cashier at a local grocery store. I had vouchers for childcare, for all the kids, but they [DSS] cut them, sayin’ I made too much. I don’t know how this could be considerin’ what I made. Without the vouchers, I couldn’t afford to keep the kids in daycare no more with just my paycheck and still make the rent. So my grandma agreed to watch the kids for me when I was at work. But it got to be too much for her and I was havin’ to call off from work ‘cause I didn’t have nobody to stay with the kids. So they let me go. With no job, I couldn’t pay the rent and without childcare I couldn’t get another job. So we ended up getting’ evicted”.

LaTonya’s problems with childcare are not unique among women in the THP or homeless shelter samples. In the THP sample, nine women stated the expense of childcare contributed to the material hardship their households’ experienced, while thirteen women in the shelter sample reported that unless they acquired employment, childcare services, and childcare subsidies before leaving the homeless shelter, their prospects for maintaining employment and housing were remote.

Coping with the need for and expense of childcare lead some women to make difficult decisions regarding the type and quality of childcare they could afford for their children. In the THP sample, 30 children were of an age appropriate to receive
childcare services (i.e., 13 years old or younger). Of those children, six children received primary childcare services in an informal setting, 14 children attended formal childcare centers, and 10 children went without the supervision of a childcare provider.\textsuperscript{12} Informal childcare provided by family members and friends or through family childcare programs based out of individuals’ homes is usually less expensive than formal services provided by childcare centers. However, the quality of care provided by informal childcare providers often lacks age-appropriate developmental and educational curriculums found in formal childcare centers (NICHD Early Child Care Research Network 2001). Moreover, informal childcare provided by family members or friends is not regulated by the state and the individuals providing care may unintentionally risk children’s safety through their behavior or the conditions of their homes. Although the quality of childcare services was not perceived by providers to be a factor in women’s lack of childcare arrangements, women in the THP and homeless shelter samples did perceive it to be a barrier. Women in the THP sample expressed concern that Child Services would find their childcare arrangements inappropriate and would seek to remove children from their custody. One such mother, Cindy, explained her reticence in establishing either formal or informal care for her children.

“My case manager keeps pushin’ me to use this lady in the program who does childcare out of her apartment, but I just don’t think it’s safe for my boys. And I’ve got to be careful ‘cause I’ve already got a case with child services. You see, my son had an accident at the daycare he used to go to. They [the daycare staff] weren’t watchin’ him properly and he fell and hit his head. When I took him to the hospital, the doctors said he had this disorder from trauma and they

\textsuperscript{12} Cindy, an unemployed mother in this sample and mother of four children, had yet to arrange childcare by the close of this study. Her four children are included in the 10 children without a childcare provider other than their mother. The other six children who were left without a childcare provider were pre-teen children who arrived home from school before their mothers arrived home from work.
were all lookin’ at me like I hurt my kid. When Child Services got involved they determined it was the daycare’s fault, but they didn’t let me off the hook. They said I should have picked a better daycare. So, I’ve got a case and they’re watchin’ me and I can’t risk just anyone takin’ care of my kids or I could lose ‘em”.

Quality of childcare services were weighed in opposition to women’s perceptions of household financial circumstances and the type of care they desired for their children. During the course of the study, three women in the THP sample changed the type of childcare services their children received. For example, Tabitha, a single mother of two children, was unable to afford the formal childcare services her daughter received when her childcare subsidy was reduced. After several attempts to have the subsidy reevaluated and unreliable support from familial and social network members, Tabitha made childcare arrangements for her daughter with a woman who provided childcare services out of her apartment. Brenda, a mother who was dissatisfied with the informal care two of her children received, explained why she moved her children to a more expensive formal childcare center.

“The lady who’s been watchin’ ‘em has been really good to me, but she’s gettin’ old and she got sick a couple of months ago. Since then her daughter been watchin’ the kids. The daughter doesn’t do much with the kids, just lets ‘em watch TV. Her mother used to do all kinds of activities and learning projects with the kids. Plus, the daughter takin’ care of her sick mother and I worry about how much attention and supervision she’s really givin’ the kids. So even though it’s more expensive to put them in daycare, I think they’re better off. Hopefully the vouchers will cover the new cost”.

Brenda’s decision to alter her childcare arrangements out of concern for her children’s safety and development comes at a financial cost to her household. Already living paycheck-to-paycheck and accruing additional financial debt, formal childcare for her two toddlers was something she could not afford. To cope with the additional expense
of these new arrangements, Brenda stated she would have to reduce other household expenditures (e.g., household utilities, groceries, transportation, clothing for the children and herself, and school supplies for her oldest child and herself) until the childcare subsidy she received was reevaluated. For women like Brenda and Tabitha, decisions regarding childcare arrangements are evaluated in context to household economic resources, availability of familial and social network support, risk of material hardship, and harm to their children.

It is unclear why fewer social welfare service providers cited issues of childcare as a barrier to economic self-reliance as compared to women in the combined THP and homeless shelter sample (Fisher’s Exact Test, N = 77, P = 0.036). Although there was no significant difference in the frequency of report between the two samples of women, several factors may explain why more women in the shelter perceived childcare as a barrier. In the THP and shelter samples, THP women’s children were older on average than shelter women’s children, reducing the need for childcare arrangements. Approximately 75% of children in the THP sample (N = 40) were under 13 years of age, as compared to 100% of children residing in the homeless shelter (N = 19) below the age of 13-years-old. Second, a majority of women in the THP sample were employed (78%), and or had childcare arrangements for their children (86%) than women in the shelter sample.13 Third, more women in the THP sample received childcare subsidies from government programs or their housing program (50%) compared to women residing in the homeless shelter (6%). Last, of the women with children of an age requiring care, more women in the THP sample reported family

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13 Approximately 74% of women in the shelter sample were unemployed and only one of the fifteen women requiring childcare arrangements had secured services outside of the shelter.
members (56%) and friends (50%) assisting with childcare responsibilities than women in the homeless shelter.\textsuperscript{14}

6.3.3 Issues of Transportation

Similar to childcare, problems associated with transportation are recognized as potential barriers to low-income single mothers’ employment and subsequent economic self-reliance. Free list data from both samples of low-income women suggest issues concerning transportation continue to operate as barriers. Less than half of the social welfare service providers sampled (40%) perceived transportation as a barrier, consigning it an average rank of 6.000 and a Smith’s S of 0.231 (Figure 6.11). Significantly more women in the combined sample cited transportation as a barrier (Fisher’s Exact Test, N = 77, P = 0.001), with 15 women in the shelter sample (79%) conferring it an average rank of 10.600 and a Smith’s S of 0.265 and 14 women in the THP sample (78%) giving it an average rank of 10.571 and a Smith’s S of 0.335. This difference between providers’ and women’s frequency of report does suggest that providers may not be as acutely aware of this barrier, the material hardship it engenders, or the lack of services to address this issue. Despite this variation among the three samples, providers’ and low-income single mothers’ shared three explanations for how and why issues of transportation impeded economic self-reliance: the lack of accessibility to employment and needed resources, the expense of personal transportation, and the expense of public transportation.

\textsuperscript{14} Among women in the homeless shelter sample, 26% reported assistance from relatives and 37% reported support from friends. For further discussion of the type of coping support provided by familial and social network members, please see chapter eight.
Providers and low-income single mothers acknowledged how the lack of personal transportation limited women’s access to employment, reduced women’s ability to acquire resources for their household, and potentially lead to job insecurity. Previous research demonstrates employment growth and living-wage employment increasingly occurs in suburban areas generally not well served by means of public transportation (Conrad et al. 2005, Holzer 1996). Without reliable private transportation, the acquisition of and the maintenance of living-wage employment is increasingly difficult for many low-income single mothers. With physical access to these opportunities limited, women’s potential for becoming economically self-reliant is hindered. Furthermore, without a personal means of transport, low-income single mothers are dependent on family members, friends, and public transportation to access places of employment. Relatives and friends are often unreliable sources of
transportation and can cause women to arrive late for or even miss scheduled hours of employment. These incidences consequently create an impression of the employee as unreliable or even uncommitted and may be grounds for dismissal by an employer.

Providers also indicated how a lack of personal transportation impeded women’s efforts to obtain assistance from social welfare programs. These providers addressed how social welfare services in the county were not centrally located and required individuals to travel several hours on public transportation to receive the support their families required. Providers argued the scarcity of accessible services, combined with a lack of private transportation, left women without vital resources and subjected women’s households to further material hardship (e.g., food insecurity, homelessness, healthcare), consequently thwarting women’s efforts to become economically self-reliant. Ms. Winters, a director of community health initiatives in the county, explained how her organization attempted to better serve low-income clients with limited access to transportation.

“A couple of years ago we received monies from the state and federal government to build a new facility targeting low-income and uninsured clients. We [the organization] did our research before we even applied for the funds. We looked at all our existing sites and analyzed where our clients were commuting from. When we observed large numbers of clients making lengthy commutes, we then looked at those communities to see what services were available. In the end, we were able to demonstrate the need for a new facility and we were able to provide health services more effectively and conveniently to people in the county”.

Low-income single mothers from both samples revealed how a lack of private transportation challenged their efforts to obtain social welfare services for their families. Carmen described the problems she encountered in trying to access social welfare agencies without the aid of private transportation.
“Because of where we live, my file with DSS is about 15 miles away. It doesn’t sound very far, but on the bus it takes about two or three hours just to get there and I’ve usually got my three-year-old daughter with me. When I can, I try and get my mom to take me ‘cause then it’s only 15 to 20 minutes by car, but she can’t always take me. So, I usually have to rely on the bus, which means I can’t go to work that day. Two or three hours on the bus to get there, three or four hours at DSS waitin’ just to be told I have to come back, and another two or three hour bus trip home. My whole day is shot and I’ve got nothing to show for it and I didn’t get paid because I had to call off work”.

Although public transportation is generally less expensive than the costs associated with private transportation, public transportation does exact other types of expenditures from individuals who rely on it as a primary mode of transportation. As Carmen’s narrative illustrates, reliance on public transportation may translate to lengthier commutes and lost wages.

In addition, providers and low-income single mothers explained how the expense of personal transportation worked in concert with other barriers, specifically low-wage employment and insufficient income, to hinder the development of economic self-reliance. Although providers admitted private transportation granted women greater independence and potentially increased access to essential resources and employment opportunities, providers expressed concerns about the affordability of private transportation given low-income single mothers’ other financial responsibilities. Ms. Miller, a case manager, explained her position.

“The goal of our program is to help clients become self-sufficient. One of the ways we do that is by providing women with credit counseling and workshops on financial literacy and household budgeting. I realize some of our clients had very different lives before they became homeless and they’re used to having a car and being independent, but that’s not the reality they’re livin’ now. They’re in debt and responsible for all of their bills with a very limited income. The last thing most of these women need, however much they think it might help, is more money leavin’ their households. Yeah, in the long run a car might help them get a better job, but until then they’ve gotta pay for gas, maintenance,
insurance, and registration fees and that’s not even factoring in buyin’ the car. How are they going to buy a car if they can’t get a loan? And if they do get a loan that’s just more money leavin’ their pockets? Some of the ladies talk about getting a car for $600 or $800, but I try to point out to them ‘what kind of car is that’? How reliable is it? How much are you going to have to spend each month in repairs? I try to explain to clients that as unpleasant and inconvenient as public transportation may seem, it’s what they can afford given their income. That it’s going to take time to get back where they were before they entered the program and in the long run they’re not doin’ themselves any favors by rushin’ into things they can’t afford”.

Ms. Miller’s comments exemplify the discordance between providers and their clients regarding the most appropriate strategies to achieve economic self-reliance. Providers, like Ms. Miller, encourage women to become self-reliant in the context of their current economic resources and the time limits associated with the THP. While this judicious approach is probably effective in assisting women become self-reliant, it is conceivable that such a cautious perspective does not alleviate or reduce the hardships low-income single mothers experience when attempting to meet the needs of their families.

However, low-income single mothers in the THP sample confirmed the concerns expressed by Ms. Miller and spoke of how the expense of personal transportation strained their limited financial resources and potentially threatened their endeavors to become economically self-reliant. Of the women in the THP sample, one-third reported owning a vehicle upon entering the study and over a quarter of the sample acquired a vehicle during the course of the study. These mothers reported spending on average $256.18 a month (N = 11, σ = 64.39) an estimated 14.2% of their monthly income on expenditures related to personal transportation (N = 11, σ = 5.35) (Figure 6.12).
Expenses associated with private transportation further exacerbated economic insecurity and material hardship among households in the THP sample, sometimes leading to unreliable means of transport and potential job loss. Of the eleven women in the THP sample who possessed a vehicle, approximately 90% related how the ownership of a vehicle constrained their financial resources. Nancy, a single mother of two children, related how private transportation altered her economic circumstances, but also posed as a potential threat to her attainment of economic self-reliance.

‘I’d been without a car for so long, so when my church gave it to me I was thrilled. But now I’m havin’ to budget for gas, repair work, insurance, and tags. I’m spendin’ more on gas than I used to spend on the bus, but part of that’s my own fault. I go more places than I used to ‘cause I can. But some of it’s because the car’s so old. It also needs a lot of work, which I can’t afford. So I’m holdin’ off on brakes and tires until I get some more money. I don’t like doin’ it, but I don’t have much choice. I hope with the car I’ll be able to get a job outside of the neighborhood and make some more money. But if I do, I’m
scared that somethin’ will happen to it before I can fix and I won’t be able to get to work”.

Women in both samples expressed concerns about the cost of public transportation. Of the 37 women in the two samples, 26 relied primarily on public transportation. These mothers reported spending on average $61.00 a month (N = 26, σ = 41.07), with several women’s expenditures in the THP sample totaling over $100. As a percent of monthly income, these women directed on average 6.9% of their expenditures related to public transportation (σ = 7.54), with a few women in the THP sample spending over 20% (See Figure 6.13). The expense of public transportation was most worrisome to women in the shelter sample as they had lower monthly incomes than women in the THP sample. Women in the shelter sample addressed how the fares for public transportation limited opportunities for employment, restricted access to other social welfare providers, and reduced already inadequate incomes exacerbating the material hardship their families experienced.

15 Two women in the shelter sample reported owning private transportation prior to entering the study, but through repossession and impoundment both women lost their vehicles. At the close of the study, one participant in the shelter sample was given a car by relatives.
16 Seven women in the shelter sample who reported no income reported spending money on public transportation. In figure 6.13, these women’s percent of monthly income allocated to public transportation is zero as monthly incomes do not include monies from informal employment, child support payments, food stamps, childcare subsidies, rental subsidies, or financial support from family or friends. These economic resources were specifically excluded from the calculation of monthly income, as these funds can be irregular in their amount and their occurrence. For a more detailed discussion of the THP and shelter samples monthly and adjusted monthly incomes, please see chapter four.
Summary

This chapter presents the results of free list data on the perceived barriers to low-income single mothers’ economic self-reliance. Data was collected from three samples: social welfare service providers, low-income single mothers residing in transitional housing programs, and a homeless shelter. Providers perceived 69 barriers, while women from the homeless shelter sample reported 42 barriers, and women from the THP sample perceived 41 barriers. Among these barriers, providers and women identified several financial and material resource barriers. Financial resource barriers reported by all three samples include: living-wage or low-wage employment, lack of job training or lack of employable skills, lack of education, insufficient income, lack of child support payments, and poor credit history. Material resource barriers reported by
all three samples include: housing, childcare, and transportation. Each sample’s responses to open-ended follow up questions and women’s personal narratives describe and explain how these barriers hinder the attainment of economic self-reliance.

Social welfare service providers perceived the following financial and material resource barriers, in descending order, as the most salient in preventing low-income single mothers from achieving economic self-reliance: housing, living-wage employment, lack of education, lack of job training, lack of childcare, insufficient income, and transportation. Women in the THP sample ranked housing, insufficient income, low-wage employment, childcare, transportation, poor credit history, and child support payments as the most salient barriers. While women in the homeless shelter sample identified housing, low-wage employment, lack of employable skills, childcare, transportation, child support payments, and education as the most salient barriers to attaining economic self-reliance. Among all three samples, housing was perceived as the most salient of any barrier on the free list. Despite this similarity, there was a significant difference in the frequency of report between providers and low-income single mothers. Fewer social welfare service providers perceived housing to be a barrier to economic self-reliance than did women in the aggregate sample (Fisher’s Exact Test, N = 77, P = 0.003). Providers’ and women’s frequency of report also differed on other financial and material resource barriers. Significantly more providers identified women’s lack of education as a barrier than did the combined sample of women (Fisher’s Exact Test, N =77, P = 0.05). However, the combined sample of women cited child support payments (Fisher’s Exact Test, N = 77, P = 0.000), transportation (Fisher’s Exact Test, N = 77, P = 0.001), credit history (Fisher’s Exact
Test, N = 77, P = 0.016), low-wage employment (Fisher’s Exact Test, N = 77, P = 0.023), and childcare (Fisher’s Exact Test, N = 77, P = 0.036) more frequently as barriers than did providers. In addition, the frequency of report in three financial resource barriers differed significantly between women in the THP and shelter samples. Fewer women in the homeless shelter sample recognized insufficient income as a barrier when compared to women in the THP sample (Fisher’s Exact Test, N = 37, P = 0.001), whereas fewer women in the THP sample mentioned lack of employable skills (Fisher’s Exact Test, N = 37, P = 0.005) and low-wage employment (Fisher’s Exact Test, N = 37, P = 0.037) as barriers to economic self-reliance.

As economic self-reliance is one of the primary objectives of welfare reform, the data presented in this chapter highlight the major challenges women are perceived to encounter when attempting to become self-reliant. Each samples’ perceptions and explanations as to how these barriers prevent economic self-reliance offers insight to what each perceives as the most salient issues confronting low-income single mothers. Furthermore, this data suggests social welfare service providers and low-income single mothers perceive and understand these barriers very differently. Understanding how the lack of financial and material resources function as barriers to economic self-reliance contributes to the discourse on the effectiveness of welfare reform policy in alleviating poverty among low-income and welfare reliant single mothers’ households.
CHAPTER SEVEN
IDEOLOGICAL AND INSTITUTIONAL BARRIERS

7.1 Ideologies of Poverty and Institutional Barriers

Poverty is a condition whereby an individual lacks sufficient monetary resources to acquire adequate housing, food, clothing, medical care, and other goods required to meet basic subsistence needs (Jones and Novak 1999, Glicken 2007). In the last one hundred years, two conventional perspectives, structural analyses and behavioral analyses, have guided discourse on poverty and welfare dependence in the United States (Gilder 1981, Mead 1986, Murray 1984, Katz 1989, West 1991, Harris 1993, Wilson 1987, Secombe 1999, Albelda et al. 2001, Alfred 2007). As Therborn (1980) and West (1991) contend, the viability and endorsement of these perspectives are deeply rooted in the cultural milieu of historical circumstances. Shifting economic conditions, notable policy makers, varied cultural beliefs and values, and the proliferation of mass media have shaped the preeminence of these perspectives, thus influencing poverty initiatives and welfare policy.

7.1.1 Structural Perspectives of Poverty and of Social Welfare Programs

In the 1930s, the structural constraint perspective gained prominence in the discourse on poverty arguing that poverty is perpetuated through institutional and

In addition, a crucial component of structural perspectives include the role of the economy, and the principles of capitalism in maintaining economic and social inequality (Alfred 2007). Katz (2002) and Wilson (1987), among others, argue the reduced purchasing power of minimum wage employment, the growth of employment in suburban sectors coincident with the decline of employment opportunities in urban communities, and the expansion of low-wage service oriented employment without
significant increases in living-wage employment in the labor market diminish individuals’ capacity to meet basic subsistence needs, thus contributing to impoverishment (Alfred 2007).


7.1.2 Behavioral Perspectives of Poverty and Welfare Dependence

During the mid-1980s structural theories of poverty were replaced in policy debates by analyses of poverty examining the behavior and value system of the poor (Abramovitz 1997). In contrast to structural constraint theories, a behavioral perspective assumes individuals have equitable access to resources and opportunities (Albeda et al. 2001, Alfred 2007) and instead equates poverty to a lack of work ethic, and poor life choices fueled by economic and moral irresponsibility (Gilder 1981, Murray 1984, 1990, Mead 1986). According to Gilder (1981), paid employment is one of the foremost solutions to overcoming poverty. Proponents of the behavioral perspective contend welfare policy and anti-poverty programs create disincentives to employment, by institutionalizing, encouraging, and rewarding welfare dependence (Gilder 1981, Murray 1984, 1990, Mead 1986). Through welfare initiatives, the role
of the male breadwinner is diminished and the traditional structure of two parent households is undermined (Gilder 1981, Murray 1984, 1990, Mead 1986). This breakdown in traditional gender roles and family values leads to the moral decay of the family unit, sanctions the failure of individuals to participate in the labor market, and promotes an intergenerational cycle of dependency and pathology, which in turn not only perpetuates poverty, but creates a ‘culture of poverty’ (Moynihan 1965, Gilder 1981, Murray 1984, 1990, Mead 1986). While the ‘culture of poverty’ model (Lewis 1959) has been thoroughly critiqued, policy makers continue to associate impoverishment with immoral behavior, irresponsibility, laziness, and dependency (Murray 1984, Mead 1992). Proponents of the behavioral perspective advocate poor people create their own barriers to escaping poverty and must be induced to adopt behaviors and attitudes promoting economic self-reliance, specifically, a return to traditional family values and a Protestant work ethic (Gilder 1981, Murray 1984, 1990, Mead 1992).

7.2 Institutional Barriers

Institutional barriers are created and reinforced through social relationships, cultural norms, values, beliefs, ideologies, and institutions within a society. These beliefs, values, and norms are given leverage in society through public policy, federal, state, and local government expenditures, and the market economy, which in turn, create institutional barriers that impede economic self-reliance. Although institutional barriers exist in several sectors (e.g., labor market and education system), this section

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1 For a critique of the ‘culture of poverty’ model see Valentine (1968), Leacock (1971), Leeds (1971), and Eames and Goode (1973). A detailed discussion of the behavioral perspective is found in chapter two.
focuses on social welfare service providers’ and low-income single mothers’ perceptions of the institutional barriers encountered in social welfare services. Data presented in this chapter are from 77 free lists collected from the social welfare service provider, THP, and homeless shelter samples. Each sample perceived several institutional barriers, originating from social welfare services, which could impede the attainment of economic self-reliance. Of these barriers, only six items received a Smith’s S over 0.200 by at least one sample: social welfare policies, ‘the system’, Department of Social Services (DSS), eligibility standards of social welfare programs, regulations of social welfare programs, and welfare stigma.² Although each barrier discussed in this chapter is presented as a discrete entity, providers’ and low-income single mothers’ explanations suggest that these barriers do not operate independently, but rather function synergistically.

7.2.1 Social Welfare Policies

A majority of social welfare service providers and a minority of low-income single mothers reported social welfare policies as a barrier to economic self-reliance (Figure 7.1). As a whole, providers and women’s conception of social welfare policies as a barrier differed. Providers addressed how federal, state, and local governments created barriers to economic self-reliance as they crafted and instituted policies that effected the implementation and regulations of social welfare programs. In their explanations, providers routinely linked social welfare policies to the

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² A complete list of barriers for each sample is found in the Appendix C.
eligibility standards and regulations of social welfare programs, whereas low-income single mothers did not articulate these connections.

Of the 40 providers sampled, 29 perceived social welfare polices as a barrier to economic self-reliance with an average rank of 13.759 and a Smith’s S of 0.228. When asked to explain how they functioned as a barrier, providers described how the policies, implementation, and guidelines of social welfare programs either did not provide adequate assistance to those in need or ‘set them up for failure’. Mrs. Patterson, a minister from a local church, voiced how she thought social welfare policies impeded self-reliance.

“[The goal is] self-sufficiency; to get them off of TCA and employed. But so many of them aren’t earning living wages or receiving benefits from their employers. Anytime they receive a raise, however little, they have to report it and the cut to their food stamps or childcare subsidies is often disproportionate to their raise, leaving them with fewer resources than before”.

Ms. Howard, a social worker, also related how social welfare policies served as a barrier.

“Aren’t we setting them up too? Once they leave the THPs, a majority of them can’t afford to rent a place like they’ve been living in without assistance, because they don’t have the income or the credit to qualify. They’ve become accustomed to a certain standard of housing that they can’t maintain on their own and there are too few section 8 vouchers to assist with rent. So they’re forced to go back to old neighborhoods where conditions are bad or live doubled up with relatives or friends to make ends meet. How is that self-sufficiency?”

Mrs. Patterson’s and Ms. Howard’s statements illustrate how the implementation of social welfare policies inadvertently impedes economic self-reliance.
Although more than half of the providers sampled cited social welfare policies as a barrier, significantly fewer women in the combined THP and homeless shelter sample reported it as a barrier to economic self-reliance (Fisher’s Exact Test, N = 77, P = 0.001). However, when the combined sample of low-income single mothers is evaluated by program participation, the perception of social welfare polices as a barrier to economic self-reliance is significantly different (Fisher’s Exact Test, N = 37, P = 0.014). In the THP sample, 10 women (56%) identified it as a barrier, according it an average rank of 7.600 and a Smith’s S of 0.346, whereas only three women in the shelter sample (16%) cited it as a barrier with an average rank of 6.333 and a Smith’s S of 0.096.
7.2.2 ‘The System’

Results from the free list demonstrate both providers and the aggregate sample of low-income single mothers perceived ‘the system’ as a salient barrier to economic self-reliance (Figure 7.2). Among providers 25 reported ‘the system’ as a barrier (63%), according it an average rank of 12.360 and a Smith’s S of 0.270. Among low-income single mothers, 12 women in the shelter sample (63%) cited it as a barrier with an average rank of 3.417 and a Smith’s S of 0.515, while 14 of the THP sample (78%) reported it as a barrier, according it an average rank of 7.071 and a Smith’s of 0.511. Although there was no significant difference in the report of ‘the system’ as a barrier among the samples, what is noteworthy is the difference among providers’ and women’s saliency scores and ranking of the perceived barrier. These variations may reflect how providers and low-income single mothers conceptualize ‘the system’ as a barrier.
When THP, shelter, and provider samples referred to ‘the system’ as a barrier, they indicated how a combination of attributes functioned to impede low-income single mothers such as, the lack of financial assistance or services provided by social welfare organizations, and the bureaucracy of social welfare programs, specifically, program personnel, eligibility standards, and regulations. Each sample explained how the Department of Social Services and non-profit agencies failed to equip low-income women with the financial resources necessary to break the cycle of poverty and did not offer beneficial and supportive programs to promote sustained economic self-reliance. Women and providers cited the lack of available public housing and section-8 housing vouchers to supplement housing related expenditures, the inadequate amount of childcare subsidies and food stamps, and inability of TANF job readiness programs to assist women in securing living-wage employment. This potential lack of financial assistance or absence of supportive programs from social welfare
organizations can create precarious economic circumstances for low-income single mother households and consequently impede future economic self-reliance.

Related to the lack of financial or supportive services offered by social welfare organizations, providers and women viewed the bureaucracy of social welfare programs as contributing to ‘the system’ as a barrier. With each sample three reoccurring themes emerged when discussing the bureaucracy of social welfare programs: eligibility standards for program participation, regulations and guidelines of programs, and program personnel. In the aggregate sample of low-income women, 11 mothers (30%) and 24 of social welfare service providers (60%) indicated eligibility standards for benefits (e.g., food stamps, childcare subsidies, Medicaid) were too low and served as a barrier. In the combined sample of low-income women, 19 mothers (51%) and 14 providers (35%) also cited the regulations defining social welfare program participation as too restrictive and a hindrance to women’s achievement of economic self-reliance.³

Of the 25 social welfare service providers who perceived ‘the system’ as a barrier, approximately 23% of those providers related how social welfare organizations and their personnel engendered a sense of mistrust on the part of clients. Ms. Little, a supervisor at one of the THPs sampled, explained how an individual’s personal experience with social welfare organizations and their staff created this mistrust.

“They [low-income single mothers] have been burned by ‘the system’. Also, they just see the system as not working for them. ‘Every statistic is bad, so why would I believe in something like this [a social welfare program] or the

³ How eligibility standards and regulations of social welfare programs serve as barriers to economic self-reliance is discussed in more detail in sections 7.2.4 and 7.2.5, respectively.
people who run it. They’ve [the program and staff] nothing good to say about me, they’ve nothing good to say about anybody who looks like me, and they’re doing even less to help somebody like me. So why should I be interested in this [social welfare programs] and what are you [providers] going to do with that information? Are you going to give this to anybody else? Is somebody else going to see this? No, well, how do I know that? ‘Well, you just have to trust me’. ‘Ah, the last time I trusted somebody’ …”.

Ms. Little’s statements illustrate the sense of mistrust low-income single mothers may have for social welfare organizations and personnel and why these women may be reluctant to seek out social welfare benefits from these organizations. Providers also explained how the bureaucratic, inefficient, and dehumanizing climate of program offices perpetuated this mistrust. One faith based organization participant said, “I see them [single mothers] jump through all these hoops to get help, just to be turned down, have their paper work lost by case workers, or treated like dirt – its appalling, these families need help”. The lack of professionalism displayed by welfare personnel, to clients and other service providers, and their unwillingness to assist clients were frequently perceived and cited by providers as substantial barriers to obtaining needed social welfare benefits.

Provider’s perceptions of social welfare organization personnel are further substantiated by accounts from women in the homeless shelter and THP samples. In the shelter sample, eight women (70%) reported staff at the homeless shelter as a barrier to economic self-reliance. When asked to explain how staff at the homeless shelter served as a barrier, women cited how shelter staff were unhelpful in providing information or access to services or programs which could promote economic self-reliance; how staff failed to attend pre-arranged individual case management meetings, and how staff did not submit clients’ paperwork and applications to the THP review
panel in a timely manner. Of the mothers in the THP sample, five women (35%) also reported personnel at the THPs as unhelpful and a barrier to their achievement of economic self-reliance. Mothers cited that THP personnel were often unavailable when contacted for assistance, unreliable in providing required THP services, conducted themselves in an unprofessional manner during individual meetings with clients, miscalculated clients’ benefits, and were unaware of clients’ resource needs or unable to direct clients to other organizations, which could fulfill clients’ resource needs. When low-income single mothers confront this attitude in social welfare organizations when seeking financial assistance or program services, they are not inclined to return, as they believe their needs are not taken seriously or are handled inappropriately.

Despite providers and women’s similar explanations as to how ‘the system’ operated as barrier, their conceptualization of ‘the system’ differed along one aspect. Providers, when describing the features of ‘the system’ that could prove burdensome to low-income single mothers, included federal, state, and local social welfare policies and related government expenditures used to implement these policies. The inclusion of these elements into defining ‘the system’ as a barrier, suggests that providers are employing a comprehensive perspective, which examines both the implementation and practice of social welfare programs from a policy standpoint and from the frontlines.

7.2.3 Department of Social Services

A majority of low-income single mothers from both the homeless shelter and THP samples reported the Department of Social Services (DSS) as a salient barrier to
economic self-reliance (Figure 7.3). In the THP sample, 15 women (83%) cited it as such, according it a rank of 5.400 and a Smith’s S of 0.630; while 12 women in the shelter sample (63%) gave it a rank of 7.583 with a Smith’s S of 0.344. As none of the social welfare service providers listed DSS as a barrier to low-income single women’s economic self-reliance, women’s explanations for how DSS functioned as a barrier are presented.

Figure 7.3 Percent of Low-Income Single Mothers Who Perceived the Department of Social Services as a Barrier to Economic Self-Reliance

When asked how the Department of Social Services served as a barrier, women cited four issues: accessibility, services, ‘the process’, and personnel. With regard to accessibility, THP and shelter mothers reported how the organization’s hours of operation impeded their efforts to acquire services. Women, who were employed or
attending school, stated how they were forced to take time off from work or school to apply for food stamps, POC childcare vouchers, or Medicaid. In interviews with DSS personnel, providers demonstrated they understood accessibility of DSS offices was an issue for some clients and announced the plan for additional operational hours and how the application process for some benefits (i.e., POC child care vouchers) was currently offered through the Internet. Yet, when this option was discussed with women in the THP sample, several mothers identified potential problems, such as access to a computer, an individuals’ lack of computer skills, issues of security, and the risk of lost application materials. Veronica articulated these problems the clearest.

“I’ve got a computer with Internet and scanner, but what about all those women who don’t? How is that makin’ it easier for them? Are they supposed to go to the library and fill it out on-line? Don’t they [DSS] know the libraries don’t have scanners the public can use and there are limits to how long and frequently you can use the computers? Then there’s the whole issue of whether you want to be puttin’ that kind of information on a public computer. And what about those women who aren’t real good with computers? And what about all those documents they [DSS] want in the application [POC childcare voucher]? Are we supposed to scan those documents and attach them to the application, do we have drop them off at DSS, if that’s the case what’s the point, or are we supposed to mail them in? If that’s the case you can count on those documents gettin’ misplaced, lost, or stolen. Leave it to them [DSS] to try and do something and not think it through”.

Several mothers from the THP and shelter samples also related how accessing DSS services was initially difficult for them because they were not knowledgeable of the benefits and services they qualified for or how to access that information. The lack of knowledge is potentially problematic not only for these women, but for all single mothers living on the edge of poverty or who experience events which drastically alter their financial circumstances. With insufficient knowledge about available resources or no previous experience with organizations providing these
resources, low-income female-headed households may suffer additional material hardship and risk homelessness.

With concern to the services offered by DSS and ‘the process’ of applying for and receiving benefits, women in both samples expressed how DSS programs did not meet their needs and described the government agency as inefficient and unorganized. Among 12 women in the combined sample (46%), one of the most frequently reported issues were of problems that arose when processing or reviewing their applications for benefits. Women provided examples of how their applications were improperly reviewed by DSS personnel, lost after submission, or contained inaccurate information. Harriet, a single mother of two who lost all her social welfare benefits due to a caseworker’s mistake, explained how this was affecting her family.

TRASK: You said earlier that you’d lost all your benefits; can you tell what happen?

HARRIET: It’s simple really. My case manager got my file and another lady’s file confused and cut off all our benefits.

TRASK: What benefits did you lose?

HARRIET: I lost my TCA, food stamps, and me and my kids’ Medicaid. That’s why we’re here [the shelter]. When I lost the TCA, I couldn’t afford to pay for the room were renting. So we ended up here [the shelter].

TRASK: So how does this affect your family?

HARRIET: Until they reinstate our Medicaid, every time my kids get sick we end up at the emergency room and I get further in debt. And without the TCA, I’ve got no income so they [shelter case managers] won’t process my application for transitional housing. And without the childcare vouchers, I don’t have a reliable source of childcare, so I can’t get a job. All this is just pushing me further behind. If we have to leave [the shelter] before they reprocess everything, I won’t even be able to feed my kids, ‘cause I’ve got no food stamps.
Karen’s circumstances also demonstrate how this inefficiency jeopardizes single mothers’ economic security and potential self-reliance.

“So I’ve been workin’ for a few months and as soon as I got my first paycheck, I applied for childcare vouchers. But its been months since I heard anything, so I called the other day to check my status and they told me that they hadn’t ‘received my application, that it must have gotten lost and didn’t I get a receipt when I turned it in’. I don’t understand. How does it [application] get lost? It goes from one desk to another desk. What if I hadn’t found someone to watch my kids and been able to pay for it? I’d have to quit my job and I’d be right back where I started”.

Harriet’s loss of her benefits due to a DSS caseworkers mistake and Karen’s inability to secure benefits because of a lost application illustrates how this inefficiency can further impoverish female-headed households and impede low-income single mothers’ attempts to achieve economic self-reliance.

Related to women’s perceptions of DSS as an inefficient and unorganized agency are their descriptions of how long it took for DSS to process applications and disburse benefits. Eleven mothers (43%) reported DSS took too long to either grant or reject their applications for food stamps, Medicaid, Purchase of Care childcare vouchers, or TCA. According to DSS personnel, a decision to grant benefits for food stamps, Medicaid, and TCA must be made within 30 days of the individual turning in the application and within 30 to 45 days of an individual turning in an application for POC childcare vouchers. However, mothers in the THP sample reported waiting much longer, six months or more, than DSS’ compliance standards mandated.

Nancy’s circumstances demonstrate the financial and material hardship low-income single mothers encounter when their cases are not reviewed in a timely fashion.
“I applied for childcare vouchers six months ago and just got them this month. I’ve been paying for it [childcare] out of my pocket for five months. And when I couldn’t do it, I had to ask my aunt for money. But she expects me to pay her back. I could’ve used the money I’ve been spending on childcare to pay some of my bills and debt, or had work done on my car. It’s frustrating, but at least they [the vouchers] came”.

Other mothers in the THP sample reported similar problems in the timely receipt of DSS benefits and Kate revealed how she dealt with the problem.

“I’d been waiting for a couple of months for DSS to process my application for vouchers. I tried callin’ but always got the run around. I’ve got three kids that qualify for vouchers and I was payin’ for childcare, which was makin’ things worse for us. I finally got tired of dealin’ and gettin’ nowhere with the people at DSS, so I called the director of DSS. She wasn’t in, but her receptionist put me through to her voicemail and I left her a message. She called me back a couple of hours later. I explained my situation and I could tell she had my file in front of her. By the end of the day, I had vouchers with no co-pays”.

While both Nancy and Kate’s issues with childcare vouchers were successfully rectified, the lack of expediency poses a significant threat to mothers residing in the homeless shelter. Since the homeless shelter encourages mothers to find alternative housing arrangements within 60 days of entry to the program, those mothers who do not immediately apply for benefits or whose applications take overly long to process, may be required to leave the shelter without receiving benefits. As many mothers who leave the shelter use the address of the shelter on their applications and do not have long-term and stable housing arrangements set in place when they leave, they are unable to leave forwarding addresses. This further complicates the verification process for the disbursement of benefits mothers are eligible for, and ultimately hinders their ability to take care of their households and transition to a position of economic self-reliance.
Women in both samples also revealed how DSS personnel functioned as a barrier. Of the 27 mothers who reported DSS as a barrier, 50% stated personnel deterred their efforts for professional development, were unprofessional or incompetent, treated them as if they were a burden, demeaned or threatened them, or were unhelpful in providing information about supportive services. Several women in the THP and shelter samples described experiences with DSS personnel who viewed their plans for economic self-reliance as unattainable and unrealistic. Cindy, a single mother of four interested in pursuing a degree in criminal justice, summarized her experience with her case manager.

“She’s [the case manager] telling me what I should and can do, and how I’m setting my standards too high. Before I got into the [THP] program, they [DSS] said they would help me get back into school. Now I’m trying to make plans and she’s telling me to focus on getting a job. What am I supposed to do? Work in some cafeteria or do housekeeping? I can’t get a job that’ll support me and my kids without more education. She [the case manager] acts like she’s better than me. She got where she is and I can too. It’s frustrating – because it just feels like when your down, they [DSS] want you to stay down”.

Cindy’s goal to attend college and establish a career is an objective shared by several women in the THP and shelter samples. Her experience with, and her perception of, DSS personnel as disapproving and unsupportive of these plans are also common among women in these samples. Brenda, a mother in the THP sample, recounted a similar experience with a case manager from DSS when she had considered going back to school to improve her employment opportunities.

“I’ve been doin’ the Maximus program [employment readiness training], but it’s a waste of time. I need more than minimum wage to support us [her family] and without education [college or technical training], my chances aren’t lookin’ up. So, I was talkin’ to the case manager about goin’ to college and if DSS helped out with money or at least let me stay on TCA. She told me, quote, ‘if you was in the real world, you’d have to do it on your own time
and money’. I don’t get it. They [DSS] want us to work, but they’re not puttin’ steps in place to help us. If we could do it on our own we wouldn’t be on TCA, gettin’ $493 a month”.

Brenda’s experience with DSS staff is also reflective of other women’s experience in the sample when seeking assistance from DSS. Lillian, new to the THP program and DSS, explained how the behavior of DSS personnel jeopardized the economic security of her household and the well-being of her children.

“I applied for food stamps a couple of weeks ago and I hadn’t heard anything back yet and money is really tight right now. They [DSS] said it could take up to 30 days, but that it could be quicker, so I called just to make sure everything was okay with my application. When I asked why it was taking so long to get my food stamps, the lady at DSS told me ‘not to make an issue of it unless I wanted to wait longer’. I was speechless. I couldn’t believe I heard her right. So I said ‘excuse me’. And she said ‘You heard me’. So what I’m supposed to do? Yeah, I can go to the pantry and get canned goods and boxed stuff, but I can’t get meat and produce and milk. And I don’t want to subject my kids to a soup kitchen, they’ve been through enough – they don’t need that”.

Experiences like Lillian’s, and several other women in the shelter and THP samples, leave women few recourses when problems arise and discourage women’s use of social services. Brenda’s statement reveals the anxiety several mothers feel when reliant on DSS personnel.

“I can’t wait to get completely off ‘the system’. When you go in for help, they [staff] act as if the money or assistance came directly out of their pockets and you are a burden to them. It’s their job! Their getting’ paid to do this, I shouldn’t have to make you do your job. It’s stressful. I can’t ever depend on them [DSS] and I’m always worried something will happen, they’ll mess up my file and I’ll lose my food stamps or my childcare vouchers and I won’t be able to take care of my kids”.

Brenda and Lillian’s statements illustrate the vulnerable circumstances low-income single mothers’ confront and how powerless they feel in relation to some DSS personnel when trying to meet the needs of their households. Strongly held
ideological perspectives, as discussed in the previous section, likely motivate the type of encounters with DSS personnel, described by Brenda and Lillian. Cultural beliefs, values, and norms shape the way society conceptualizes the circumstances of the poor and in turn influences how members of society respond to requests for assistance from individuals who are perceived to be ‘lazy, unmotivated, or looking for a handout’. Once again, societal barriers are given the leverage to generate institutional barriers impeding economic self-reliance.

7.2.4 Eligibility Standards of Social Welfare Programs

Critiques of welfare cite the eligibility standards for social welfare programs as potential barriers to low-income single mothers’ economic self-reliance. However, social welfare service providers and the aggregate sample of women reported the eligibility requirements for benefit programs (i.e., childcare vouchers, food stamps, Medicaid, and TCA) as perceived barriers (Figure 7.4). From providers and women’s explanations two themes emerged as to how the eligibility standards of social welfare programs operated as barriers. First, income and asset guidelines are set too low to assist individuals in need. Second, qualification for assistance is not solely based on income, but rather through a combination of factors, to include the pursuit of child support payments, work activities, health conditions, and / or criminal convictions. In this context, providers and low-income single mothers described how the eligibility standards of social welfare programs induced material hardship and served as a barrier to economic self-reliance.
Among social welfare service providers 24 perceived eligibility standards as a salient barrier to low-income single mothers’ economic self-reliance (60%), according it a rank of 10.750 with a Smith’s S of 0.295. When asked to discuss how eligibility standards impeded low-income single mothers, providers’ explanations focused on the household income limits of social welfare programs, which determined eligibility and benefit amounts. Mr. Martin, a supervisor with the Prince George’s County DSS Purchase of Care (POC) program, related how he perceived current eligibility
standards hindered low-income single mothers’ achievement of economic self-reliance.4

“One of the biggest barriers low-income mothers face is childcare. Without affordable childcare arrangements these mothers are unable to keep employment, go to school, or get training to find a better job. Our program tries to help families afford the childcare they need, so they can focus on the things that will enable them to be self-sufficient. … Like most benefit programs, we have guidelines, which target the most needy. I know there are women, and families, out there that do not qualify for assistance because of our income limits, and are barely making ends meet. … If I had my way, I raise the income guidelines so we could offer more services to more people. By reducing some of the expenses these families face with childcare, we could prevent some of these families from slipping further into poverty, which in the long run would also prevent these families from seeking additional financial support”.

Mr. Martin’s insight as to how income eligibility standards for social welfare programs may jeopardize the economic security of low-income households is acute. To further contextualize Mr. Martin’s statements, Table 7.1 illustrates the eligible maximum gross annual income by family size for childcare vouchers through the POC voucher program. According to these standards, households earning well below 200% of the Department of Health Human Services’ 2007 poverty guideline are economically ineligible for assistance.5 Consider a household in Prince George’s County at 200% of the poverty guideline consisting of a low-income single mother and her child. This mother’s gross annual income would total $27,380, with a gross monthly earning of $2,281.67. Based on estimates from the Economic Policy Institute (2005), this mother will spend, in a month, on average $1,324 for housing related costs, $317 on food, $277 on transportation, and $547 on childcare, leaving a deficit in

4 POC is a social welfare program administered through Maryland’s TANF block grant and provides vouchers to low-income eligible households for the purpose of supplementing childcare expenses.

5 Twice the poverty guideline, or 200%, is common maximum limit for social welfare benefits. Households earning less than 200% of the poverty guideline are considered ‘working poor’.
this mother’s budget of $183.33. This shortage could be greater, as the Maryland Committee for Children’s (2008) estimates for monthly childcare exceed that of the Economic Policy Institute. Among women in the THP sample with children of an age requiring childcare (N = 14), 21% were denied assistance based on their earnings. These three women earned on average $2,717 a month ($\sigma = 484$) and spent on average $717 a month on childcare ($\sigma = 679$), approximately 25% of their monthly income ($\sigma = 19.5$). These unsubsidized expenditures while a current economic burden to these women, become more of a threat to women’s household economic security and future economic self-reliance when they leave the THP program and no longer receive rental subsidies. Invariably, these women will have to allocate more of their monthly income toward housing expenses, resulting in fewer resources available for other household expenditures, such as childcare. This may potentially reduce the quality and quantity of care children receive, as well as women’s ability to sustain employment.

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum Gross Annual Income</th>
<th>Percent of Poverty Guideline</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>24,277</td>
<td>177%</td>
<td>2,023.08</td>
</tr>
<tr>
<td>3</td>
<td>29,990</td>
<td>175%</td>
<td>2,499.17</td>
</tr>
<tr>
<td>4</td>
<td>35,702</td>
<td>173%</td>
<td>2,975.17</td>
</tr>
<tr>
<td>5</td>
<td>41,414</td>
<td>172%</td>
<td>3,451.17</td>
</tr>
</tbody>
</table>

Table 7.1 Income Eligibility Standards for Maryland’s Purchase of Care Program in Context to Poverty Guidelines and Gross Monthly Income
The alteration in benefit or subsidy amounts was also an aspect of eligibility standards for social welfare programs that providers identified as a problem for low-income single mothers. In an effort to promote self-reliance, several means-tested programs (e.g. food stamps, Medicaid, POC vouchers, and Temporary Cash Assistance) reduce the amount of financial assistance disbursed to an individual as that individual’s income increases. Once an individual exceeds the maximum income eligibility guidelines of a program, those benefits are then terminated (Table 7.2).

<table>
<thead>
<tr>
<th>Social Welfare Program</th>
<th>Maximum Gross Annual Income Eligibility as a Percent of the Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps</td>
<td>130%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>200%</td>
</tr>
<tr>
<td>State Children’s Health Insurance Program</td>
<td>200%</td>
</tr>
<tr>
<td>Temporary Cash Assistance</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Table 7.2 Maximum Annual Gross Income Limits as a Percent of Poverty for Means-Tested Social Welfare Programs in the State of Maryland

Ms. Hightower, the director of a faith-based non-profit organization, expressed her concern for the effect reductions in social welfare benefits had on low-income single mothers’ households and their prospects for economic self-reliance.

“One thing we haven’t talked about, and it’s something I think providers are aware of, but there’s little we can do about it, is the impact reductions in benefits have on low-income single mothers and their families. When they

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6 Eligibility standards for these programs vary by state and are calculated according to several elements specific to the program (e.g., family size, household assets, basic household expenditures, disability classification, and cost of living for the area). Table 7.2 highlights maximum income limits for financial eligibility based on annual gross income as a percent of the Department of Health and Human Services 2007 poverty guidelines.
[low-income single mothers] start earning more money, they have to report it or risk losing all of their benefits because of fraud. But when they report those increases in earnings the programs reduce the amount of financial assistance they’re providing, erasing any progress those families made. So women are left in the same boat as before; juggling to figure out how to meet all their needs without a significant increase in their incomes and reduced benefits. Personally, I think we need to wean them [low-income women] off assistance slower and more moderately, so we don’t jeopardize the well-being of those children and set women back”.

Although there was a significant difference in the frequency of report of eligibility requirements as a perceived barrier between the provider sample and the aggregate sample of low-income single mothers (Fisher’s Exact Test, N = 77, P = 0.007), women in the THP and shelter samples did recognize it as a barrier. In the THP sample, eight women (44%) perceived eligibility standards as a barrier assigning it a rank of 10.375 and a Smith’s S of 0.213, while only three women in the shelter sample (16%) reported it as a barrier with a rank of 5.667 and a Smith’s S of 0.099 (Figure 7.4). Women’s explanations for how eligibility standards for social welfare programs functioned as a barrier to economic self-reliance echoed the concerns expressed by providers. Kay, a single mother of three children, explained how due to her earnings she lost her Medicaid benefits and the potential repercussions this could have on the economic security of the household.

“When I entered the program I was pregnant with my third son and I was gettin’ Medicaid and TCA. A couple months after he was born, I went back to work as a nurse. But with my job I earned too much to qualify for Medicaid anymore. I guess they also figured since my employer offered health insurance I could afford it. But I don’t think they factored in that I pay 600 bucks in child support every month, and now since I’m workin’, 1500 dollars in childcare, because I don’t qualify for vouchers. I can’t afford health insurance from my employer when I gotta cover rent, gas, and bills, not to mention clean up my credit. I’ve got some [medical] issues and I worry about gettin’ sick and how I’m goin’ to cover it”.
Kay’s concerns were validated when she exited the THP program and became seriously ill. As a result of her illness, Kay was fired by her employer, lost her housing because she was unable to pay rent, and desperate to enter a homeless shelter and reinstate her social welfare benefits. As Kay’s situation illustrates, in the effort to reduce dependency on federal assistance programs and promote economic self-reliance, income eligibility standards that are set too low and reduce benefit amounts without consideration for an individual’s health status or household expenditures, exacerbate low-income single mothers’ precarious economic positions and thwart economic self-reliance.

In addition to issues of eligibility standards set too low and the adjustment of benefit amounts due to increased earnings, women in each sample cited other problematic eligibility requirements for social welfare program participation. A number of social welfare programs, even those that are means-tested, often assess eligibility based on other criteria than annual income (Table 7.3).

<table>
<thead>
<tr>
<th>Social Welfare Program</th>
<th>Income Requirements</th>
<th>Work Requirements</th>
<th>Assessment of Assets or Expenditures</th>
<th>Technical Eligibility Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Stamps</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>POC Vouchers</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>TCA</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 7.3 Criteria for Establishing Eligibility for Commonly Used Social Welfare Benefits
Specifically, women spoke of the information DSS required for child support enforcement and the ‘work’ activities required for POC vouchers. Although these requirements may seem the appropriate manner in which to assess an individual’s need and deter abuse, these requirements often worked in opposition to women receiving the assistance their families needed, and ultimately women’s economic self-reliance. Steph and Brenda’s experiences illustrate how these requirements affected their households’ economic security, their children’s well-being, and their efforts toward becoming self-reliant. Steph, a single mother residing in the homeless shelter with two children, recounted how she had been denied food stamps and TCA for providing inadequate information for child support enforcement.

“On the form you fill out for food stamps and TCA, if you list yourself as a single parent, you have to provide information for child support enforcement. I put down what I knew, but it wasn’t enough. I ended up havin’ to talk to a caseworker and it still wasn’t enough. I got notification from DSS my application was denied ‘cause I didn’t give ‘em enough [information] to go after child support. How I’m supposed to feed my kids and find a place to stay when we leave the shelter? We’ve got a week left before we gotta leave and we’ve got nuthin’. We’re hurtin’ ‘cause of their [DSS] requirements”.

Without a place to live, a job to provide an income, or money to acquire childcare, food, or housing, Steph’s outlook on the future was bleak. “I’ve been on the streets before and I survived. I’ll do what I’ve got to, to take care of my kids”. Brenda, a mother of three children who ‘graduated’ from one of the THPs sampled, related her encounter with DSS when attempting to acquire POC vouchers for childcare.

BRENDA: I appreciate everything Iris [the THP] did for me, but in some ways my time there was wasted.

TRASK: What do you mean?
BRENDA: I was pregnant with my third when I came in. After she was born, I tried to get a job and go back to school, but I didn’t have childcare. I was on TCA at the time and gettin’ close to my limit, so they [DSS] were pushin’ me to get a job. I applied for [childcare] vouchers so I could get some trainin’ for a job, but they denied my application, sayin’ I had to be employed. So I spent most of my time in [Iris] without a job and no childcare. Iris helped me though. They got me some trainin’ and helped me with the kids towards the end [of her stay in the THP]. That’s what got me my job and where we are now. But I just think of all that time I could’ve been workin’, savin’ money. Maybe things wouldn’t be as tough now”.

The difference in the frequency of report of eligibility standards as a barrier between women in the THP and shelter samples, although not statistically significant (Fisher’s Exact Test, N = 37, P = 0.06) was unexpected. This result was potentially observed for two interrelated reasons: the percentage of women in each sample receiving benefits and women’s familiarity with social welfare programs. Figure 7.5 illustrates the percentage of women in the THP and shelter samples who received, applied, or went without food stamps. Among women in the THP sample, 50% received food stamps, 16% had applications under review, and 33% were not economically eligible or had not applied for the benefit (N = 18).7 While 42% of women in the shelter sample received food stamps, 32% had applications under review, and 26% were not eligible or had not applied for the benefit (N = 19).8 It is possible, since twice as many women in the homeless shelter sample had applications for food stamps under review and fewer women in this sample had been denied assistance than women in the THP sample, that women in the shelter sample did not perceive the eligibility standards for this program as a barrier to their economic self-

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7 Of the 33% of women in the THP sample not receiving food stamps, only one woman had not applied for assistance.
8 Of the 26% of women in the shelter sample not receiving food stamps, three women had not applied for assistance and two women’s applications were denied.
reliance. Furthermore, since women in the shelter sample were provided with three meals a day while participating in the program, more proximate concerns of finding employment or housing may have taken precedence over the eligibility standards of the food stamp program.

Figure 7.5 Percentage of Women in the THP and Homeless Shelter Samples Receiving, Applying for, or Without Food Stamps

A similar reasoning may also apply to the percentage of women in each sample who received, applied, or went without Medicaid (Figure 7.6). Among women in THP sample, 43% received Medicaid and 57% were denied medical assistance and did not have a private source of health insurance (N = 14).\(^9\) In contrast, 58% of women in the shelter sample received Medicaid, 16% had applications under review, and only 26%

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\(^9\) The remaining four women in the THP sample not depicted in figure 7.6 received private health insurance.
went without coverage (N = 19). It is possible that, because more women in the THP sample went without Medicaid and could not afford private health insurance, women in the THP sample experienced first hand how the eligibility standards of this program influenced their household’s economic security and future economic self-reliance.

Figure 7.6  Percentage of Women in the THP and Homeless Shelter Samples Receiving, Applying for, or Without Medicaid Coverage

Although 36% of the women in the THP sample (N = 14) received POC vouchers as compared to only 6% of women in the shelter sample (N = 16), women in the THP referred to the eligibility standards of this program more frequently (Figure 7.7). While this may appear counterintuitive, as 75% of the women in the shelter

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10 No woman in the shelter sample received private health insurance and of the 26% without Medicaid, two women had lost their coverage and three women had not yet applied for assistance.
sample went without POC childcare vouchers, as opposed to 43% of women in the THP sample, there are several potential explanations. First, significantly more women in the THP sample were employed and / or in school than women in the shelter sample, necessitating childcare. Second, women in the homeless shelter sample had access to an on site childcare facility while participating in the shelter program. This resource may have reduced women’s immediate concerns about childcare allowing them to focus on more pressing issues such as future employment and housing. Last, as a requirement of the THP programs, women were required to have their children in residence at the THP, as women in the shelter were not. Approximately 19% of the women in the shelter sample requiring childcare fostered their children with relatives or friends, potentially reducing these women’s concerns about childcare.

11 Of the 43% of women in the THP sample without POC vouchers, three women’s applications had been denied due to income eligibility requirements, two women were not eligible because they received childcare assistance from their THP program, and one woman had not applied for vouchers. Among the 75% of women in the homeless shelter sample without POC vouchers, nine women had not applied for assistance and three women were ineligible because their children did not reside with them at the shelter.
Few women in the homeless shelter sample spoke of the eligibility standards of the temporary cash assistance (TCA) program as a problem. This too may be reasoned when participation is examined according to sample. Four women in the THP sample (22%) and five women in the shelter sample (26%) received the benefit, while 14 women in the THP (72%) and 14 women in the homeless shelter (74%) did not receive TCA (Figure 7.8). Of the women in the shelter sample not receiving TCA, six women were not economically eligible to receive financial assistance, two women were denied support due to technical requirements, and one woman’s benefits were terminated. In contrast, of the women in the THP sample not receiving TCA, all were economically ineligible. However, of these 14 women, almost 70% previously received TCA. It is possible, given these women’s prior experience with the program, women in the THP sample were more knowledgeable, than women in the shelter.
sample, of how economic circumstances could be altered due to the program’s eligibility standards.

![Graph](image)

**Figure 7.8** Percentage of Women in the THP and Homeless Shelter Samples Receiving, Applying for, or Without Temporary Cash Assistance

7.2.5 *Regulations of Social Welfare Programs*

Unlike the eligibility standards of social welfare programs, opponents of welfare reform often cite regulations of these programs as a barrier to economic self-reliance (Abramovitz and Withorn 1999, Riccio 1999, Cherlin et al. 2001, Kalil et al. 2002, Jayakody et al. 2004, Cheng 2007). Generally missing from their critiques are the linkages between regulations and social welfare policies and eligibility standards; and how these associations create barriers for low-income single mothers. Free list data from social welfare service providers and women from the THP and shelters samples indicate that the regulations of these programs serve to impede women’s
efforts in obtaining economic self-reliance (Figure 7.9). However, how providers and women perceive the regulations of social welfare programs as a barrier differ.

![Graph showing percentage of providers and low-income single mothers who perceived the regulations of social welfare programs as a barrier](image)

**Figure 7.9** Percent of Providers and Low-Income Single Mothers Who Perceived the Regulations of Social Welfare Programs as a Barrier to Economic Self-Reliance

Among providers, only 14 perceived the regulations of social welfare programs as a barrier, according it an average rank of 16.357 with a Smith’s S of 0.124. Despite providers’ low frequency of report, ranking, and saliency score of this barrier, providers’ perception of how this barrier affects low-income single mothers’ economic self-reliance serves as an interesting counterpoint to that of women in the THP and homeless shelter samples. When asked to explain how the regulations of social welfare programs hindered low-income single mothers, providers situated program regulations in context to other barriers, specifically policies and eligibility standards of social welfare programs. Similar to previous studies and critiques of welfare reform,
providers cited the term limits for TCA receipt, TANF regulations defining eligible work activities for TCA, and work participation rates for TCA.

While providers readily admitted that these regulations did not impede all welfare clients’ ability to achieve economic self-reliance, providers emphasized how these regulations undermined the efforts of clients classified as ‘hard to serve’. Providers explained how the five-year lifetime limit for the receipt of TCA was unrealistic given the lengthy process of becoming self-reliant, the multiple barriers many women encountered, and could ultimately lead to chronic poverty, homelessness, and material hardship. With concern to TANF regulations of TCA receipt, providers argued that the definitions of eligible work activities limited some women’s opportunities for higher education, and subsequently higher wages, as well as the successful attainment of substance abuse recovery. Furthermore, when the regulations for eligible work activities were examined in relation to mandatory work participation rates of TCA, providers stated welfare recipients were often forced to accept low-wage employment that did not meet their families’ needs or risk the loss of benefits through sanctioning.

Social welfare service providers also indicated how THP regulations, governing a client’s length of participation in the program, served to reduce women’s prospects for economic self-reliance. Ms. Miller, a case manager at one of the THPs sampled, related her opinion regarding these regulations.

“Honestly, I think the program is too short for some of our clients. I was talkin’ to another case manager recently and she mentioned how some THPs, in other states, let their clients stay for up to seven years. Now, seven years is probably too long, but two years is definitely not enough for a lot of our clients. Some of them have to get their GEDs and more employment trainin’.”
Then there’s the issue of substance abuse and mental health problems. And a lot of them have got to tackle the issue of payin’ off their debts and cleanin’ up their credit history. It’s rare for our clients to only face one of these issues. Most of them are dealing with all of these in addition to finding a good job and takin’ care of their kids. It’s unreal to expect these women to get all these things sorted in under two years and be able to support themselves”.

Like social welfare service providers, seven women in the THP sample (39%) reported the regulations of social welfare programs served as a barrier to economic self-reliance conferring it an average rank of 13.571 and a Smith’s S of 0.101. When asked how regulations operated as barriers, women’s responses centered on the regulations of THP programs and TANF. Women in the THP sample addressed how the program length of THPs was too short, the participation requirements of THPs were overwhelming, and child support enforcement regulations of TANF undermined household economic security.

In the THP sample, eight mothers (44%) indicated the length of participation in THPs was too short and potentially undermined their future economic self-reliance. Nancy, who reported multiple barriers to becoming self-reliant, expressed her frustration with the length of the THP.

“Don’t get me wrong, I’m grateful and Miss Carol [case manager] is always in my prayers. But it’s [the program] too short. Two years to turn your life around and get on your feet? It sounds long, but it’s not. When I first got here, I was like ‘two years, no problem’. What people don’t get is, we’re tryin’. I’d thought I’d have a better job by now. I’ve turned in tons of applications and gone on a least a dozen interviews in the last two months, but nothing’s come up. It took me six months to get day care vouchers and I’ve barely touched my debt. And I don’t make enough to save. Yeah, I know, ‘you can always put something away’. But I wanna know how you do that on $215 a week, and feed and clothe your kids, pay your rent and bills, and put gas in your car? Then, there’s my bi-polar and recovery to think about. Whoever set this up, they don’t know how hard it is”.

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Although Nancy’s sentiments were shared among several mothers in the THP sample, it is unclear as to why more than half of the sample did not indicate THPs’ regulations concerning length of participation as an issue. Tables 7.4 and 7.5 illustrate the frequency of report among women in the THP sample regarding the length of THPs according to the amount of time spent in the program and income to needs ratios.$^{12}$

<table>
<thead>
<tr>
<th>Time Accrued in THP at Point of Enrollment in the Study</th>
<th>Number of Women (N = 18)</th>
<th>Frequency of Report: Program Length Too Short</th>
</tr>
</thead>
<tbody>
<tr>
<td>At or below one-fourth of allotted time</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Half of allotted time</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Between half and three-fourths of allotted time</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Full allotment of time</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7.4 Frequency of Women in the THP Sample Who Reported Program Length as Too Short by Length of Participation in THP

<table>
<thead>
<tr>
<th>Income to Needs Ratio</th>
<th>Number of Women (N = 18)</th>
<th>Frequency of Report: Program Length Too Short</th>
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<td>2</td>
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<td>5</td>
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<tr>
<td>Above 1.51</td>
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Table 7.5 Frequency of Women in the THP Sample Who Reported Program Length as Too Short by Income-to-Needs Ratios

$^{12}$ An income to needs ratio (INR), also known as the poverty ratio, divides a household’s income by the appropriate U.S. Department of Health and Human Services’ Poverty Guidelines. INRs in table 7.5 are calculated according to the 2007 guidelines. A value of 1 is considered living at the poverty guideline, while a value below 1 indicates a household living in poverty. A value greater than 1 is living above poverty, while a value of 2 is “working poor”.

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Among the seven women in the THP sample who reported the regulations of social welfare programs as a barrier, almost 86% of these women indicated THP participation requirements as overwhelming and as potentially hindering economic self-reliance. When queried further as to how THP participation requirements served as a barrier, women explained how in addition to their roles as primary care-takers and economic providers they were expected to attend weekly life-skills meetings with all other THP clients, weekly meetings with their case manager, and other various weekly obligations (e.g., child services representatives, church meetings or study groups, mental health counseling, substance abuse therapy sessions, secondary employment, school) they had scheduled. Carmen, the mother of two children, related how she felt weighed down by all of her responsibilities and how these obligations prevented her from taking the necessary steps to achieve economic self-reliance.

“I’m tired. I’ve got my job and my schedule varies. Sometimes, I work the 9 to 5 shift or I work the 11 to 8 shift and I usually don’t get the entire weekend off. Either way it makes it difficult to do the things I need to because everythin’ closed or I’m too tired to go out. Then I’ve got the group meetings one night a week, my meeting with my case manager once a week, which I try to schedule on my days off, and I try to make it to 2 or 3 NA meetings a week. I’ve gotta work childcare into all that too and my son and his cousins haven’t been able to watch my daughter lately, so I’ve been bringing her to group [THP meetings]. And those meetings’ don’t help much. I’ve been in program a year now and we’re startin’ to repeat topics. And my meetings with my case manager [pause] I feel bad sometimes. I’m so tired and all I do is complain about things and she’s tryin’ to help. She’ll give me a list of low-rent apartments to call and when she comes back the next week, I haven’t had time to look into it cause I’m either at work, at a meeting, or they’re closed. So I’ve got nothin’ to talk about. There’s not enough space between our meetings for me to get things done. I feel like I’m lettin’ her [case manager] down. But I’m also lettin’ my kids down. We’ve only got a year left [in the program] and I don’t know how we’re goin’ to make it once we’re out”.

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While infrequently reported by the 39% of women in the THP sample citing the regulations of social welfare programs as a barrier, one woman did explain how TANF’s child support enforcement regulations threatened her household’s economic security and her future economic self-reliance. Cindy, a recipient of public assistance and a single mother of four children, described her circumstances.

“According to the courts, I’m supposed to get $850 a month [in child support]. But because I’m on TCA, $500 goes to DSS, but I only get $695 for TCA. It’s like they’re keeping what’s my families. If I got both child support and TCA, I’d be pullin’ in $1545 and I could be making some progress. I could get a car and start paying my debt off. I’ve gotta get a job, so I can get my child support back”.

Although Cindy’s situation is unique in the THP sample, (i.e., she receives TCA and has a court order for child support payments), her concerns and frustrations may not be that uncommon among single mother welfare clients. As a technical requirement for the receipt of TANF benefits, specifically TCA, potential clients are obligated to provide information to the Office of Child Support Enforcement (OSCE) that will lead to the collection of child support payments from non-custodial parents. Signed into law as Title IV-D of the Social Security Act in 1975, this program assists custodial parents in establishing child support and pursuing outstanding payments. However, if child support payments are secured on the behalf of an individual receiving public assistance, “TANF recipients are required to ‘assign their child support rights’ to the state. This means that child support collected on a TANF recipient’s behalf is used as a payment to both the state and federal government who provide support to the recipient through the TANF program” (National Governors Association 2005, pg.1).

13 This program serves both welfare recipients and individuals who have never received public assistance.
Even though the stated mission of the OCSE is “to help families by promoting self-sufficiency and child well-being” (2009), the regulations regarding the disbursement of child support payments to welfare clients are critiqued (National Governor’s Association 2005). One of the major criticisms of this program is that it does not promote self-sufficiency or child well-being among recipients of public assistance, but rather collects child support payments for these individuals in order to reduce or recapture federal and state TANF expenditures. This critique is further supported by state regulations that do not permit a portion of the child support payment to ‘pass-through’ to the recipient without a decrease in public assistance benefits, until all costs have been repaid to federal and state governments who pursued the payment and provide support to the recipient, and/or the recipient no longer utilizes public assistance. 14 According to Maryland’s State policy in 2007, recipients of TCA who are awarded child support payments through the assistance of OCSE do not receive a ‘pass-through’ and are not allowed an income disregard when costs have been recovered (Justice 2007).

Like women in the THP sample, 12 women in the homeless shelter sample (63%) reported the regulations of social welfare programs as a salient barrier, assigning it an average rank of 6.500 and a Smith’s S of 0.406. When asked how regulations operated as barriers women’s responses focused on homeless shelters and TANF. With regard to the homeless shelter, women cited regulations determining program participation length, payment of monthly fees, and entry restrictions. Women

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14 ‘Pass through’ refers to an amount of the child support payment some states disburse to recipients of public assistance while costs are recouped. For those states with a ‘pass through’ policy, most disregard the ‘pass through’ amount when calculating cash assistance eligibility and benefits (Justice 2007).
in this sample resided in a 90-day homeless shelter that served women and their children. However, 50% of the sample revealed they were encouraged to leave the shelter well in advance of the 90-day limit, usually after 60 days. These women explained how the 60-day time constraint was an insufficient amount of time to initiate effective and sustainable change required to support their families and become self-reliant. Women also contended the regulation requiring the payment of monthly COMAR fees to the shelter undermined their efforts to secure alternative housing arrangements by restricting their already limited funds.\textsuperscript{15} The inability to acquire housing before leaving the shelter results in several consequences, one of which is the direct product of COMAR regulations. If upon leaving a particular shelter, women and their children experience another bout of homelessness within 12 months, they will not be granted entry into the shelter they previously attended.

In addition, women in the shelter sample related their previous and current experiences attempting to gain entry into other homeless shelters in other jurisdictions. Donna recounted her experience trying to obtain entry to another shelter on her last day in the shelter. “They [the case managers] wouldn’t even help me. I guess they knew. I tried to get in at a shelter in D.C. and in another county, but they won’t let me in. They [the shelters] said it’s because I’m not a resident. I’m homeless. How can I be a resident of anywhere?” As Donna’s circumstances demonstrate, most non-profit and government social welfare organizations in the Washington D.C. Metropolitan

\textsuperscript{15} According to COMAR, the Code of Maryland Regulations, homeless shelters: may allow clients to stay in their facilities for a maximum of 12 continuous weeks, unless written approval of the shelter director is obtained for an extension; will not admit the same client to the same shelter more than once during a 12 month period, and may charge clients fees based on their monthly income and fixed continuous expenses (Maryland State Agency 2008).
Area restrict their services to individuals who live in the organization’s jurisdiction and can document their residency. In the case of individuals who are homeless, social welfare organizations will ask to see identification cards given to them by either a government agency or a homeless shelter they previously attended to verify residency. For low-income single mothers residing in Prince George’s County, the COMAR reentry regulation and surrounding jurisdictions’ regulations concerning shelter entry restricts access to vital resources and limits social welfare safety nets available to women who are unable to secure stable housing upon leaving homeless shelters and subsequently experience reoccurring bouts of homelessness.

Women’s perceptions of how these three types of shelter regulations served as a barrier to economic self-reliance were perhaps not unfounded. Only 2 of the 5 families that left the shelter during the study period secured housing arrangements. Of the remaining three families that left the shelter without securing alternative housing arrangements, two families left before social welfare benefit applications were determined and benefits either granted or denied. Additionally, at the close of the study period, eight families in the homeless shelter sample were approaching the imposed 60-day time limit of the shelter. Of these families, three were still waiting for their food stamp, Medicaid, and TCA application to be processed, and five were still waiting for at least one of these benefit applications to be processed.

7.2.6 Welfare Stigma

During the 1980s and 1990s the image of a ‘welfare queen’ garnered national notoriety and disdain. A ‘welfare queen’ was frequently described and depicted as a
lazy unemployed African American single mother who lived ‘on the dole’, rather than work, abused the welfare system, and took advantage of hard earned tax payer dollars. This depiction was created through the rhetoric of conservative politicians and commentators and reinforced by news media outlets featuring exposes of women ‘cheating the system’. In response to public outcry concerning the state of welfare, politicians during the early 1990s argued for an overhaul of social welfare policies and programs. Political commentators, policy makers, and scholars advocated for the implementation of tighter regulations, stricter penalties, and a return to family values and personal responsibility. The public discourse leading to the reform of welfare not only influenced social welfare policies and programs, but also structured and bolstered attitudes, beliefs, and values regarding the roots of poverty and the behavior of the impoverished, stigmatizing many welfare recipients. In this study, social welfare service providers and low-income single mothers cited welfare stigma as a barrier to economic self-reliance (Figure 7.10).
Only nine providers (23%) perceived welfare stigma as a barrier, according to an average rank of 18.000 and a Smith’s S of 0.054. As over 75% providers did not report this barrier, this indicates that providers were either not aware of this barrier and its effects or viewed other barriers as more salient. While only a minority of providers recognized this barrier, their explanations for how welfare stigma functioned as a barrier to self-reliance paralleled that of low-income single mothers by incorporating issues of classicism, generational poverty, and racism. Providers acknowledged low-income women encountered welfare stigma on two fronts, from the general public and from staff at social welfare organizations. Frank, a provider from a faith-based non-profit multi-service organization explained how society’s attitudes, beliefs, and experiences lead to welfare stigma.
“They see these women on welfare as being lazy; living ‘on the dole’, takin’ advantage of their taxes, while doin’ nothin’ to help themselves. But they really don’t get it. So many people are removed from these women’s experiences. They’ve [the public] grown up in the suburbs with advantages and opportunities. They’ve never had to worry about some of the things these women do. So they don’t understand and they don’t want to help. They’d rather blame women for their poverty, than take a close look and see how society is at fault”.

Ms. Johnson, the director of a faith-based non-profit emergency food pantry, elaborated on this theme citing the failure of local, state, and federal governments to acknowledge the severity of poverty faced by residents of the county.

“People have the mindset that this area is the political and financial center of the Western Hemisphere. The people who make those decisions and disperse funds are generally far removed from the lived experiences of poverty. The individuals who have power and influence are not originally from this area and when they do come here to live or work, they form enclaves based on race, class, and politics. These individuals are part of a highly educated based community with no real experience with poverty and whether due to their life experiences or opportunities are very arrogant. These individuals also belong to an affluent sector of the community, have their own status based on wealth and education, and have reputations based on promoting positive change in the community. All of these things are called into question when there is an acknowledgment of economic disparity and the failure of programs and policies to affect sustained and positive growth of disadvantaged populations in the county. The only way to combat this situation is to lean on council members and keep the problem of economic hardship front and center in the minds of those who affect change. Ideally, as residents and voters, citizens must remind these individuals [government officials] that this [homelessness and poverty] is a persistent and growing problem requiring actions and solutions”.

Ms. Johnson’s and Frank’s statements reflect how societies’ attitudes, beliefs, and behavior are shaped by their own economic status or circumstances and political rhetoric. These attitudes and beliefs are potentially devastating, to women seeking social welfare assistance, as they influence accessibility and availability of resources.
Ms. Johnson related how county business owners’ perspectives affected her
organizations capacity to meet clients’ needs.

“I had a woman come in a while back who had been evicted from her
apartment and was in need of food and shelter. Now we technically don’t have
any shelters in this part of the county, but our organization does have the funds
to occasionally assist people with shelter needs. So I got approval from our
board to use some of these funds to get this woman into a hotel for a couple of
nights until she could get into the shelter system. I called a local hotel to see if
they had openings so I could make the reservations. They did. But once I
explained that the hotel reservations would not be in my name, and that a food
pantry would be covering the bill, they suddenly didn’t have any availability. I
knew what was going on, so I called them [hotel staff] on it. The person on the
phone explained ‘that it was not their policy to offer accommodations to
people in those circumstances’. I was floored. I used to be a social worker in
another state and the situation there was so different than it is here. The
community was more aware of poverty and its effects. So now, I spend my
time on the days I’m not here [the pantry] doing a lot of outreach, going to
local businesses, clubs, and schools explaining what our organization is and
what it does for people in the immediate area and in the county. Over the past
several months, we’ve [the pantry] developed some stronger ties within the
community and have working relationships with a couple of grocery stores and
restaurants that donate food and a couple of hotels that will allow us to make
reservations for a couple of days when clients come in needing emergency
shelter”.

Ms. Johnson’s statements regarding public awareness echoed that of several providers
in the sample. These providers argued that in order to help low-income single mothers
and other impoverished individuals more effort must be spent to educate the general
public about the causes and consequences of poverty. Only through community
engagement and education did providers believe societal attitudes and beliefs about
poverty would change.

Providers also noted how low-income single mothers encountered stigma
associated with welfare use from the staff of government and non-profit social welfare
organizations. According to providers, beliefs and values regarding socio-economic

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status, generational poverty, and racism undermined women’s self-reliance. Ms. Hightower, the director of a faith-based non-profit organization, described how she perceived issues of classicism and beliefs about poverty lead to women being stigmatized and limited their opportunities for self-reliance.

“They [providers] think ‘I’ve made it and what makes you think … why can’t you do it?’ Well, you’re not telling them that it took you years to do it. You just didn’t wake up one morning and come in to the welfare office and everything was fine. No, you sat just where they’re sitting and you felt just what they’re feeling, but now you think you’re above them. And that’s one of the things that really gets me; that I don’t understand. Everybody has some kind of pain in their life and the sooner we realize that, the better off we’ll be. But a lot of people just don’t – [they think] ‘I got it and I’m going to make you it very difficult for you to get yours’, cause it wasn’t easy for me’.

Social welfare service providers’ attitudes and beliefs, especially those that result in demeaning or negative experiences for women, can deter low-income single mothers from seeking or receiving essential benefits their families require. This not only impedes women’s efforts to become self-reliant, but also diminishes the efficacy of programs and services.

In contrast to social welfare service providers, significantly more women perceived welfare stigma as a barrier to self-reliance (Fisher’s Exact Test, N = 77, P = 0.008). In the shelter sample, eleven women (58%) perceived welfare stigma as a salient barrier according it an average rank of 7.364 and a Smith’s S of 0.324, while eight women in the THP (44%) assigned it an average rank of 10.375 and a Smith’s S of 0.213. As with providers, women from both samples noted how the stigma associated with the use of welfare came from the general public and from staff at social welfare service organizations and were compounded by issues of classicism, racism, and sexism. However, women expanded the concept of welfare stigma to
encompass more than the reliance on traditional public assistance benefits (e.g., Food stamps, TCA) addressed how the receipt of housing vouchers, childcare subsidies, and Medicaid, lead to stigmatization and discrimination in the labor and housing markets. Lillian, a Caucasian mother of two related her experience with welfare stigma at a local social welfare agency.

“I went to get food stamps and Medicaid for my kids last week. It was horrible. All the people who worked there were black women and they just looked at me as if I didn’t deserve to be there. I could see it in their faces. ‘Why is she here? She don’t need no help, she’s white, she can getta job’. I felt like tellin’ ‘em I’ve gotta job and its not enough to take care of my kids, so step off”.

Karen, a single mother of two, illustrates how the attitudes and beliefs of providers potentially limited her use and access to resources.

“There’s this guy at DSS, that everybody has to deal with and he’s prejudice against women. I was down there tryin’ to get my TCA and he told me straight, ‘if he had his way, he would take TCA away from all of us women, because all women should be able to work, there’s nothing wrong with ‘em’. I got so pissed. Who does he think he is saying shit like that? He doesn’t know my situation. He just assumes I’m not lookin’ for a job. I came here to get help until I got one. I’m just glad they assigned me another caseworker, and he doesn’t have his way, who knows where’d we [her family] be.”

Karen and Lillian statements illustrate how the beliefs and attitudes structuring welfare stigma are actualized by providers’ behaviors and consequently hinder access to critical resources and undermine a household’s economic security. These threats to women’s economic self-reliance also exist outside of social welfare organizations and affect women when they attempt to use social welfare benefits to obtain required resources, such as housing. Tabitha, a recipient of a section-8-housing voucher, related the problems she encountered when seeking housing.
“We’ve gotta be out of here [the THP] by the beginning of June, so I’ve been lookin’ in the paper for places we can rent. I’ve called a lot of places, and they won’t take the voucher, even when the ad says they will. One guy who supposedly does take section 8, told me I’d still have to pass the credit check and income verification process, despite havin’ the voucher. What’s the point of havin’ the voucher? If I could do it on my own I would. My case manager told me they’re [section 8 landlords] not allowed to do that, it’s discrimination. So we’re still lookin’ for a place”.

Low-income single mothers’ and social welfare service providers’ statements illustrate how attitudes, beliefs and values concerning poverty influence individuals’ behavior and the delivery of social welfare benefits and consequently hinder the attainment of economic self-reliance. Although providers’ statements were generalized and addressed how welfare stigma manifested in society because of the lack of awareness or knowledge of poverty in the community, their explanations incorporated issues of racism and classicism, paralleling women’s perceptions. Low-income single mothers’ perceptions and statements were specific to how welfare stigma affected their daily lives and endeavors for economic self-reliance. Through both providers’ and women’s explanations we begin to understand how societal beliefs and values are transformed into societal barriers, which in turn create the institutional barriers low-income single mothers encounter when attempting to become self-reliant.

7.3 Summary

This chapter presents the results of free list data on the ideological and institutional barriers to low-income single mothers’ economic self-reliance. Barriers reported by all three samples include: social welfare policies, ‘the system’, eligibility standards of social welfare programs, regulations of social welfare programs, and
welfare stigma. Social welfare service providers perceived the following barriers, in descending order, as the most salient in preventing low-income single mothers from achieving economic self-reliance: social welfare policies, ‘the system’, and eligibility standards of social welfare programs. Women in the THP sample accorded welfare stigma, eligibility standards, social welfare policies, ‘the system’ and DSS as the most salient barriers. While women in the homeless shelter sample identified welfare stigma, DSS, regulations of social welfare programs, and ‘the system’ as salient barriers to self-reliance. Providers’ and women’s frequency of report differed on social welfare policies, eligibility standards, and welfare stigma. Significantly more providers identified social welfare policies (Fisher’s Exact Test, N = 77, P = 0.001) and eligibility standards of social welfare programs (Fisher’s Exact Test, N = 77, P = 0.007) as barriers, than the combined sample of women. However, the aggregate sample of women cited welfare stigma (Fisher’s Exact Test, N = 77, P = 0.008) more frequently than providers. Although there was no significant difference in the frequency of report between providers and the combined sample of women for ‘the system’ and regulations of social welfare programs, the saliency scores and average ranks women accorded these barriers suggest women perceived these as more threatening to self-reliance than providers. However, the frequency of report differed significantly between women in the THP and shelter samples for the barrier, social welfare policies (Fisher’s Exact Test, N = 37, P = 0.014), with more women in the THP sample perceiving it as a barrier. Furthermore, the variation in saliency scores and average ranks women in the THP and shelter samples attributed to the barriers: ‘the system’, DSS, eligibility standards of social welfare programs, regulations of
social welfare programs, and welfare stigma, indicate that women’s financial
wherewithal and degree of engagement with social welfare programs influences their
perceptions of how harmful these barriers are to achieving economic self-reliance.
8.1 Introduction

“Little is known about the extent to which the biography, history, and local context of low-income people might influence their patterns of welfare use under TANF program” (Harris and Parisi 2007, 45). Consequently, our understanding of how specific life events or circumstances impede economic self-reliance is also limited. However, previous welfare leaver studies suggest certain experiences during the life course may undermine a low-income single mothers capacity to leave public assistance and achieve economic self-reliance (e.g., mental illness (Danziger et al. 2000a, Derr et al. 2000, Jayakody et al. 2000, Jayakody and Stauffer 2000), poor physical health (Danziger et al. 2000a, Romero et al. 2003), substance abuse (Jayakody et al. 2000, Metsch et al. 2003, Chandler et al. 2004, Metsch and Pollack 2005), and domestic violence (Raphael 1996, Raphael and Tolman 1997, Browne and Bassuk 1999, Riger et al. 2004). For the purposes of this study, life course barriers are events or circumstances experienced by an individual during the course of their lives that hinder or prevent the attainment of economic self-reliance. Table 8.1 documents pertinent life course circumstances for low-income single mothers immediately prior
to entering either the THP or homeless shelter. Although these barriers function at the level of the individual, life course barriers originate and are exacerbated by institutional and social structures by means of cultural attitudes, beliefs, values, and practices. Life course barriers are particularly relevant to understanding why some women do not achieve economic self-reliance as they may influence the trajectory of an individual’s life course, affecting employment, earnings, and sources of support.
<table>
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<th>THP Sample N=18</th>
<th>Shelter Sample N=19</th>
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<td>Frequency</td>
<td>Percent</td>
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Table 8.1  Life Course Events for Low-Income Single Mothers Prior to Entering THP or Homeless Shelter Program

Social welfare service providers and low-income single mothers identified a total of 24 life course barriers, thirteen of which were reported by all three samples. Of these 13 perceived barriers, only four had a Smith’s S above 0.200 by at least one

1 Frequencies and percentages do not total to sample Ns or 100% as several women reported multiple and concurrent types of marital status. Please see chapter four for further explanation.
2 Frequencies and percentages do not total to sample Ns or 100% as several women reported multiple experiences.
3 Frequency tables for each samples’ report of life course barriers can be found in the Appendix C.
sample: family structure or single parenthood, lack of familial support, poor mental health status, and substance abuse. Responses to open-ended follow up questions and women’s personal narratives emphasized how these circumstances functioned as barriers. As expected, low-income single mothers’ perception of salient and pertinent life course barriers differed markedly from that of social welfare service providers. Among low-income women, being a single parent and lack of support from family were perceived as more salient barriers, whereas providers perceived poor mental health and substance abuse as salient barriers to economic self-reliance.

8.2 Family Structure versus Single Parent

Typically, households headed by low-income single mothers and welfare recipients are perceived to be impoverished and dependent on government programs because of mothers’ insufficient participation in the labor market, the low wages earned by mothers’, and the absence of income earned by another adult member of the household, such as a husband (Anderson 2005, Conrad and King 2005). Proponents of welfare reform vehemently argued entitlement programs, such as AFDC, lead to the demise of the two-parent household among low-income populations, and as a result promoted welfare dependency and encouraged out of wedlock births (Gilder 1981, Mead 1986, Murray 1984, 1990). With this in mind, the aim of welfare reform was to: reduce the prevalence of economic dependency on federal and state public assistance programs, promote economic self-reliance by encouraging individuals to secure employment, promote responsible parenting by biological fathers and mothers, and decrease the rate of out-of-wedlock-childbearing (PRWORA, Title I Sec. 101[3]).
PRWORA policy emphasized two interrelated paths to achieve the philosophical goals of welfare reform: labor market participation and the responsible parenting of children through traditional family values (PRWORA, Title I Sec.101[3]). Two policy initiatives of PRWORA, fortified by the Deficit Reduction Act of 2005, worked concurrently to improve low-income single mothers economic circumstances and strengthen the family unit: child support enforcement and the promotion of marriage. Mandatory child support enforcement policies were viewed as a way to increase a single mother’s household earnings, encourage economic self-reliance, limit the amount of financial assistance provided to low-income single mothers, and promote responsible parenting by absentee parents. Healthy marriage and responsible fatherhood initiatives were another strategy believed to increase the earnings of low-income single mother households by increasing the number of contributing wage earners in the household. Programs and research supporting the promotion of marriage and responsible parenting were allocated approximately $200 million (DHHS 2002).4

However, according to the data collected PRWORA policies and initiatives do not adequately address the life course barriers perceived by social welfare service providers and low-income single mothers. Although each of the three samples acknowledged how the structure or composition of low-income single mothers’ households operated as a barrier to economic self-reliance (Figure 8.1), how social welfare service providers and the combined sample of low-income women perceived

4 PRWORA provides $50 million in funding for teen pregnancy prevention programs that promote abstinence and $150 million in funding for research or programs concerning marriage education, marriage skills training, promotion of marriage in high school education, marriage mentoring programs, and ‘activities promoting responsible fatherhood, such as counseling, mentoring, relationship skills, parenting and activities to foster economic stability’ (U.S. Department of Health and Human Services 2002).
and articulated this life course barrier differed significantly (Fisher’s Exact Test, N = 77, P = 0.009). Providers termed the barrier as a problem in ‘the structure of the family’, while women referred to the barrier as ‘being a single parent’. Among providers 12 reported the family structure of low-income single mothers’ households as a barrier according it an average rank of 10.5 and a Smith’s S of 0.187. Providers described how the absence of fathers in these households resulted in a lack of income and increased care-giving responsibilities for mothers. In addition, providers stated the specific structure of the household generated both material and psychological hardships for women and their children. Despite these acknowledgements, seven of the providers (58%) who perceived family structure as a barrier cited these circumstances to be the result of mothers’ poor decision-making and contended that with a responsible adult male in the household the hardship and poverty women experienced would not be as severe or even present. Ms. Erikson, a social worker, voiced her concerns about absentee and irresponsible fathers.

“I just don’t understand it. Havin’ babies with someone who isn’t goin’ to stick around – go after child support. Better yet, don’t get yourself into that situation. But what I really don’t get, is the women who come in here needin’ help for rent or utilities, who’ve got a job and are supportin’ their kids and their boyfriends, or whatever, who aren’t workin’ and not takin’ care of the kids. I know they [boyfriends] aren’t lookin’ after the kids, cause the women are reportin’ [childcare] vouchers or they’re [the children] too old. Get rid of him [the boyfriend] if he’s not helpin’ you”.

Statements, like Ms. Erikson’s, reflects the posture of current PRWORA policy initiatives and inadvertently holds low-income single mothers accountable for their economic plight. Furthermore, this particular stance overlooks the various details constituting the circumstances that lead to women’s positions as single mothers and is
indifferent to how ‘being a single parent’ affects single mothers’ emotional and financial means to become self-reliant.

Figure 8.1 Percent of Providers and Low-Income Single Mothers Who Perceived Family Structure or Being a Single Parent as a Barrier to Economic Self-Reliance

Women in both the THP and homeless shelter samples indicated being a single parent was a barrier to economic self-reliance. Of the women in the shelter sample 13 reported it as a salient barrier giving it an average rank of 8.692 and a Smith’s S of 0.356, while only nine of the women in the THP sample (50%) perceived it as such according it a rank of 13.0 and a Smith’s S of 0.201. Although providers and women in the THP and shelter samples recognized that the lack of another income earner in the household contributed to economic insecurity and material hardship, increased care-giving responsibilities of mothers, and was emotionally stressful, women’s statements emphasized their lived experiences. Women expressed how being both a
mother and father to their children, being both economic provider and care-giver for their family, and having the sole responsibility for their household with little or no outside assistance constrained their efforts to maintain employment, obtain additional education or employment while simultaneously attempting to meet their duties as parents. Tabitha, whose partner was incarcerated, related her frustrations about being a single mother during an emotional interview.

“It’s hard being a single mom. I’m the breadwinner, but I’m also the one who takes care of all my kids’ needs. I could try for a job that pays more money, but that has it pros and cons. I might get a bigger paycheck, but I’d probably have to work more hours and that would mean less time with my kids and more money for daycare. The worst though [of being a single mother], is being alone. It’s so hard doin’ it by myself and I feel guilty that I can’t always give them [her kids] what they need or want. My kids don’t always understand that we can’t afford to do things like other families. But everybody thinks I’ve got it together and that I’m happy. It’s so far from the truth – they don’t even know and they don’t care to. I feel overwhelmed by everything I’ve got to do by myself. And that makes me even madder. ‘Cause everybody says they’re here for me and they’ll help when I need it, but when I need it they’re not here or they make excuses for why they can’t help. And where am I then? Then, they come to me for help and assume I’ll help them and that me and my kids don’t need anything. I don’t get it. They’ve [friends and family] got more than we do”.

Tabitha’s statements illustrate how being a single mother is about more than the economic burdens women shoulder, but also the dichotomy between economic provider and primary care giver, and the underlying fear and anger of failing at either of those roles. According to Tabitha her anger is fueled by the unwillingness or inability of familial and social network members to provide emotional or material support. Tabitha’s account parallels circumstances of other women in this study and illustrates how through events not of their making, women are obliged to make

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5 How familial networks serve as barriers to low-income single mothers’ economic self-reliance is discussed in the next section of this chapter.
decisions which either impede their opportunities for economic self-reliance or neglect their perceived responsibilities as parents.

8.3 Lack of Familial Support


Participants in each of the three samples perceived lack of support from familial network members as a barrier to low-income single mothers’ economic self-reliance (Figure 8.1). However, significantly more women in the combined sample of low-income single mothers cited it as a barrier when compared to social welfare service providers (Fisher’s Exact Test, N = 77, P = 0.002). Among the 11 providers (28%) who perceived it as a barrier, they accorded it an average rank of 15.727 and a Smith’s S of 0.109. When asked how lack of support from familial network members served as a barrier, providers’ explanations focused on how women’s relatives were just as economically disadvantaged and unable to provide women with the coping and leveraging support they required.
Low-income single mothers in both the THP and homeless shelter samples perceived lack of familial support as a barrier. As expected, there was a significant difference in the frequency of report of this life course barrier between women in the THP and shelter samples (Fisher’s Exact Test, N = 37, P = 0.03). In the shelter sample 15 women (79%) perceived it as a salient barrier with an average rank of 10.667 and a Smith’s S of 0.292, whereas only eight women in the THP (44%) indicated it as such according it an average rank of 13.375 and Smith’s S of 0.139. Given women’s participation in either a homeless shelter or transitional housing program, it stands to reason that women residing in a homeless shelter have fewer familial network members to turn to for assistance or exhausted available resources when compared to women who are involved in lengthy social welfare programs designed to facilitate self-reliance. When women explained why they perceived lack
of familial support as a barrier, women’s statements centered on how limited contact with or estrangement from family members reduced opportunities for assistance. According to women in both samples, limited or estranged relationships with relatives occurred for a variety of reasons, such as familial discord, prior domestic or sexual abuse, and a history of substance abuse. Jody related why she and her daughter sought assistance from the homeless shelter after being evicted from her apartment. “We went to go stay with my mom before comin’ here [the shelter]. It lasted it ‘bout two weeks. My mom’s got her own issues, makin’ it hard to be ‘round her. So I thought we’d be better off in the shelter than with her”. Riley also explained why she chose the homeless shelter over staying with familial network members. “I’ve not seen them [my family] in a year. I’ve got so many bad memories of that place and what happened to me there. I couldn’t willin’ put me and my child there again. Things haven’t improved there [the home and neighborhood] and I don’t want my son ‘round all those people. The shelter’s not the best, but we’re safe”.

Prior experiences of physical and sexual abuse were not uncommon among women in both samples and prevented almost 30% of the aggregate sample of women from seeking support from family members. Missy, one of these women, explained why she chose to live in the homeless shelter rather than residing with her mother.

TRASK: Do you have someone else you can stay with?

MISSY: My mom has offered to let me come and stay with her for a while, until things get better.

TRASK: Are you going to take her up on it?

MISSY: No!
TRASK: Why not, if you don’t mind me asking?

MISSY: The last time I was there my brother raped me and I’m still takin’ tests to see if I’m HIV positive. I asked her if my brother was still livin’ there and she said he was and that I’d have to deal with it. Even though she knows he molested me as a child. I’ve been on the street before and I’ll take my chances.

Jody’s, Riley’s, and Missy’s strained relationships with relatives illustrate how familial discord, neighborhood conditions, and previous abuse prevent low-income single mothers from seeking and receiving critical coping support from members of their familial network. Unable to seek support from family members, economically disadvantaged single mothers and their children suffer severe material hardship and rely on social welfare ‘safety nets’ to meet their needs. Furthermore, it is possible given women’s negative experiences with relatives that offers of coping support from familial network members may not always be perceived as genuine aid because of the potential risks and costs associated with assistance. While having a place to live and the ability to provide for their children’s needs was of paramount importance to women in this study, women were not willing to risk their children’s safety.

Strained relationships between low-income single mothers and their relatives were also the result of women’s previous behavior and subsequently limited opportunities of support from familial network members. Diana revealed how she had limited contact with familial network members because of her previous history of substance abuse. “I burned a lot bridges when I was usin’. My family helps with the kids, but if it’s for me and not my kids, they’re not gonna help. I think they don’t believe I can stay clean and they don’t trust me enough to help me. Its hard not to
blame ‘em, but part of me wants to say ‘its for real this time’, but I think they’ve heard that before”. Diana’s embittered relationship with members from her familial network was not unique, as 64% of the 11 women from the combined sample who revealed a previous history of substance abuse noted similar relationships with members of their family. Damaged and weakened relationships with familial network members prevent some low-income single mothers from seeking assistance when in need and inhibit network members from providing support, even upon women’s requests. This lack of coping support from family members leaves women with few options and undermines their attempts to become self-reliant.

Women from both samples also cited how familial network members’ meager economic circumstances or the lack of relatives could result in few prospects of familial support. Haley, a single mother of two teenage daughters, explained why she sought entry into the THP instead of residing with relatives.

“I knew we were going to get evicted. I hadn’t paid the rent in months. I just couldn’t. I tried to make a deal with the landlord, but he wanted us out and I understand he’s just running a business. My dad said we could come and live with him if we couldn’t find anything. I didn’t really want to. I didn’t want to stress him out. He’s gettin’ up in years and doesn’t need us around moochin’ off of what little he has”.

Several women in the shelter sample were not as fortunate as Haley, as they had few, if any, relatives to turn to for coping support. LeKesha related how she lacked familial network members to assist her. “I grew up in the foster system. So, I don’t know my parents. And if I did, why would they help me? They gave me up. They’re probably as bad off as I am”. Candi also spoke of similar circumstances. “All my family’s deceased and my ex’s takin’ care of my daughter while I’m here [shelter]. I got no
one to go to. Its just me”. The lack of familial network members is as devastating to low-income single mothers as strained or damaged relationships, since both result in limited access to sources that can provide coping support.6

Although significantly more women in the shelter sample cited lack of support from family as a barrier to economic self-reliance this data can be easily misinterpreted to suggest women in the homeless shelter received significantly less support from familial network members than did women in the THP sample. However, this is not the case. During the course of interviews, women from both samples were asked to list individuals they could seek support from or had received assistance from in the past. Table 8.2 summarizes categories of coping and leveraging support received by women in the THP and shelter samples from familial network members. In all categories of support received from familial network members there is no significant difference in the extent of assistance received between the THP and shelter samples. This data suggest women in the two samples, regardless of program participation, lack coping and leveraging support from familial network members. These results are striking when compared to each samples’ perception of lack of familial support as a potential barrier to economic self-reliance. Although women in the THP sample did not perceive lack of support from familial network members as a

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6 On a related note, several women also perceived familial and social network members as a barrier to their achievement of economic self-reliance (See Tables 5 and 9 in the appendix). Women described how some familial and social network members diminished their households’ financial resources. Carmen explained how with the possession of a vehicle, several of her friends now expected her to provide them with free transportation whenever they needed to go to work or run errands. Veronica related similar circumstances regarding the economic hardship she endured because of the financial assistance some of her grown children required. Carmen and Veronica’s experiences illustrate the reciprocal underpinnings and obligations of familial and social network relationships. These relationships can be a source of support for low-income single mothers in times of need, but they also carry the expectation that women will reciprocate previous support or continue to provide support, especially to children, regardless of their own financial circumstances.
potentially salient barrier, they do not report the receipt assistance from these networks to a greater extent when compared to women in the homeless shelter sample. Yet, this is not the case when coping and leveraging support from social network members is examined for the two samples (Table 8.3). Women in the THP sample reported receipt of emotional, employment, and financial assistance from social network members to a greater extent than women in the shelter sample.

<table>
<thead>
<tr>
<th>Categories of Support</th>
<th>THP Sample N = 18</th>
<th>Shelter Sample N = 19</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Childcare</td>
<td>10</td>
<td>56</td>
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</tr>
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<td>Educational Opportunity</td>
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<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Emotional</td>
<td>12</td>
<td>67</td>
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</tr>
<tr>
<td>Employment Opportunity</td>
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<tr>
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<td>44</td>
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<tr>
<td>Fosterage</td>
<td>9</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Housing³</td>
<td>10</td>
<td>56</td>
<td>10</td>
</tr>
<tr>
<td>Material Resources</td>
<td>7</td>
<td>39</td>
<td>7</td>
</tr>
<tr>
<td>Transportation</td>
<td>7</td>
<td>39</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 8.2 Categories of Support Low-Income Single Mothers Received From Familial Network Members

³ Frequencies and percents for housing support from familial network members include offers for housing for children only. Of the 20 women, three women from the THP sample reported housing support for their children only, as did six of women from the shelter sample.
When the THP and shelter samples are assessed separately there were significant differences in who provided support to these women (Table 8.4 and 8.5). Women in the THP sample reported relying on leveraging support (i.e., educational and employment opportunities) from social network members rather than relatives. However, women in this sample were more likely to report receiving coping support, for example the fostering of children and places to live, from relatives. Unlike women in the THP sample, women in the shelter sample reported relying on family members and friends to the same extent for coping and leveraging support, except in the case of fostering children. Women in the shelter sample more frequently cited fostering children with relatives than with social network members. When compared for total support received from familial and social network members, women in the THP sample received a greater extent of coping assistance (i.e., childcare, emotional, financial, transportation) and leveraging support (i.e., employment opportunities) than women in the homeless shelter sample (Table 8.6). THP women’s total receipt of

<table>
<thead>
<tr>
<th>Categories of Support</th>
<th>THP Sample N = 18</th>
<th>Shelter Sample N = 19</th>
<th>P Value</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
<td>Childcare</td>
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<td>50</td>
<td>7</td>
</tr>
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<td>78</td>
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</tr>
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</tr>
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<td>Financial*</td>
<td>11</td>
<td>61</td>
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<td>11</td>
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<tr>
<td>Transportation</td>
<td>11</td>
<td>61</td>
<td>5</td>
</tr>
</tbody>
</table>

* Denotes a P value of 0.05 or less

Table 8.3 Categories of Support Low-Income Single Mothers Received From Social Network Members
coping and leveraging support from familial and social network members may explain why fewer women in this sample cited lack of support from family as a barrier. Since most of the support women receive from family and friends follows the pattern of generalized reciprocity, where balanced accounts are not maintained, women in the THP sample may have inadvertently attributed the support they received from friends to family members. It is also possible that women’s relationships with social network members were as strong or stronger than those with consanguineal kin and therefore women perceived these individuals as fictive kin.

<table>
<thead>
<tr>
<th>Categories of Support</th>
<th>Familial Support N = 18</th>
<th>Social Support N = 18</th>
<th>P Value</th>
</tr>
</thead>
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<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
</tr>
<tr>
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<td>56</td>
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<td>Emotional</td>
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<td>67</td>
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<tr>
<td>Transportation</td>
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<td>39</td>
<td>11</td>
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</tbody>
</table>

* Denotes a P value of 0.05 or less

8.4 Coping and Leveraging Support Low-Income Single Mothers in the THP Sample Received from Familial and Social Network Members
8.5 Coping and Leveraging Support Low-Income Single Mothers in the Homeless Shelter Sample Received from Familial and Social Network Members

<table>
<thead>
<tr>
<th>Categories of Support</th>
<th>Familial Support</th>
<th>Social Support</th>
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<td></td>
<td>Frequency</td>
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<td>Frequency</td>
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* Denotes a P value of 0.05 or less

8.6 Comparison of Combined Familial and Social Support Received by Low-Income Single Mothers in the THP and Homeless Shelter Samples

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<th>Categories of Support</th>
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* Denotes a P value of 0.05 or less

8.4 Poor Mental Health

Only in the last decade has the effect of mental health status been recognized as a barrier to low-income single mothers’ and welfare clients’ ability to become economically self-reliant (Jayakody and Stauffer 2000). Research with low-income single mothers and AFDC and TANF clients demonstrates these populations suffer from high rates of mental health illnesses (Belle 1990, Bassuk et al. 1996, Danziger et

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8 See chapter two for a more detailed review of how mental health status can serve as a barrier to economic self-reliance among welfare clients and low-income single mothers.

Both social welfare service providers and low-income single mothers in this study perceived poor mental health status as a barrier to economic self-reliance (Figure 8.3). While there was no significant difference in the frequency of report between providers and the combined sample of women, providers did acknowledge poor mental health status as a more salient barrier, than women in the THP and shelter samples, with 18 providers (45%) according it an average rank of 7.50 and a Smith’s S of 0.307. Providers also differed from the aggregate sample of women in their descriptions of how poor mental health functioned as a barrier. Providers’ inclusive statements focused on how poor mental health served as a fundamental problem permeating all aspects of an individual’s life and consequently impeded efforts toward economic self-reliance. A reoccurring theme surfaced in providers’ explanations, the necessity for diagnosis and treatment. According to providers, without treatment, low-income single mothers were less likely to develop the skills, attitudes, and behaviors required to become economically self-reliant. Ms. Little, a supervisor at a THP and former mental health counselor, explained why the diagnosis and treatment of poor mental health was critical to facilitating low-income single mothers’ achievement of self-reliance.

“Many of our clients have undiagnosed mental health disorders that prevent them from taking the necessary steps to support themselves after they leave the program. It also makes it difficult to serve these clients because they [the clients] are not sufficiently able to take advantage of and utilize the resources and opportunities we offer. My staff and I meet with the clients on a routine basis. With my experience as a counselor, it’s easy to spot the ones who have mental health problems. These clients have trouble getting and keeping jobs,
following the service plan, staying sober, and supporting their families while in the program. One of the things I’m trying to implement here [the THP] are mental health evaluations and treatment. There’s funding in the budget for it and services were supposed to be offered a number of years ago, but no one [THP administrators] followed through with it. I think we’re doing a disservice to our clients by not providing them with these resources. In the long run it effects us because our clients aren’t able to support themselves after they leave the program and they’re stilling drawing on public assistance or other benefits to meet their needs”.

Providers’ perception of poor mental health as a potentially salient barrier to economic self-reliance and their acknowledgment that resources for treatment are vital to promoting women’s efforts demonstrates the progress of the social welfare service community has made in assessing and meeting the needs of their clients (Jayakody and Stauffer 2000). However, as a majority of social welfare service providers in this study did not report poor mental health as a barrier, it is unclear as to how widespread this advancement is within social welfare service programs and agencies.

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9 Service plans are contracts individuals agree to with social welfare service agencies providing assistance and specify activities and goals (e.g., education, search for employment and or training, mental health or substance abuse counseling) that should be conducted while receiving benefits. Some agencies and programs, such as TANF, stipulate that failure to follow a service plan can result in the loss or reduction in benefits.
Unlike providers, low-income single mothers in both samples did not perceive poor mental health as a considerable barrier, when compared to other types of barriers.\textsuperscript{10} Only seven women in the shelter sample (37\%) reported it as a barrier with an average rank of 13.0 and a Smith’s S of 0.101, while only six women in the THP sample (33\%) cited it as a barrier according to an average rank of 12.50 and a Smith’s S of 0.145. Women, who cited poor mental health as a barrier, described their own experiences when explaining how it challenged economic self-reliance.\textsuperscript{11} These narratives had a common theme addressing how poor mental health affected daily life with regard to employment, parenting skills, substance abuse recovery, and general efforts to obtain economic self-reliance. Kay related how her mental health status

\textsuperscript{10} See tables in the appendix.

\textsuperscript{11} Of the combined sample of low-income single mothers (N = 37), 32\% revealed a diagnosis of mental health illness.
negatively impacted her relationship with her children and hindered her ability to gain employment while in the THP.

“My husband had left, I didn’t have a job, I was pregnant, and we [she and her kids] were livin’ in my car. When we got in [to the THP], I was depressed and on TCA, but I couldn’t get a job ‘cause of the pregnancy. But after the baby was born, things just got worse. I couldn’t do anythin’. It took everythin’ I had just to take care of the baby. I wasn’t in any shape to getta job. But they [the THP staff] got me to see a doctor and he said I was bipolar. I still wonder though if I wasn’t sufferin’ from post-partum [depression]. When I got on the meds things started to get better. I had more energy and I gotta job. I’ve also been gettin’ counselin’ and realize what a mess I’ve made of things. I abandoned my kids emotionally after my husband left and the baby was born. It’s probably why they’re such a problem now. I can’t help but think if I’d got on the meds and into counselin’ sooner, if things would be different now and if we’d be better off”.

In contrast to Kay’s experience, Donna revealed how social welfare service providers impeded her efforts to obtain treatment for her mental illness and her concern for how this would affect her in the future.

“I’ve been off my medication for a while ‘cause I haven’t been able to afford it. It wasn’t so bad before I came here [the shelter]. I had my job, a place to live, and my boyfriend. I was workin’ on gettin’ my kids and things were lookin’ up. So I wasn’t depressed that often or when I was it wasn’t that bad. But things are so bad now, I thought when I went to the doctor [for a mandatory psychological evaluation] they’d be able to get me my medication. But they said I was fine and I didn’t need medication. I’ve gotta leave the shelter tomorrow and I don’t have a place to stay permanently and I might lose my job. If I can’t find somewhere to stay and if I lose my job, I’m worried how I’ll handle it”.

Donna’s and Kay’s experience with mental illness illustrates how obtaining or maintaining employment, fulfilling care giving duties to children, and securing housing are overwhelming challenges to low-income single mothers without mental health treatment. For women like Kay and Donna, poor mental health can impede the performance of daily activities, lead to the neglect of parental and economic
obligations, and constrain women’s ability to be self-reliant. Kay’s and Donna’s circumstances also demonstrate the vital role social welfare service providers play in facilitating the treatment of mental illnesses and promoting the development of economic self-reliance.

Women in the THP and shelter samples noted how mental illness, co-occurring with drug or alcohol addiction, hindered their ability to maintain employment and to take actions leading to self-reliance. Nancy, a mother with a dual diagnosis of bipolar affective disorder and substance abuse, commented on how her mental health status threatened her sobriety and her ability to move her family out of poverty.

“When my meds are workin’ and I’m talkin’ to my counselors things are easier, tough, but doable. But I’ve put on a lot of weight since I started takin’ the meds and they’re not workin’ the way they used to. So I go through these highs and lows. Neither of ‘em are good. ‘Cause when I’m up, I feel good. I feel like I can do what I need to to get out of here [the THP]. I start thinkin’ I don’t need the meds or the couselin’. I’ve stopped before and things have gotten bad. I got used to havin’ all that energy and feelin’ good about myself, and then the low would hit. I’ve relapsed a couple of times [during these periods] and it ends up leavin’ me worse off. When I’m usin’ I don’t care about anythin’ or anyone, just gettin’ high. I end up usin’ money on drugs that should be goin’ to pay the bills, takin’ care of my kids, and gettin’ us outta here. But the lows hit even when I’m on my meds or seeing my counselors and it’s a struggle to go to work everyday, take care of my kids, and keep pushin’ forward”.

Nancy’s statements illustrate how several low-income single mothers in this sample confront multiple life course barriers and how the combined effect of these barriers undermines women’s efforts to become self-reliant.

8.5 Substance Abuse

Substance abuse is widely recognized as a barrier to leaving public assistance, gaining and maintaining employment, and achieving economic self-reliance (Olson

Even though substance abuse may operate alone or in concert with other barriers, previous and active chemical dependence can function as an institutional and societal barrier. With research suggesting substance abuse treatment programs increase labor market participation (Ginexi et al. 2003) and the likelihood of leaving welfare for sustainable employment (Metsch and colleagues 2003), TANF regulations hinder low-income and welfare reliant single mothers’ prospects for sustained sobriety, employment, and economic self-reliance by limiting opportunities for substance abuse treatment (Bush and Kraft 2001). Furthermore, when low-income single mothers with active substance abuse problems fail to comply with mandatory
work requirements or test positive for substance abuse, they may experience a reduction or termination of benefits from social welfare service programs (e.g., TANF, Food Stamps, public or subsidized housing) (Schmidt et al. 2002, Guttman et al. 2003, Jayakody et al. 2004, Meara 2005, Schopperly et al. 2005). The loss of benefits can lead to unemployment, reduced economic resources, diminished mental or physical health status, material hardship, homelessness, and continued substance abuse (Chandler et al. 2004, Metsch and Pollack 2005). Previous research also indicates that low-income single mothers with a history of substance abuse confront social welfare agency personnel who are disrespectful, judgmental, and unhelpful when they learn of women’s substance abuse problems, and subsequently limit women’s access to substance abuse treatment programs and supportive services such as housing, transportation, childcare, education, and employment skill training (Bush and Kraft 1998, Bush and Kraft 2001). The lack of supportive services to aid chemically dependent single mothers, their mistreatment by social welfare service providers, and the occurrence of multiple barriers thwarts women’s transition to sobriety and economic self-reliance.

Albeit substance abuse is a barrier for some low-income and welfare reliant single mothers, several misconceptions may exist, among the general public, regarding the pervasiveness of substance abuse in low-income populations and the correlation between poverty and substance abuse (Califano 2002, Turner 2003). In a survey conducted in 2001 by National Public Radio, the Kaiser Family Foundation, and Harvard University’s Kennedy School of Government (NPR et al. 2001), 68% of respondents living above 200% of the poverty guideline cited substance abuse as a
major cause of poverty, while 75% of respondents living below 200% of the poverty guideline perceived it as a cause. Even though estimates of substance abuse vary among welfare clients because of how substance abuse is defined, reported, and perceived, the public’s perceptions contradict documented prevalence rates of substance abuse among impoverished individuals. Researchers estimate only a small percentage of all TANF recipients are active substance abusers (General Accounting Office 2001), contend that active substance abuse among TANF clients is not statistically different than the rate of substance abuse in the general population (Jayakody et al. 2000), and suggest caseloads would decrease by only three to five percent if all active substance abusers were removed from public assistance (Kaestner 1998). Data from free lists and participants’ disclosure of substance abuse corroborate these findings.

Similar to the barrier of poor mental health, social welfare service providers perceived substance abuse more frequently as a salient barrier than women in either of the THP or homeless samples (Figure 8.4). Among providers, 17 reported it as a barrier with an average rank of 10.118 and a Smith’s S of 0.238. When asked to explain how substance abuse posed as a barrier, providers’ statements centered on how chemical dependency and recovery, in the context of social welfare program regulations and the actions required of women to develop self-reliance, was often overwhelming for clients. Ms. Little summarized the difficulties encountered by women in a THP.

“Some of the women in the program have active substance abuse problems. We offer and provide referrals to group and individual substance abuse counseling. But it’s really hard to turn your life around and stop usin’ in 24
months. Depending on how committed they are to staying clean; the process of recovery can take the entire length of the program. If they do kick the drugs and manage to stay clean while they’re in the program, then they have to deal with all the issues they buried that surface because they are no longer medicating their problems and are finally thinking clearly. People abuse drugs and alcohol for a reason. But once they start the recovery process and are aware of all the problems they’ve ignored in their lives, some find it easier to stay on the drugs, than deal with their problems and make changes to their daily lives and ways of thinking”.

Ms. Cornwall, the director of a substance abuse recovery program for welfare clients, elaborated on this theme and related how changes in social welfare service funding made substance abuse recovery more difficult for low-income single mothers.

“A couple of years ago, this program had a housing component and women were treated on an in-patient basis. But our funding was cut because housing was not deemed to be an essential component to substance abuse treatment. With the loss in funding, our services changed from in-patient to out-patient. Women come to the program two or three times a week, but it’s just not the same. We were able to do so much more for them [the women] when they were in the program 24/7. It’s harder on the women too. They participate in the program as a part of TCA, meaning they don’t have the best financial circumstances and they’ve got unstable housing arrangements. Realistically, how much change are we going to affect in our clients if we’re not seeing them everyday and they’re worried about how to put food on the table for their kids, not to mention a roof over that table? They are going to relapse. I tried explaining all this to my supervisors before they cut our funding, but I they told me housing was what DSS transitional was for”.

Ms. Little’s and Ms. Cornwall’s statements illustrate how developing the skills and implementing strategies for self-reliance are made more difficult when performed in combination with substance abuse recovery. For those women confronting the barrier of substance abuse, they must also confront and overcome other potential barriers to self-reliance. Rather than concentrating their efforts on one specific barrier, low-income single mothers must divide their energy and resources to prevail over several
barriers simultaneously, which can potentially lead to none of the barriers women confront being overcome.

![Figure 8.4 Percent of Providers and Low-Income Single Mothers Who Perceived Substance Abuse as a Barrier to Economic Self-Reliance](image)

In contrast to providers’ perceptions of substance abuse as a salient barrier, few low-income single mothers in either sample perceived it as significant challenge to economic self-reliance. Only four women in the THP sample (22%) reported it as such, according it an average rank of 12.750 and a Smith’s S of 0.066, while six women in the shelter sample (32%) cited it as a barrier with an average rank of 13.667 and a Smith’s S of 0.064. For those women who perceived substance abuse as a barrier, their narratives emphasized and demonstrated the difficulties they confronted in becoming self-reliant, while attempting to remain sober, obtain treatment, and cope with other barriers in addition to their chemical dependency. Diana, who experienced
several bouts of homelessness because of her substance abuse, related the problems
she encountered with social welfare service providers.

“I was here [the homeless shelter] a couple of years ago with my kids when I was still usin’. My kids are with family this time ‘cause I didn’t wanna put them through this again. I’ve been in and out of [outpatient] rehab for a couple of years, holdin’ down jobs at restaurants and fast food joints. I’m really tryin’ to stay clean now and getta job that pays somethin’. But they’re [the shelter staff] just makin’ it harder. They’re makin’ me see the counselor here as a condition of my plan. I got no problem with that. I was here before and I’m back. But I gotta problem with the ‘conseling’; she’s [the counselor] wastin’ my time. She’s sellin’ herself as a counselor, but everythin’ she says sounds like it’s out of textbook. What does she know about usin’? Nothin’ but what she’s read. She doesn’t know what it’s like or anythin’ about my problems ‘cause she don’t ever listen to me. She just keeps tellin’ me what I need to be doin’, that I need a sponsor, that I gotta go to meetings. She’s got it to where if I don’t go to so many meetings [a week] the shelter can kick me out, ‘cause I’m not followin’ my plan. But findin’ meetings I can go to around work and in the area’s hard. I’ve been a functional addict for years. I did drugs on my terms and I should be able to do recovery on my terms, not hers”.

Diana’s experience with social welfare agencies and her desire for substance abuse
treatment illustrate not only the role providers can play in the treatment of substance
abuse, but also the additional barriers that are created when regulations stipulating
treatment do not meet women’s needs, are viewed as inappropriate, and conflict with
women’s efforts to gain and maintain employment.

Diana was not the only woman in the aggregate sample of low-income single
mothers to encounter similar problems when attempting to become self-reliant and
remain sober. Nancy’s struggles with her dual diagnosis of bipolar affective disorder
and substance abuse reveals the constant challenges women experience and how her
progress toward economic self-reliance is hindered.

“My mother was an addict and my sister’s an addict. It’s like it’s a curse in
my family. But I got the worst part ‘cause of my bipolar. It’s like there’s two
of me: the me that doesn’t want to use anymore and the user. I know part of
it’s the bipolar. But the me whose clean is ready to move forward with life, get housin’, be a better mother, get a better job, and more education. But the addict me doesn’t care about those things and makes bad decisions. Its like there’s a tug-of-war in my mind, in my body, and I’m constantly fightin’ to stay clean and do what my kids need me to do. But when things get hard, I find my self thinkin’ about usin’ again. Then I remember, that’s why I’m here in the first place. Because I lost everything with my usin’. But I just don’t feel like I’m makin’ any progress in [substance abuse] recovery or in my life, especially when I know I’m on the wrong meds and my counselor keeps missin’ our meetings. I know this a slow process, but the addict in me wants it all now, lookin’ for the quick fix, and I do things thinkin’ it’ll make things better, but it doesn’t”.

Almost 19% of the combined sample of mothers shared Nancy’s problem, revealing they were dual diagnosis. For these mothers, achievement of economic self-reliance was perceived to be more difficult than if they confronted one problem, either substance abuse or a mental health illness.

8.6 Summary

Events and circumstances during the life course present barriers to low-income single mothers’ economic self-reliance. This chapter presents the results of free list data on the life course barriers perceived to hinder low-income single mothers’ economic self-reliance. Free list data collected from social welfare service providers and women from the THP and homeless shelter samples revealed four salient perceived barriers: family structure or being a single parent, lack of support from family, poor mental health, and substance abuse. Social welfare service providers perceived poor mental health and substance abuse, respectively, as the most salient in preventing low-income single mothers from achieving self-reliance. In contrast, women in the THP sample indicated being a single parent, while women from the shelter sample cited being a single parent and lack of support from family as the most
critical impediments. Providers’ and women’s frequency of report differed significantly for being a single parent (Fisher’s Exact Test, N = 77, P = 0.009) and lack of support from family (Fisher’s Exact Test, N = 77, P = 0.002), with women citing these barriers more often than providers. Although there was no significant difference between providers’ and the combined sample of women’s frequency of report for substance abuse and poor mental health, providers’ higher saliency scores and lower average ranks indicate that providers perceived these barriers as harmful to low-income single mothers’ self-reliance. There was a significant difference in the frequency of report between women in the shelter and THP samples for the barrier, lack of support from family (Fisher’s Exact Test, N = 37, P = 0.03). Although more women in the shelter sample reported lack of support from familial network members as a barrier than women in the THP sample, data on received support from relatives does not indicate a significant difference in the type of support received by women in either the THP or shelter sample. In addition, the variation in saliency scores and average ranks for being a single parent, suggest that shelter women perceived this barrier as impeding economic self-reliance.
CHAPTER NINE

DISCUSSION, CONCLUSIONS, AND FUTURE DIRECTIONS

9.1 Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 reformed the American welfare system at the federal, state, and local level. The mission of policy makers was to reduce poor individuals’ economic dependency on social welfare benefits and promote individuals’ economic self-reliance through employment and responsible parenting. Since the passage of PRWORA, policy makers and researchers have proclaimed welfare reform to be a success citing reduced caseloads and increased rates of participation in the work force by current and former recipients of welfare. Before the initiation of PRWORA, opponents of welfare reform argued the proposed legislation would not adequately promote sustained economic self-reliance or reduce poverty but would increase the material hardship experienced by low-income households and remove important social welfare safety nets for the poor. Research on both sides, in the last twelve years, has not resolved this debate. However, recent social welfare policies are guided by conservative economic, ideological, and political agendas resulting in decreased funding to assistance programs and a toughening of the regulations and requirements of benefit programs. This has lead to restricted access to resources and opportunities,
which could aid the development of economic self-reliance, thereby placing the onerous procedure directly upon the shoulders of the poor.

My primary objective in this research was to identify the barriers low-income single mothers and social welfare service providers perceived as hindering the development of economic self-reliance since the implementation of PRWORA. Data confirm that single mothers, despite their participation in the labor market or their participation in social welfare programs, continue to experience economic insecurity and severe material hardship, and confront multiple barriers to becoming self-reliant. The economic insecurity and material hardship women endure is the result of inadequate earnings from employment and insufficient monetary aid from social welfare programs. Social welfare providers and low-income women perceived several broad categories of barriers and they draw on their own beliefs and experiences to explain how these barriers functioned to impede self-reliance. Results presented here demonstrates 1) low-income women and providers conceptualized and articulated these barriers very differently and 2) the multiple barriers single mothers encountered function synergistically to inhibit economic self-reliance and posed a serious threat to the well-being of low-income and welfare reliant families. In addition to documenting the occurrence and perception of established barriers, this research uncovered several previously unreported barriers, specifically credit history and financial debt. This chapter reviews the key findings of this study, discusses how these results contribute to the existing research on poverty and welfare reform, and considers the significance of these findings in terms of achieving economic self-reliance.
9.2 Discussion and Conclusions

9.2.1 Economic Insecurity and Future Economic Self-Reliance

Income, Subsidies, and Expenditures

Data collected on low-income single mothers’ household economic resources and expenditures reveals women in THP and homeless shelter samples did not earn sufficient incomes and or receive adequate social welfare benefits to accommodate their households’ needs or financial obligations. The economic insecurity these women confront parallels previous findings concerning low-income single mothers’ and former and current welfare recipients’ financial wherewithal and reveals that low-income single mothers’ impoverishment was not the result of ‘generational poverty’ or a ‘culture of pathologies’, but rather the consequence of downward mobility (Harris 1996, Edin and Lein 1997a, 1997b, Glasser and Bridgman 1999, Loprest 1999, Newman 1999, Seccombe 1999, WPWEP 1999, WWF et al. 2000, Cancian et al. 2002, Harknett 2006). Significantly more households in the THP sample lived above the federal guidelines of poverty than did households in the homeless shelter. However, more disconcerting was the number of THP households living in poverty, one-third. Of the six THP households classified as living in poverty, four relied solely on TCA or other social welfare benefits as a source of income and two households relied on low-wage employment. Social welfare benefits (e.g., TCA, SSI) and minimum wage employment do not sufficiently meet basic household subsistence needs or provide adequate ‘safety nets’ to assist families in overcoming poverty. However, to assume the remaining two-thirds of the THP sample living above the
poverty guidelines earned a sufficient wage or salary to become self-reliant is misleading. Adjusted monthly incomes, which included financial resources from informal employment, child support, and social welfare benefits and subsidies, were calculated for each THP household and found to be significantly higher than earned income. While it stands to reason that adjusted monthly incomes would be greater, the reliance on social welfare subsidies and benefits as an economic resource was unexpected. When earned income was compared to earnings and the amount of social welfare subsidies and benefits received, approximately 78% of women in the THP sample demonstrated medium to high levels of social welfare dependence. Social welfare dependence was also evidenced by the difference in the percent of women’s monthly income and the percent of benefits and subsidies directed toward defraying the costs of basic household expenditures. Furthermore, when THP household economic resources were compared to financial obligations, one-third of the households were unable to cover these expenses and were thus accruing additional financial debt.

The economic insecurity experienced by low-income single mothers and their reliance on benefits and subsidies to meet basic subsistence needs raises several concerns about the effectiveness of social welfare ‘safety nets’ in diminishing poverty and material hardship, and the efficaciousness of social welfare programs designed to promote economic self-reliance. As these women leave transitional housing programs or gain moderate increases in monthly reported income, they will have to redirect finite economic resources to take the place of lost benefits and subsidies due to income ineligibility. The loss of these benefits and subsidies can lead to severe
material hardships and may ultimately undermine the achievement of economic self-reliance.

Future Economic Self-Reliance

The U.S. Department of Health and Human Services’ poverty guidelines and thresholds are absolute measures of income inadequacy, capturing the severe economic insecurity of those living in poverty. However, this official poverty measure is outdated, does not reflect the number of people living in poverty or the differences in the cost of living for geographical locations, and has only been adjusted in the last 45 years to include the consumer price index (Bernstein 2001). While policy makers have discussed how to adjust this measure to adequately reflect the number of individuals living in poverty, no consensus has been reached. This is most likely because restructured measures would increase the number of people classified as living in poverty, necessitating an increase in the allocation of social welfare benefits (Allegretto 2005, Berstein 2001).

We need an innovative and pragmatic approach to understand why welfare reform has not successfully promoted economic self-reliance or decreased poverty among low-income single mothers. The Economic Policy Institute’s Family Budget Calculator is such a measure. This calculation is “a relative measure of the dollar amount families need to live modestly in the communities they reside”, incorporating the cost of living differences for geographic location, household size, and basic household budget items (Allegreto 2005, p1). Household budget categories calculated in the measure include: housing, food, childcare, transportation, health care,
household necessities, and taxes. These budget calculations are not reflective of actual expenditures, but rather the cost of these items in specific geographic locations. Furthermore, the family budget calculator does not take into account the income required for financial emergencies (e.g., car repairs, acute increases in utility expenses), saving or investing money, the payment of debt, or the capacity to afford insurance policies (e.g., renter’s, life, disability), but only the basic necessities required to maintain an adequate standard of living.

Table 9.1 contrasts the Department of Health and Human Services’ (DHHS) poverty guidelines against the Economic Policy Institute’s (EPI) Family Budget Calculator for single mothers residing in the Maryland portion of the Washington D.C. Metropolitan Area. The DHHS maximum annual income column represents nationally, the most a household can earn and be categorized as living in poverty. The EPI minimum annual income column represents the least a household must earn to meet basic subsistence needs in the Maryland portion of the Washington D.C. Metropolitan Area. The estimated cost for selected budget item(s) column provides examples of basic household expenditures (e.g., housing, childcare, and food) are represented in the third column.¹ These figures demonstrate the failure of federal regulations and policies to understand the reality of poverty and the financial wherewithal low-income families must possess to meet basic subsistence needs.

I calculated two income-to-needs ratios (INR) to ascertain the level of poverty women in the THP sample experienced and the difference women would have to earn to achieve economic self-reliance. The first INR uses the DHHS’ poverty guidelines,

¹ See Allegretto (2005) and http://www.epinent.org/datazone/fambud/fam_bud_calc_tech_doc.pdf for a detailed explanation of how these estimates are generated.
while the adjusted INR uses the EPI’s Family Budget Calculator minimum annual income estimates.\(^2\) When these ratios are calculated, 67% of the THP sample, either lived at or above the poverty guideline (Figure 9.1). However, according to EPI standards none of the women in THP sample were able to meet basic subsistence needs for their households.\(^3\) Figure 9.2 illustrates what women need to earn to achieve economic self-reliance (i.e., no financial assistance from social welfare programs). Women would need to increase their earnings by 97.5% (N = 18, \(\sigma = 36.3\)). An increase in earnings of this magnitude is unrealistic for several of these mothers without additional post-secondary education, which is limited and in some cases not permissible under current TANF guidelines.

\(^2\) As discussed in chapter four, the unadjusted INR is calculated by dividing a household’s annual income by the appropriate household size maximum annual income limit set by DHHS. A value of one is considered living at the poverty guideline, whereas a value below one indicates a household living in poverty, and a value greater than one is living above poverty. The adjusted INR is calculated by dividing a household’s annual income by the EPI’s estimate of the minimum annual income appropriate to household size and geographic location. Thus, a value of one is considered living at the Family Budget level, whereas a value below one indicates a household unable to meet basic subsistence needs, and a value greater than one indicates a household capable of meeting more than its basic subsistence needs.

\(^3\) The Family Budget Calculator does not provide annual income estimates for single headed households with more than three children. So the one household in this sample with four children is calculated utilizing the estimate of a single parent household with three children.
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Table 9.1 Incomes and Costs

Figure 9.1 Income-to-Needs Ratios Based on DHHS Poverty Guidelines and the EPI’s Family Budget Calculator for THP Households
9.2.2 Material Hardship

Low-income single mothers in the THP and homeless shelter samples perceived and experienced a high degree of material and financial hardship. Despite women’s participation in different social welfare programs, the types of hardships they suffered were similar, as were their explanations as to how these hardships influenced their ability to become self-reliant. Women’s perceptions of the material hardships their families endured reflect not only their current economic circumstances, but are likely indicators of future economic self-reliance.

Hardship Among THP Households

Among women in the THP sample, the most frequently reported material hardships were: food insecurity (90%), transportation (90%), inability to pay
household bills (83%), childcare (64.3%), health problems (50%), and lack of health insurance (44%). The lack of or the expense of childcare and transportation were perceived to influence women’s employment. Without adequate childcare or transportation women’s opportunities in the labor market were restricted and their efforts to obtain or maintain employment were hindered. Women perceived food insecurity and the inability to pay household bills as a direct consequence of insufficient economic resources. Food insecurity is particularly revealing of current economic circumstances as 50% received food stamps and 61% relied on gifts of food from their THPs or local food pantries.

Unpaid household bills, when viewed in the context of social welfare subsidies all of the women received (i.e., rental subsidies), illustrate women’s vulnerable economic circumstances. Unable to pay household bills on time or in their full amounts situates these women further into debt and damages their credit histories, which consequently hinders their efforts to obtain housing once they leave the THP. A lack of health insurance combined with existing health problems also has the potential to further contribute to women’s financial debt and poor credit history. Unable to afford health insurance from their employers or qualify for subsidized health care (i.e., Medicaid), women risked going into further financial debt when seeking medical treatment, leading many women in this sample to forgo necessary medical treatment. This is potentially dangerous, as medical conditions can worsen and prevent women from maintaining employment, which increases the economic insecurity of the household and exacerbates the occurrence of material hardship.
Women in the THP sample perceived and experienced specific types of financial hardship, with income insecurity (94%), financial debt and poor credit histories (89%), the lack of or the inadequate amounts of food stamps (72%), child support payments, and childcare subsidies reported most frequently. Financial debt and poor credit histories functioned directly within the household to create additional instances of material hardship. Financial debt requires women to reallocate limited economic resources to the payment of debt and restricted the use of financial resources to meet other household needs (e.g., clothing, food, savings, childcare, transportation, household bills). Poor credit histories and financial debt also prevented women from securing housing, employment, or loans (e.g., from lending institutions for the purchase of a vehicle or post-secondary education), further jeopardizing their prospects for economic self-reliance. Without financial resources from subsidies and child support payments women were not able to afford the food their families needed, pay for the childcare arrangements that allowed women to remain employed, or meet the expense of other household obligations. The lack of or the insufficient amounts of these economic resources increased the economic insecurity of women’s households and lead to further material hardship.

**Hardships Among Homeless Shelter Households**

The perceptions and experiences of women in the THP sample are similar to that of women in the homeless shelter reported. Among the most frequently reported material hardships were: housing insecurity (100%), transportation (95%), childcare (63%), cellular phone services (42%), and health insurance (42%). Although women
in the THP sample addressed housing as a material hardship they encountered, how women in the two samples perceived this hardship differed greatly. Women in the shelter sample addressed their current circumstances of being homeless and of obtaining future housing, whereas women in the THP sample voiced their concerns about the condition of their current living arrangements. This is not meant to imply that women in the THP sample were not concerned about future housing arrangements, but rather when asked about hardships they experienced their current housing conditions took precedence over future events or circumstances. For women in the shelter sample, housing insecurity hindered their efforts to obtain or maintain employment. In addition, the lack of or the expense of childcare and transportation impeded women’s efforts to seek employment and housing. Without affordable and accessible childcare and transportation arrangements, women in the shelter sample perceived their prospects for maintaining employment and housing once they left the homeless shelter as greatly reduced. Women’s explanations for how the lack of health insurance functioned as a hardship paralleled that of women in the THP sample. However, unlike women in the THP sample, women in the shelter sample perceived the expense and the lack of cellular phone services as a material hardship. Given the context of women’s economic circumstances (i.e., 37% of the sample had no reported economic resources [e.g., social welfare benefits, earnings], 37% reported limited financial resources from social welfare benefits, and 26% reported earnings from employment), the expenditures associated with securing and maintaining cellular services were beyond the means of a majority of women in this sample. Without cellular services, women were unable to gain employment, secure housing, or
maintain regular contact with familial or social network members. Women’s isolation from the labor market, the housing market, and potential sources of coping and leveraging support further exacerbated the material hardship their families endured and impeded women’s endeavors to become self-reliant.

Women in the homeless shelter sample reported similar types of financial hardships that parallel women in the THP sample. Women perceived the lack of childcare subsidies (93%), the lack of child support payments (89%), the lack of food stamps (58%), and the lack of TCA (50%) as contributing to their economic insecurity. The lack of child support payments and the lack of TCA made it difficult to afford housing and to meet basic household subsistence expenditures (e.g., childcare, transportation, groceries, utilities) in and out of the homeless shelter. Furthermore, without childcare subsidies women could not afford childcare, which further undermined their efforts to gain employment. Although food insecurity was not a hardship women experienced in the homeless shelter, women argued the lack of food stamps would lead to future food insecurity once they left the program. While the types of hardships endured by the women in the shelter were similar to women’s experiences in the THPs, the economic circumstances of women in the shelter were more precarious. Women in the shelter sample had a significantly shorter amount of time to acquire the economic resources facilitating self-reliance than did women in the THP sample.

Women in the shelter sample perceived poor credit history (84%), financial debt (68%), and insufficient income (79%) as financial hardships threatening the economic security of their household and the attainment of future self-reliance, as with
women in the THP sample. Although the frequency of report was not significantly different between the two samples, women in the shelter sample did have less debt on average than women in the THP sample and spoke of how a lack of credit history was just as debilitating as a history of poor credit in regards to securing employment and housing. The identification of financial debt and poor credit history as a type of hardship experienced by these two samples was unexpected. However, as a majority of both samples reported this type of hardship, further investigation into the types of material hardships experienced by low-income single mothers is warranted to verify whether these results are representative of hardships low-income single mothers experience or specific to this study.

The Implications of Material Hardship to Economic Self-Reliance

As women in the THP and homeless shelter samples participated in programs designed to promote economic self-reliance, women’s perceptions and experiences of the material hardships their households encountered is an indication of the progress women have made in becoming self-reliant. Several conclusions can be drawn from the high prevalence of material hardship reported by each sample of women. First, for women without an earned income, the financial amount of social welfare benefits (e.g., food stamps, SSI, TCA) did not sufficiently meet their households’ needs. Second, for women with a source of income and some type of social welfare benefit, the combined economic resources still did not adequately meet their households’ needs. Last, for those women who were economically ineligible for most social welfare benefits (e.g., childcare vouchers, food stamps, Medicaid) because of their
earned income, the household’s limited economic resources were allocated to priorities such as housing, transportation, and childcare, and resulted in fewer resources allotted to food, health care, bills, and clothing, and subsequently lead to material hardship.

From the data on material hardship, a fundamental theme emerges; the policies regulating social welfare benefits sets the amount of financial assistance and the income eligibility standards for the receipt of benefits too low to aid families in need of support. The material hardship, experienced by women and their families in this study, calls into question the effectiveness of social welfare programs in alleviating poverty and promoting economic self-reliance among low-income single mothers. When income eligibility standards for social welfare programs are set too low and women are unable to qualify for support, this places low-income households at risk for material hardship and potentially leads to more extreme circumstances undermining economic self-reliance. In addition, when the financial amounts of social welfare benefits and subsidies are too low, women are forced to make economic decisions that can increase material hardship and risk the well-being of their families. The frequent perception and report of material hardship illustrates the endemic problems low-income single mothers confront as they transition to a position of greater economic self-reliance and how these situations are not solely due to a lack of earnings, but also due to the lack of assistance from various social welfare programs. The various types of material hardship these households experience, regardless of the support they receive from social welfare programs, signals these programs do not adequately equip
women to become self-reliant; nor do these programs meet the material and financial needs of low-income single mothers’ households.

The data on material hardship raises concerns about low-income single mothers’ financial and material well-being once they exit transitional housing and homeless shelter programs. If women experience material hardship in a program, how will they fare once they leave the programs, their benefits are terminated (e.g., housing subsidies, TCA), and / or their earnings do not increase? If women’s experiences in this study are any indication, low-income single mothers do not achieve economic self-reliance and their households continue to endure housing and economic insecurity. In the homeless shelter sample, five women reached their allotted time and left the program during the process of data collection. Of these women, Steph and Missey left the shelter without securing social welfare benefits, employment, and housing; Candi secured employment but went without housing; and Donna and Monica secured temporary housing with members of their familial and social networks. Among the THP sample, five women ‘graduated’ during the process of data collection. Of these women, Veronica lost all of her social welfare benefits and continued to experience economic insecurity even though she provided in home care to ailing individuals in exchange for rent. Jennifer spent two months in a church shelter before securing employment, transportation, and a subsidized apartment in an adjacent county. Despite her employment, reduced rent, and use of social welfare benefits, her family continued to experience material hardship. Tabitha also confronted material hardship and economic insecurity although she too acquired subsidized housing and continued to receive social welfare benefits. Karen was able
to make ends meet for her family without the use of social welfare benefits by ‘doubling up’ with her adult daughter’s household. However, within a month of leaving the THP, Kay was wrongfully terminated from her employment, lost the housing she had secured, was seeking entry into a homeless shelter, and was applying for social welfare benefits.

9.2.3 Financial and Material Barriers

Social welfare service providers and low-income single mothers identified several financial and material resource barriers to achieving economic self-reliance. Among the financial resource barriers perceived by all three samples, living-wage or low-wage employment, lack of employment training or employable skills, lack of education, insufficient income, lack of child support payments, and poor credit history were cited as the most salient. Each sample perceived housing costs, childcare, and transportation as salient barriers. Although each sample cited similar financial and material resource barriers there were significant differences in the frequency of report between providers and the combined sample of low-income women and between women in the THP and shelter samples. Housing costs was perceived by all three samples as the most salient financial and material resource barrier to economic self-reliance. However, fewer providers reported it as a barrier when compared to the combined sample of low-income women (Fisher’s Exact Test, N = 77, P = 0.003).

While it is unclear why fewer providers recognized housing costs as a barrier to low-income single mothers’ achievement of economic self-reliance, it is conceivable that providers viewed other barriers (e.g., social welfare policies) as more immediate and
fundamental to hindering women’s endeavors. In contrast, significantly fewer low-income women stated a lack of education as a barrier to economic self-reliance. The difference in frequency of report and saliency scores for both of these perceived barriers reflect how providers’ and low-income women’s experiences with poverty and their beliefs about how poverty is overcome structure their understanding of how economic self-reliance is achieved. Providers’ perceptions of the barriers challenging low-income women emphasized how inadequate systems and infrastructure on a national scale facilitated inequality and poverty, whereas women’s perceptions focused on how local and individual issues impeded self-reliance.

These differing perspectives are given further credence when other financial and material resource barriers are examined. Fewer providers cited lack of child support payments (Fisher’s Exact Test, N = 77, P = 0.000), transportation (Fisher’s Exact Test, N = 77, P = 0.001), poor credit history (Fisher’s Exact Test, N = 77, P = 0.016), low-wage employment (Fisher’s Exact Test, N = 77, P = 0.023), and childcare (Fisher’s Exact Test, N = 77, P = 0.036) than women in the aggregate sample. Several explanations may account for these results. First, even though the payment of child support to custodial parents is a fundamental strategy employed by PRWORA policy to increase self-reliance, it is possible that providers did not perceive the payments as a reliable method to increase women’s household income and economic security. In contrast, low-income women viewed the lack of child support payments as directly contributing to the economic insecurity and material hardship their families experienced. Second, although the county had a sizable public transportation infrastructure, providers were not aware of the monetary expenses and inconvenience
this mode of travel posed to low-income women and their families, whereas women acknowledged how their financial burdens increased with the expense of transportation and how a lack of transportation prevented access to resources enabling self-reliance (e.g., employment, childcare, social welfare programs). Third, in view of the other barriers low-income single mothers encountered, it is plausible that providers did not appreciate how poor credit history prevented women’s access to employment and housing opportunities. In comparison, women from both samples related circumstances in which their poor credit hindered their efforts to obtain housing and employment. Fourth, as providers termed the barrier ‘lack of living-wage employment’, instead of ‘low-wage employment’, their perception of this barrier is potentially linked to another more salient barrier, lack of education. Providers’ statements assume that with greater levels of educational attainment women would have increased access to living-wage employment and hence a greater likelihood of achieving economic self-reliance. However, for women in this study, the opportunity to obtain living-wage employment stands in stark contrast to providers’ beliefs and opinions. Furthermore, when the data regarding women’s level of educational attainment is compared to women’s current employment, the data indicate post-secondary educational does not necessarily guarantee a living-wage. Finally, providers were not cognizant of how expensive childcare was in the county, the difficulty in procuring childcare subsidies from DSS, and the lack of accessible quality childcare arrangements that met women’s work schedules. For all mothers in this study with children who required childcare services, the expense, accessibility, and
availability of these services contributed to the households’ economic insecurity and hindered women’s current and future employment.

Significant differences in the frequency of report of financial resource barriers also occurred between women in the THP and shelter samples. Fewer women in the THP sample perceived lack of employable skills (Fisher’s Exact Test, N = 37, P = 0.005) and low-wage employment (Fisher’s Exact Test, N = 37, P = 0.037) as a barrier to economic self-reliance, whereas fewer women in the homeless shelter cited insufficient income (Fisher’s Exact Test, N = 37, P = 0.001) as a barrier. These results are consistent when viewed in context to women’s experiences and circumstances. Women in the THP sample possessed more advantageous skills sets to prospective employers and reported greater hourly wages than women in the shelter sample. Women in the THP sample possessed greater household financial obligations than women in the homeless shelter sample. Furthermore, it is likely women in the shelter sample considered other financial and material barriers (e.g., housing costs, employment, transportation, childcare, education) as more salient to becoming self-reliant than insufficient income as the homeless shelter accommodated many of the necessities their households required.

The influence of women’s experiences and current circumstances were further evident in the rankings and saliency scores of other financial and material resource barriers. Although there were no significant differences in the frequency of report between the two samples of women for housing, transportation, childcare, child support, or poor credit history, this lack of statistical difference was meaningful when the average rankings and saliency scores were examined in context to the sample’s
social welfare program affiliation. Women’s saliency scores for transportation, childcare, child support, and credit history were higher in the THP sample than the scores for women in the shelter sample. However, women’s saliency score for housing was higher in the shelter sample than in the THP sample. These results indicate women’s most immediate concerns and how they perceive these barriers to challenge the development of economic self-reliance. It stands to reason, that women residing in the homeless shelter, with limited resources and opportunities to secure future housing, would consider housing costs as a more salient barrier when compared to women who possessed housing. Because women in the THP sample spent more time actively engaged in programs designed to promote economic self-reliance and assumed greater financial responsibility for their households’ well-being, they more readily perceived other types of barriers as jeopardizing their economic security and achievement of self-reliance than women in the homeless shelter sample.

Despite social welfare services providers and low-income single mothers differing perspectives of the financial and material resource barriers women confront, their perceptions provide crucial insight as to how they perceive and understand the challenges to becoming self-reliant. These differences point toward how each sample employs their particular experiences and circumstances to comprehend the issues impoverished single mothers encounter in their attempts to become economically self-reliant. The variation in providers’ and low-income women’s perceptions assist in explaining why welfare reform policy has not been effective in reducing poverty and promoting self-reliance. Furthermore, this data counsels that both providers’ and women’s perceptions must be addressed in order for social welfare policy and
programs to better serve impoverished people’s needs and enable economic self-reliance.

9.2.4 **Institutional Barriers**

Free list data from social welfare service providers and low-income single mothers identified six salient barriers to women’s economic self-reliance: social welfare policies, ‘the system’, the Department of Social Services, eligibility standards of social welfare programs, regulations of social welfare programs, and welfare stigma. Providers and women’s perceptions and explanations for how these barriers hindered economic self-reliance differed and revealed two different levels of awareness or experience. Providers perceived social welfare policies and eligibility standards of social welfare programs as more salient barriers, whereas the combined sample of women cited the Department of Social Services and welfare stigma as more important barriers. Providers’ conception of and perception of the institutional barriers challenging the development of economic self-reliance reflected their own experiences and positions as intermediaries in social welfare programs. Providers recognized distal and fundamental sources for the barriers women encountered, specifically federal and local policies determining how programs were administered and benefits were disbursed. However, low-income single mothers attributed more proximate origins to the barriers they encountered, which reflected their lived experiences as individuals who accessed the services of social welfare programs.

Women’s perceptions and experiences were further evident in the frequencies, rankings, and saliency scores of free listed barriers. The significant difference
between the two samples of women with regard to social welfare policies (Fisher’s Exact Test, N = 37, P = 0.014) does imply more women in the THP sample were aware of the role federal and local policies served in the design and implementation of social welfare programs. Even though there were no significant differences in the frequency of report between the THP and shelter samples for five of the six barriers (i.e., Department of Social Services, social welfare program regulations, ‘the system’, welfare stigma, or eligibility standards for social welfare programs) this lack of statistical difference is significant and had meaning when the average rankings and saliency scores were examined in context to the sample’s social welfare program affiliation. Women in the THP sample had lower average ranks and higher saliency scores for the Department of Social Services and eligibility standards of social welfare programs, than did women in the homeless shelter sample, signaling that these barriers were more salient to women in the THP sample than other institutional barriers. These results stand to reason when two factors are considered. First, a majority of the women in the THP sample had more encounters with the Department of Social Services because of their lengthier status of homelessness and their participation in transitional housing programs. Second, more women in the THP sample reported a reduction of, a loss of, or denial of social welfare benefits due to income eligibility standards than did women in the shelter sample. In comparison, women in the shelter sample had lower average ranks and higher saliency scores for ‘the system’, welfare stigma, and social welfare program regulations, than did women in the THP sample, indicating these barriers took precedence to other listed institutional barriers. Again these results are reasonable when several other factors are taken into account. First,
before entering the homeless shelter, a majority of the sample had sought out assistance from non-DSS social welfare programs and been denied aid. Second, women in the homeless shelter frequently reported how staff from social welfare agencies neglected to process their applications for transitional housing, assist with employment or housing searches, and / or missed case management meetings. Third, women’s residence at the shelter was perceived to reduce their appeal to potential employers and consequently limited their participation in the labor market. Last, women in the shelter sample had a tighter schedule for developing strategies of self-reliance than did women in THP sample because the homeless shelter allowed for a maximum stay of 90 days.

9.2.5 Life Course Barriers

Social welfare service providers perceived twice as many life course barriers compared to women in the THP or shelter samples. However, only four salient barriers appeared on each sample’s free list: poor mental health, substance abuse, ‘family structure’ or ‘being a single parent’, and lack of familial support. Providers and women attributed value to these barriers differently. Although there was no significant difference in the frequency of report among providers and the combined sample of women for the barriers of poor mental health and substance abuse, the difference in saliency scores and average ranks between the two samples implies that providers perceived substance abuse and poor mental health as more relevant impediments to self-reliance. Even though less than 50% of the providers sampled recognized poor mental health and substance abuse as barriers, there are several
reasons why providers perceived these barriers as more salient than the sample of low-income women. First, in the literature on poverty and welfare, there is a growing realization that mental health ailments contribute to economic insecurity and homelessness not only among men, but also among women, specifically single mothers (Belle 1990, Danziger et al. 200a, Derr et al. 2000). This awareness is present in the social welfare community, as more organizations in the county offered services to clients with mental health ailments. For example, one of the THPs sampled for this study was designed specifically to promote self-reliance among low-income single mothers with mental health ailments. Another THP linked clients to health care professionals who could provide psychiatric treatment or psychological counseling; while the homeless shelter required all clients to undergo psychological evaluations. In addition, DSS, in conjunction with Partners in Housing, a community outreach program, offered workshops and seminars about the assessment and treatment of mental health ailments among the homeless population to case managers and to other social welfare service providers in the county. This additional training, in association with the growth in services, enhanced providers’ understanding of how detrimental untreated mental health problems could be to the achievement of economic self-reliance.

Second, unlike poor mental health, substance abuse is widely acknowledged among scholars and social welfare service personnel to impede employment and self-reliance (Bryant et al. 1996, Atkinson et al. 2001, Bush and Kraft 2001, Chandler et al. 2004). In addition, some providers were aware of poor mental health and substance abuse as barriers because of the proliferation of research demonstrating positive
correlations between mental health ailments and chemical dependence (Dickey and Azeni 1996, Jayakody et al. 2000, Schopperly et al. 2005, SAMHSA 2007) and the increased demand for both services among clients. Furthermore, because only a minority of women in the combined sample reported mental health ailments and substance abuse, fewer women perceived these issues as barriers to economic self-reliance. As with many of the barriers previously discussed, women in both samples identified and conceptualized the barriers to self-reliance based on their own experiences and circumstances. Women, who were unacquainted with the problems stemming from poor mental health or substance abuse, did not realize the import of these barriers to the development of economic self-reliance.

Unlike social welfare service providers, low-income single mothers more frequently perceived ‘being a single parent’ (Fisher’s Exact Test, N = 77, P = 0.009) and lack of familial support (Fisher’s Exact Test, N = 77, P = 0.002) as significant barriers to economic self-reliance. In regards to ‘family structure’ and ‘being a single parent’, these results are particularly interesting not only because they were unexpected, but also for what may be inferred. Since one of the core themes of PRWORA policy was a return to traditional family values and personal accountability with several national programs encouraging marriage and responsible parenting, it was surprising that a minority of social welfare service providers, 30%, acknowledged this barrier. These results advise that while policy makers and advocates for welfare reform perceived single motherhood as contributing to welfare reliance, a majority of providers recognized more immediate barriers to economic self-reliance. Furthermore, the difference in providers’ and low-income single mothers’
explanations and use of terminology is noteworthy. The labels providers and women employed for this barrier directly related to their explanations for how it hindered the achievement of self-reliance. Providers’ use of the label, ‘family structure’, indicated a deviation in culturally accepted ideals of what should constitute as a family and the roles men and women preformed. Providers’ beliefs and attitudes about ‘family structure’ were further reflected in their explanations, which attributed fault to women for becoming single mothers, and criticized women for financially supporting romantic partners and/or not pursuing child support payments from absentee fathers. These explanations never directly emphasized the consequence of ‘family structure’ to women’s achievement of self-reliance, whereas women’s explanations addressed how ‘being a single parent’ affected employment opportunities, household economic resources, and care giving responsibilities.

The coping and leveraging support provided by familial network members is an essential strategy used to mitigate the negative effects of poverty (Stack 1974, Gladow and Ray 1986, Nelson 2000, Clampet-Lundquist et al. 2004, Harknett 2006). The perception and report of lack of support from family is particularly important as opponents of welfare reform have cautioned that low-income single mothers will be forced to seek assistance from family members as PROWRA regulations limit benefit amounts and lengths of receipt (Edin and Lein 1997a, Abramovitz and Withorn 1999, Scott et al. 2005). It is unclear as to why less than 30% of providers perceived this barrier. However, it is likely that a majority of providers regarded other financial, material, institutional, and life history barriers as more salient to preventing economic self-reliance. Moreover, it is possible that providers only viewed family members as a
source of aid and did not consider how the lack of assistance from relatives harmed women’s households.

Unsurprisingly, more women in the shelter sample perceived lack of support from family as a barrier than women in the THP sample (Fisher’s Exact Test, N = 37, P = 0.003). This result seems reasonable when beliefs and notions of homeless women’s support networks are considered. Homeless women residing in a shelter are logically believed to have fewer and more distant familial network connections than women in the THP sample. However, this data contradicted the leveraging and coping support women reported receiving or having access to from familial networks members. Women in both samples reported receiving or having access to few sources of support from family members, with no significant difference between the two samples for nine categories of support. This data indicates that regardless of women’s participation in social welfare programs (i.e., transitional housing versus homeless shelter program) lack of support from relatives was a problem low-income single mothers experienced. Data on the support women received or had access to from both familial and social network members may explain why shelter women perceived lack of support from family as a more salient barrier than women in the THP sample. Women in the shelter sample reported less frequently receiving or having access to childcare, emotional support, employment opportunities, financial aid, and transportation than women in the THP sample. As these categories of coping and leveraging support can ease material hardship and economic insecurity, as well as contribute to sustained employment and eventual self-reliance, it is possible that women in the THP sample did not readily consider or differentiate the sources of
support they received or had access to, but rather conceptualized the potential sources of support as a whole.

9.3 Contributions to Poverty Research

9.3.1 Applied Significance

Despite the coping and leveraging support provided by social welfare programs, almost all of the women in this study experienced persistent economic insecurity and material hardship, and made little progress in developing the financial wherewithal to become self-reliant. This is particularly interesting when compared to how the federal government assesses their economic circumstances. Economic insecurity, material hardship, and social welfare dependency ratios are more reliable and realistic indicators of low-income single mothers’ financial circumstances and potential for economic self-reliance than DHHS poverty guidelines. The precarious situation these women experience is an indication of social welfare benefits and employment failing to meet the expense of basic household subsistence needs. As a result of economic insecurity women and their children endure financial and material hardship. These hardships jeopardize opportunities for employment and housing, as well as exacerbate health conditions and increase financial debt. As everyone woman in this study participated in some type of social welfare program (i.e., transitional housing or homeless shelter programs) and 70% received at least one additional service from another social welfare program (e.g., childcare subsidies, food stamps, Medicaid, SSI, or TCA), the economic insecurity and material hardship experienced by these households raises doubts about the effectiveness of social welfare ‘safety
nets’ in meeting the needs of impoverished families and the efficacy of social welfare programs in equipping women with the resources to become self-reliant. Material hardship and household economic data from this study demonstrate that regulations determining eligibility standards for social welfare benefits are set too low and thereby restrict access to vital economic resources to women in need of assistance. Artificially low eligibility standards engender economic insecurity, exacerbate material hardship, and render the process of becoming self-reliant more difficult for low-income single mothers. Furthermore, the financial assistance provided by social welfare benefits (e.g., food stamps, TCA, childcare subsidies) does not accurately reflect real world cost of living expenses.

Potential Solutions

The results from this study argue for several changes to current social welfare policies and programs. First, increased federal, state, and local funding is needed to support government and non-profit social welfare programs. With increased funding, existing organizations could offer greater financial assistance to clients by way of section 8 housing vouchers, childcare subsidies, and transportation subsidies; transitional housing and homeless shelter programs could enhance and expand the capacity of current services to serve more clients; agencies could develop new programs addressing sustained economic self-reliance and hire more staff to meet the current and future demands placed on their organizations. Second, current social welfare program policies and regulations need to be altered. Specifically: transitional housing programs and homeless shelters should extend the length of time clients may
participate in their programs in order for clients to become economically self-reliant; TANF policy should include four-year post-secondary education as an eligible work activity for welfare recipients if life time limits for assistance are to be maintained; and monetary amounts of TCA and food stamps should be increased to reflect actual costs of living and enable recipients to achieve a safe and decent standard of living. In addition, more effort must be made on the part of state and local government officials, and area businesses to promote living-wage job growth and affordable low-income housing in Prince George’s County.

*Future Lines of Inquiry*

More research is required to examine the efficacy of social welfare benefits in meeting basic household subsistence needs. Research documenting the prevalence of material hardship and economic insecurity in context to household expenditures among current and former recipients of welfare, as well as households defined as the ‘working poor’ will further illustrate the necessity of adjusting income eligibility guidelines of social welfare programs to meet the resource needs of more individuals and families in poverty. Furthermore, social scientists must evaluate the strategies social welfare programs implement to promote economic self-reliance among their clients and assess whether these programs are successful in imparting clients with the necessary resources and skills to support their families without the assistance of social welfare programs.
9.3.2 Theoretical Significance

Social welfare service providers and low-income single mothers perceived multiple interrelated institutional and societal barriers to economic self-reliance. However, how providers and low-income women articulated and explained these barriers differed because of their experiences, circumstances and positions in society. Providers cited distal and underlying barriers (e.g., social welfare policies, living-wage employment, lack of education) to the achievement of economic self-reliance, while women in the THP and shelter samples identified proximate and immediate barriers (e.g., low-wage employment, insufficient income, ‘the system’, DSS). Furthermore, when the free list data for the THP and shelter samples were examined more closely another pattern emerged. Even though women in each of the samples perceived and experienced similar barriers, the difference in frequency of report, ranking, and saliency scores indicated particular barriers impacted women’s households and women’s potential for economic self-reliance differently. This research revealed the development of low-income single mothers’ economic self-reliance was a lengthy process composed of various stages. Social welfare policies and programs must address the different stages and challenges women confront in their attempts to become self-reliant. Households in the homeless shelter had different material and financial needs than households in the THP sample and women in the shelter sample encountered different challenges to becoming self-reliant than women in the THP sample. These differences in material hardship and perception of barriers impeding self-reliance are to be expected, as women in the homeless shelter are at a greater
economic disadvantage than women in the THPs. Moreover, as part of lengthy programs facilitating economic self-reliance, women in the THPs have greater access to resources and opportunities that will aid in the development of self-reliance. A ‘one-size fits all’ policy will continue to neglect the diverse pathways women can pursue to achieve self-reliance. Furthermore, policies and programs, recognizing only social welfare service providers’ perception of the barriers low-income single mothers encounter, will continue to provide inadequate and insufficient services to clients and prevent women from escaping poverty and achieving self-reliance.

**Conceptualizing Poverty**

“Recent discussions about the plight of African Americans – especially those at the bottom of the social ladder – tend to divide into two camps. On the one hand, there are those who highlight the structural constraints on the life chances of black people. On the other hand, there are those who stress the behavioral impediments to black upward mobility. Unfortunately, these two camps have nearly suffocated the crucial debate that should be taking place about the prospects for black America. First, we must acknowledge that structures and behavior are inseparable, that institutions and values go hand in hand. How people act and live is shaped – though in no way dictated or determined – by the larger circumstances in which they find themselves. These circumstances can be changed, their limits attenuated, by positive actions to elevate living conditions. Second, we should reject the idea that structures are primarily economic and political creatures – an idea that sees culture as an ephemeral set of behavioral attitudes and values. Culture is quite as structural as the economy or politics …” (West 1991, pp 594 – 595).

Morgen (2002: 750-51) extends West’s argument by maintaining the discourse on poverty is shaped by political and economic agendas that narrowly focus on “the individual characteristics and behavior of poor individuals and families; their employment status; the amount and sources of their income; the prevalence and severity of the barriers to employment faced by individuals; [and] the difficulties they are facing making ends meet.” Welfare and poverty research, according to Morgen (2002) and O’Conner (2001), has become an industry onto itself, failing to acknowledge the ideological and structural roots of inequality and poverty, as well as, the voices and perspectives of those most effected, the impoverished.

West’s, Morgen’s, and O’Conner’s critiques are germane to understanding how poverty and inequality is perpetuated. Although West is often criticized for endorsing a culture of poverty model (De Genova 1995, Gordon 2001, Hays 2001, Headley 2001, Joseph 2001, Mills 2001, Lott 2006), his statements illustrate how the dichotomy between behavioral and structural perspectives of poverty is overly simplistic and disregards how shifting economic, ideological, and political landscapes

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have the capacity to intensify existing barriers, as well as facilitate the emergence of new barriers to low-income single mothers’ economic self-reliance. If it is accepted that social structures and institutions can create barriers to employment, perpetuate poverty, and prevent economic self-reliance, then the effect of behavioral ideologies of poverty on social structures and institutions must also be recognized. Behavioral ideologies of poverty influence attitudes, behaviors, institutions, policies, and programs in society. When behavioral perspectives replace structural perspectives in shaping social welfare policy this in turn facilitates inequality in the labor market, and in social welfare programs and policies, consequently erecting barriers to economic self-reliance by limiting access to critical resources, which could improve economic circumstances. A sustained discourse on poverty must incorporate the voices and experiences of the impoverished and acknowledge how values and beliefs, regarding the causes of poverty, create barriers in societal structures and institutions.

9.3.3 Methodological Significance

National or large-scale survey research on welfare reform has been instrumental in documenting general trends of welfare receipt, circumstances of material hardship, and barriers to employment and economic self-reliance welfare leavers experience. However, this type of research has not been successful in situating this data in context to low-income single mothers’ lives and explaining how household economic circumstances, material hardship, and the barriers women encounter affect the development of economic self-reliance. There is also a failure among these studies to articulate the origins of specific barriers, to explain how barriers operate in
women’s lives, and to demonstrate how these barriers prevent economic self-reliance. My research attempts to address these issues through the use of ethnographic data collection techniques and subsequently offers relevant methodological contributions to the study of poverty and welfare reform.

“Ethnography generates or builds theories of culture – or explanations of how people think, believe, and behave that are situated in local time and space” (LeCompte and Schensul 1999, pp.8). As a methodological technique, ethnography allows for the observation of what people do, the exploration into the reasons why individuals behave in a particular manner or hold specific beliefs or values, and provides environmental and cultural context to these actions and thoughts. While ethnography can generate both quantitative and qualitative data, perhaps one of the most important aspects of this method of data collection is the ability to capture research participants’ perspectives and allow their voices, beliefs, and experiences to guide the research process and serve as data. In addition, ethnography “complements and better explains [existing] survey data” by situating this data in the context of peoples’ lives and documenting important relationships between the data and other aspects culture (LeCompte and Schensul 1999, pp.38). It is this capacity of ethnography, to provide context to and explanations for human behavior, that is most relevant to research on welfare reform and the development of economic self-reliance. Through ethnography, we are able to describe the problems low-income single mothers encounter in their endeavors to achieve economic self-reliance and explain what this means to the future economic security of their families. By interviewing low-income single mothers and social welfare service providers, the perspectives of individuals on both sides of
welfare reform are presented, demonstrating the similarities and differences in their perceptions and knowledge of what prevents women from achieving economic self-reliance. Only through the voices of low-income single mothers and social welfare service providers do we begin to understand how economic insecurity, material hardship, and the barriers women confront, interact to impede the development of economic self-reliance.

In addition, ethnographic techniques facilitated the collection of household economic data by providing a comprehensive description of available economic resources, household expenditures, resource need, and material hardship. Data collected on household economies supports a growing body of literature illustrating the inadequacy of current measures of poverty, contributing to the ongoing discussion of how to measure poverty and economic self-reliance. Ethnography is essential to designing research instruments that accurately measure and establish parameters of poverty, material hardship, and the potential for economic self-reliance. My research furthers this discourse by identifying three broad domains to assist in the evaluation of an individual’s progress toward the attainment of economic self-reliance: household economic circumstances, occurrence of material hardship, and the presence of barriers to self-reliance. In terms of household economic circumstances, a household’s economic resources should be assessed in conjunction with economic expenditures, the level of subsidy dependence, and a realistic measure of poverty that considers household size, geographic location, and current cost of living standards. The type, severity, and regularity of material hardship experienced by a household must also be quantified. Furthermore, research instruments need to quantitatively measure low-
income single mothers’ and social welfare service providers’ perceptions of material hardship and perceptions of barriers to economic self-reliance encountered by a head of household. Through these domains and the development of appropriate research instruments a framework for analyzing an individual’s potential for economic self-reliance is possible.

9.4 Future Directions

Data from this research revealed several issues meriting further investigation. First, to ascertain whether the results of this study are representative of low-income and welfare-reliant single mothers’ experience outside of Prince George’s County, Maryland, comparative multi-site research is necessary. Ethnographic research of this scale will allow for the inclusion of ethnically diverse populations and generate investigations on the effect of cost of living differences, welfare policy implementation, and the historical context of socio-economic conditions in urban landscapes to the impoverishment of female-headed households. Second, to better understand low-income single mothers’ economic circumstances and the development of self-reliance, an examination of how women make household economic decisions in the context of limited financial resources is warranted. Behavioral ideologies of poverty lead to the assumption that low-income single mothers’ economic decisions regarding the well-being of their households are unwise or even irrational (Gilder 1981, Mead 1986, 1992, Murray 1984, 1990, Rector 1999, Rector and Johnson 2004). However, knowledge of the decision-making process women use to acquire and allocate economic resources will enable the design of improved social welfare policies.
and programs facilitating the development of self-reliance. Similarly, as time restrictions on TANF benefits limit access to social welfare safety nets, further research into how low-income single mothers utilize assistance from familial and social networks to cope with and escape poverty is essential. Fourth, as social welfare service programs are an integral component to low-income single mothers’ achievement of economic self-reliance, more attention should be spent evaluating the efficacy of such programs and the barriers providers confront when attempting to meet clients’ needs. Last, more consideration should be given to explaining how social and economic inequality is produced and sustained in society. Pierre Bourdieu’s concepts of capital, doxa, and habitus may serve as a suitable theoretical foundation to test whether the barriers low-income single mothers confront in their efforts to achieve economic self-reliance, originate in society through social and institutional structures that reproduce economic and social inequality. Linking empirical findings on the barriers to economic self-reliance to Bourdieu’s concepts of capital, doxa, and habitus provides a framework for clarifying: how ideologies of poverty create social and institutional barriers to the development of economic self-reliance; how life history barriers (e.g., mental health status, substance abuse) work in concert with other barriers to prevent the attainment of economic self-reliance; how welfare reform policies create additional barriers for women and consequently undermine household economic security; why welfare reform has not succeeded in promoting low-income single mothers’ economic self-reliance, and why their households often remain impoverished after leaving public assistance.
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APPENDIX A: IRB APPROVAL
May 20, 2008

Protocol Number: 2006B0184
Protocol Title: QUESTIONING THE BARRIERS TO ECONOMIC SELF-RELIANCE: A MICRO-ETHNOGRAPHIC INVESTIGATION OF AFRICAN-AMERICAN women IN PRINCE GEORGE’S COUNTY, Jeffrey Cohen, Lexine Trask, Anthropology.
Type of Review: Continuing Review—Expedited
IRB Staff Contact: Jacob R. Stoddard
Phone: 614-292-0526
Email: stoddard.13@osu.edu

Dear Dr. Cohen,

The Behavioral IRB APPROVED BY EXPEDITED REVIEW the above referenced protocol. The Board was able to provide expedited approval under 45 CFR 46.110(b)(1) because the research presents minimal risk to subjects and qualifies under the expedited review category(s) listed below.

Date of IRB Approval: May 19, 2008
Date of IRB Approval Expiration: May 19, 2009
Expedited Review Category: 7

In addition; the protocol has been reapproved for a waiver of documentation of the consent process.

If applicable, informed consent (and HIPAA research authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. The IRB-approved consent form and process must be used. Changes in the research (e.g., recruitment procedures, advertisements, enrollment numbers, etc.) or informed consent process must be approved by the IRB before they are implemented (except where necessary to eliminate apparent immediate hazards to subjects).

This approval is valid for one year from the date of IRB review when approval is granted or modifications are required. The approval will no longer be in effect on the date listed above as the IRB expiration date. A Continuing Review application must be approved within this interval to avoid expiration of IRB approval and cessation of all research activities. A final report must be provided to the IRB and all records relating to the research (including signed consent forms) must be retained and available for audit for at least 3 years after the research has ended.

It is the responsibility of the investigator to promptly report to the IRB any serious, unexpected and related adverse events or potential unanticipated problems involving risks to subjects or others.

This approval is issued under The Ohio State University’s OHRP Federalwide Assurance #00006378. All forms and procedures can be found on the ORRP website – www.orrp.osu.edu. Please feel free to contact the IRB staff contact listed above with any questions or concerns.

Shari R. Speer, PhD, Chair
Behavioral and Social Sciences Institutional Review Board
APPENDIX B: TABLES FOR CHAPTER 4
<table>
<thead>
<tr>
<th>Age Range</th>
<th>THP N = 18</th>
<th>%</th>
<th>Cumulative Percent</th>
<th>Shelter N = 19</th>
<th>%</th>
<th>Cumulative Percent</th>
<th>Combined N = 37</th>
<th>%</th>
<th>Cumulative Percent</th>
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<td>22</td>
<td>22</td>
<td>7</td>
<td>37</td>
<td>37</td>
<td>11</td>
<td>29</td>
<td>29</td>
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<td>26 – 30</td>
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<td>11</td>
<td>33</td>
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<td>11</td>
<td>47</td>
<td>4</td>
<td>11</td>
<td>40</td>
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<td>50</td>
<td>3</td>
<td>16</td>
<td>63</td>
<td>6</td>
<td>16</td>
<td>56</td>
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<td>36 – 40</td>
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<td>17</td>
<td>67</td>
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<td>90</td>
<td>8</td>
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<td>1</td>
<td>3</td>
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<td>51 - 55</td>
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<td>5</td>
<td>100</td>
<td>2</td>
<td>5</td>
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Table 1  Age Range of Low-Income Women in Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
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<td>African</td>
<td>2</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>African American</td>
<td>12</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td></td>
<td>European American</td>
<td>4</td>
<td>22</td>
<td>100</td>
</tr>
<tr>
<td>Shelter</td>
<td>19</td>
<td>African</td>
<td>2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>African American</td>
<td>17</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td>Combined</td>
<td>37</td>
<td>African</td>
<td>4</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>African American</td>
<td>29</td>
<td>78</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td></td>
<td>European American</td>
<td>4</td>
<td>11</td>
<td>100</td>
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Table 2  Ethnic Distribution of Low-Income Women in the Sample
<table>
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<th>Relationship Status</th>
<th>THP</th>
<th>Shelter</th>
<th>Combined</th>
</tr>
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<tbody>
<tr>
<td>N</td>
<td>18</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>Divorced with Partner</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Divorced with Partner but Single</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Divorced &amp; Single</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Partner</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Partner but Single</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Married &amp; Separated by Circumstance</td>
<td>0</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Married but Separated</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Married but Separated &amp; Single</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Single</td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Widow</td>
<td>1</td>
<td>0</td>
<td>1</td>
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Table 3  Relationship Status of Low-Income Women in the Sample

<table>
<thead>
<tr>
<th>Age Distribution of Children</th>
<th>THP N = 40</th>
<th>Percent</th>
<th>Shelter N = 19</th>
<th>Percent</th>
<th>Combined N = 59</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>Number of Children 5 years old and Under</td>
<td>15</td>
<td>37.5</td>
<td>12</td>
<td>63</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Number of Children Between 6 and 12 years old</td>
<td>15</td>
<td>37.5</td>
<td>7</td>
<td>37</td>
<td>22</td>
<td>37</td>
</tr>
<tr>
<td>Number of Children Between 13 and 18 years old</td>
<td>10</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>17</td>
</tr>
</tbody>
</table>

Table 4  Age Distribution of Children in the Sample
### Table 5  Age Distribution of Children, Including Fostered Children, in the Sample

<table>
<thead>
<tr>
<th>Age Distribution of Children</th>
<th>THP N = 40</th>
<th>Percent</th>
<th>Shelter N = 29</th>
<th>Percent</th>
<th>Combined N = 69</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Children 5 years old and Under</td>
<td>15</td>
<td>37.5</td>
<td>15</td>
<td>52</td>
<td>30</td>
<td>43</td>
</tr>
<tr>
<td>Number of Children Between 6 and 12 years old</td>
<td>15</td>
<td>37.5</td>
<td>9</td>
<td>31</td>
<td>24</td>
<td>35</td>
</tr>
<tr>
<td>Number of Children Between 13 and 18 years old</td>
<td>10</td>
<td>25</td>
<td>5</td>
<td>17</td>
<td>15</td>
<td>22</td>
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</table>

### Table 6  Education Status of Low-Income Women in the Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>General Equivalency Degree</th>
<th>High School Diploma</th>
<th>Some College</th>
<th>Currently in College</th>
<th>Associates Degree</th>
<th>Bachelors Degree</th>
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</thead>
<tbody>
<tr>
<td>THP</td>
<td>18</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Shelter</td>
<td>19</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Combined</td>
<td>37</td>
<td>3</td>
<td>20</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>2</td>
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</table>

### Table 7  Employment Status of Low-Income Women in the Sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>N</th>
<th>Employed</th>
<th>Percent Employed</th>
<th>Unemployed</th>
<th>Percent Unemployed</th>
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<tbody>
<tr>
<td>THP</td>
<td>18</td>
<td>14</td>
<td>78</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Shelter</td>
<td>19</td>
<td>5</td>
<td>26</td>
<td>14</td>
<td>74</td>
</tr>
<tr>
<td>Combined</td>
<td>37</td>
<td>19</td>
<td>51</td>
<td>18</td>
<td>49</td>
</tr>
<tr>
<td>Household Size</td>
<td>THP N = 18</td>
<td>Cumulative Percent</td>
<td>Shelter N = 19</td>
<td>Cumulative Percent</td>
<td>Combined N = 37</td>
</tr>
<tr>
<td>------------------</td>
<td>------------</td>
<td>--------------------</td>
<td>----------------</td>
<td>--------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Percent of Households with 2 Members</td>
<td>17</td>
<td>17</td>
<td>42</td>
<td>42</td>
<td>30</td>
</tr>
<tr>
<td>Percent of Households with 3 Members</td>
<td>50</td>
<td>67</td>
<td>53</td>
<td>95</td>
<td>51</td>
</tr>
<tr>
<td>Percent of Households with 4 Members</td>
<td>28</td>
<td>95</td>
<td>5</td>
<td>100</td>
<td>16</td>
</tr>
<tr>
<td>Percent of Households with 5 Members</td>
<td>5</td>
<td>100</td>
<td>0</td>
<td>3</td>
<td>100</td>
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Table 8  Sample Household Size
APPENDIX C: FREE LISTED BARRIERS
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<tr>
<th>Item</th>
<th>Frequency N = 40</th>
<th>Percentage</th>
<th>Average Rank</th>
<th>Smith’s S</th>
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<tr>
<td>Social Welfare Policies</td>
<td>29</td>
<td>73</td>
<td>13.759</td>
<td>0.228</td>
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<td>Housing Cost</td>
<td>27</td>
<td>68</td>
<td>4.074</td>
<td>0.546</td>
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<tr>
<td>‘The System’</td>
<td>25</td>
<td>63</td>
<td>12.360</td>
<td>0.270</td>
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<tr>
<td>Eligibility Standards of Social Welfare Programs</td>
<td>24</td>
<td>60</td>
<td>10.750</td>
<td>0.295</td>
</tr>
<tr>
<td>Living Wage Employment</td>
<td>23</td>
<td>58</td>
<td>6.565</td>
<td>0.397</td>
</tr>
<tr>
<td>Lack Education</td>
<td>20</td>
<td>50</td>
<td>6.300</td>
<td>0.369</td>
</tr>
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<td>Lack Childcare</td>
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<td>Poor Mental Health</td>
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<td>Insufficient Income</td>
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<td>45</td>
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<tr>
<td>Lack Job Training</td>
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<td>45</td>
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</tr>
<tr>
<td>Lack Life Skills</td>
<td>17</td>
<td>43</td>
<td>9.412</td>
<td>0.233</td>
</tr>
<tr>
<td>Lack Budgeting Skills</td>
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<td>43</td>
<td>9.765</td>
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<td>Substance Abuse</td>
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<td>43</td>
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<td>Lack Transportation</td>
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<td>Lack Opportunities</td>
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<td>Lack of Section 8 Vouchers</td>
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<td>Life Experiences</td>
<td>12</td>
<td>30</td>
<td>13.250</td>
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<td>High Cost of Utilities</td>
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<td>28</td>
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<tr>
<td>Lack of Social Support</td>
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<td>Apathy of Clients</td>
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<td>Community Attitudes</td>
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<td>Mistrust of the System</td>
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<td>23</td>
<td>12.667</td>
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<td>Lack of Self Esteem</td>
<td>9</td>
<td>23</td>
<td>9.444</td>
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Table 1 Social Welfare Service Provider’s Complete Free List of Barriers
Table 1 continued

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Table 3 Social Welfare Service Provider’s Free Listed Ideological and Institutional Barriers
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Table 5 THP Sample’s Complete Free List of Barriers
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Table 7 THP Sample’s Free Listed Ideological and Institutional Barriers

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Table 9 Shelter Sample’s Complete Free List of Barriers
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### Table 11  Shelter Sample’s Free Listed Ideological and Institutional Barriers

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### Table 12  Shelter Sample’s Free Listed Life History Barriers

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Table 11  Shelter Sample’s Free Listed Ideological and Institutional Barriers

Table 12  Shelter Sample’s Free Listed Life History Barriers

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APPENDIX D: QUESTIONNAIRES
Introductory / General Interview Guide – This guide is loosely followed and serves as a script for initiating a dialogue with the participant during the unstructured interviews.

1. How old are you?
2. Where you born in Prince George’ County, MD?
3. How long have you lived in this area?
4. What is the highest grade or year of school that you completed?
   a. Where did you attend?
5. Are you currently employed?
   a. Where do you work?
   b. How much do you earn an hour?
6. What is your current relationship status?
7. Do you have any children?
   a. How many?
   b. What are their ages and genders?
8. What brought you to transitional housing?
   a. How long have you been in transitional housing?
9. Do you receive any money or vouchers from government services?
   a. How regularly?
   b. Estimated amount?
   c. Does this help you financially?
   d. Are there still hard times?
10. Do you receive money or help from family members?
11. Do you receive money or help from non-family members?
12. What barriers / challenges do you face in economically supporting your household?
13. What are the barriers that you or other women face when trying to overcome homelessness or poverty?
14. What concerns you about the way society perceives poverty?
15. What do you think is wrong with the system?
**Employment Semi-Structured Interview Guide**

1. Are you currently employed?
2. Where are currently employed?
3. What are your duties?
4. What is your work schedule?
5. How long have you worked for this employer?
6. How did you find the job?
7. How far of a commute is it to work?
8. How do you get to work?
9. What is your wage or salary?
10. Are there benefits associated with this job?
   a. Healthcare?
   b. Insurance?
   c. Daycare?
   d. 401K or Pension?
   e. Transportation voucher?
   f. Education reimbursement?
11. Are there costs associated with this job?
12. Does your employer understand about your situation as a single-mother?
13. Are you satisfied with your job?
   a. Why?
14. How does your family feel about this job?
   a. Why?
15. How do your friends feel about this job?
   a. Why?
16. Would you ever leave your job?
   a. Why?
17. Is there any other type of job you wish you could have?

**Perceptions & Experiences with Labor Market**

1. Is it hard to find a job?
   a. Why?
2. Is it hard to keep a job?
   a. Why?
3. Are there benefits to employment other than money?
4. Are there costs to employment?
5. Does being employed affect your household (children / family)?
   a. Positively? Negatively?
   b. How? Why?
6. Does being a single-mother conflict with employment?
   a. Why? How?
7. What prevents you from getting (better) employment?
**Education Semi-Structured Interview Guide**

1. What is the highest grade or year of school that you have completed?
   a. Where did you go?
   b. Did you like school?
   c. If you did not finish, why did you stop going to school?

2. Do you want more education?
   a. Why?
   b. What could you do with more education?
   c. What kind of education would you get?
   d. What limits or prevents you from getting more education?
   e. What resources are available to you for more education?
   f. Does your family support you in obtaining more education?
      i. Who supports you?
      ii. Who does not support you?
   g. Do your friends support you in obtaining more education?
      i. Who supports you?
      ii. Who does not support you?

3. How does or would education affect your household?
   a. Negatives?
   b. Positives?

4. What do you want for your children with regards to education?
Childcare Semi-Structured Interview Guide

1. Who takes care of your children when you are working?
   a. What type of care is provided?
   b. Are you satisfied with care your child receives?
      i. Do you experience any problems with your daycare provider?
   c. How did you find this person or organization?
   d. How much do you pay for these services each week?
   e. If money were not a concern, would you continue to use this person or organization?

2. Have you tried to get vouchers from the Department of Social Services?
   a. Were you eligible?
      i. If no, why? / Why were you turned down?
      ii. If yes, how much do you receive?
      iii. Do you experience problems with the vouchers?
   b. What was your experience like in trying to obtain vouchers?

3. Who else helps you take care of your children when you have to go out?
   a. How is this person(s) compensated?

4. Do you feel as if you have choices when it comes to childcare?
Housing Semi-Structured Interview Guide

1. What is it like living in this neighborhood?
   a. How long have you lived here?
   b. How much do you pay in rent?
   c. What do you like best about the neighborhood?
   d. What do you like least about the neighborhood?
   e. Do you feel safe?
   f. What are your neighbors like?

2. Do you have problems with your apartment or the apartment complex management?
   a. A leaky roof or ceiling?
   b. Plumbing problems? (e.g., toilet, hot water heater, sink, dish washer)
   c. Bats, mice, roaches, or insects?
   d. Broken windows?
   e. Security?
   f. Heating or air-conditioning that does not work properly?
   g. Electrical problems?
   h. Kitchen appliances that do not work properly? (e.g., stove, refrigerator)
   i. Inadequate garbage pickup?
   j. Other?

3. Do you have friends that live nearby?

4. Do you have family that live nearby?

5. Can you afford / or will you be able to afford private housing?
   a. What will you do once your time is up in the transitional housing program?
   b. Where would you like to live after the transitional housing program?
   c. Where would you not like to live?
Material Hardship Interview Guide

Food

1. Do you find it hard to feed your family?
   a. Why is it hard?
   b. How do you manage?
2. Do your children qualify for a school breakfast or lunch program?
   a. Do they currently use it?
   b. Are there any problems associated with the program?
   c. Does this service help you and your kids?
3. Do you use food pantries?
   a. When was the last time you used a food pantry?
   b. Are there problems associated with a food pantry?
   c. Are there benefits associated with a food pantry?
4. Do you qualify for food stamps or WIC?
   a. How much do you receive?
   b. Does this service help you and your kids?
   c. If you lost service, how would it impact your household?
   d. What was your experience like trying to obtain food stamps or WIC?
   e. Have you had any problems associated with the program?
5. Do you share food with anyone or does anyone share food with you?
   a. How often does this happen?
   b. Who does it usually occur with?
   c. When was the last time this happened?
   d. Are there any problems? Are there any advantages
6. Groceries?
   a. Where do you shop for groceries?
      i. Why do you shop there?
      ii. How often do you go grocery store shopping?
      iii. How much do you spend on average each time?
      iv. Are there any problems / advantages to shopping at this location?
      v. Do you use coupons?
   b. Do you purchase toiletries and cleaning products at the grocery store?
      i. If not, where?
      ii. Why do you purchase these items at this location?
      iii. How much do you spend on average for these types of items?
   c. If money were not a concern where would you shop for groceries?
7. Has there been a time when you or your family needed food, but could not afford to buy it?
   a. When was the last time that happened?
   b. What did you do?
   c. Does this happen often?
8. Have you or your family gone hungry because you could not afford to buy food?
   a. When was the last time that happened?
   b. Does this happen often?

Medical Care

9. Do you have health insurance for yourself?
   a. Why / Why not?
   b. Who is your health insurance through?
      i. What does it cover?
      ii. What does it not cover?
   c. How much does your health insurance cost?
   d. Are their benefits to your health insurance?
   e. Are their problems with your health insurance?
   f. If you have health insurance through the government what was your experience like in obtaining this service?

10. Do your children have health insurance?
    a. Why / Why not?
    b. Who is their health insurance through?
    c. How much does your health insurance cost?
    d. Are their benefits to their health insurance?
    e. Are their problems with their health insurance?
    f. If your children have health insurance through the government what was your experience like in obtaining this service?

11. When you or your children are sick enough to require care, where do you go?
    a. Where will you not go?
       i. Why?

12. When was the last time you or your children went to the dentist?
    a. Is it hard to get an appointment?
    b. Does the insurance pay for it all?

13. When was the last time you or your children went to the eye doctor?
    a. Is it hard to get an appointment?
    b. Does the insurance pay for it all?

14. How much do you spend on average for over the counter and prescription medications for you and your children each month?

15. Do you have medical debt that you are trying to pay off?
    a. How much is the debt?
    b. Do you make monthly payments toward debt?
       i. Amount?

16. Do you or children see someone other than a doctor or nurse for your medical needs?
    a. Who?
    b. For what?
    c. How is this paid for?
17. In the last year, has there been a time when you or your children needed to see a doctor or dentist, but could not afford to go?
   a. When was the last time this happened?
   b. What did you do?
   c. Does this happen often?

Housing

18. Are there times when you don’t have enough money to pay the rent?
   a. What do you do then?
   b. How often do you have trouble paying rent?
19. Does the experience of not being able to pay rent now, scare you with respect to the future?
   a. How
20. What would help you in your current housing situation?
21. What would help you in terms of future housing?
22. Have you applied for section 8 housing?
23. How will you pay rent, once you are out of the THP?
24. What do you think you will do when you leave the THP?
   a. Where will you live?
   b. What kinds of options do you think you have available to you with in terms of housing?
   c. What would you like to happen?
   d. What would you not like to happen?
   e. How would you feel about living with relatives?
   f. Doubling up with another family?
   g. Moving in with companion?
25. Have your utilities been turned off because you could not afford to pay the bill?
   a. When was the last time this happened to you?
   b. What did you do?
      i. Electricity?
      ii. Heat?
      iii. Water?
      iv. Phone?
      v. Cable?
      vi. Cell Phone?

Clothing

26. Do you have enough clothing for yourself?
   a. Causal wear?
   b. Employment wear?
   c. Winter wear?
27. Where do you shop for clothing for you and your children?
d. Thrift store?
e. Target / Walmart?
f. Department stores?
g. Other?

28. Do your children have enough clothing?
29. Do you feel that your children go without proper winter clothing because you cannot afford to buy it?
   a. When was the last time that happened to you?
   b. What did you do?

30. Do you feel that your children wear clothes / shoes too long? (i.e., the clothes do not fit – too big / too small, clothes are too worn)

31. Do your children have to wear uniforms for school?
   a. If so, where do you buy these uniforms?
   b. Do you receive assistance with buying these uniforms?

32. Does anyone, beside yourself, provide clothing for your children?
   a. Who?

33. How do you manage to buy all the clothes your kids and you need each year?
   a. How much do you think you spend each week or month?
   b. How much do you think you spend on your personal appearance each month? (including haircuts, nails, etc.)
   c. Shopping strategies?
   d. Sacrifices?

34. Resources?
Experience with Welfare or Charitable Agencies

1. Have you received temporary cash assistance (welfare payments) within the last five years?
   a. When was the last time you received payments?
   b. Why were you receiving TCA?
   c. How much did you receive each month?
   d. Were there advantages to receiving TCA?
   e. Were there problems to receiving TCA?
   f. What was your experience like applying for TCA?
   g. How and why did you stop receiving TCA?

2. Do you think you are better off working than on welfare? (if working)
   a. Are there advantages to not receiving TCA?
   b. Are there problems to not receiving TCA?
   c. Are you financially better off with a job, than you were on TCA?

3. Are you still eligible to receive TCA?
   a. Would you go back to receiving TCA?
   b. Under what circumstances?

4. Were you ever on welfare when growing up?

5. Have you received assistance from a local church in the last three years?
   a. When was the last time you received assistance?
   b. Do you go to this church for assistance often?
   c. What type of assistance did you receive?
   d. What brought you to that church?
   e. Can you describe your experience?
   f. Where there advantages to going to this organization?
   g. Where there disadvantages to going to this organization?

6. Have you received assistance from a community-based organization in the last three years?
   a. When was the last time you received assistance?
   b. Do you go to this organization for assistance often?
   c. What type of assistance did you receive?
   d. What brought you to that organization?
   e. Can you describe your experience?
   f. Where there advantages to going to this organization?
   g. Where there disadvantages to going to this organization?

7. Do you think there are problems with charitable organizations or the Department of Social Services that make it harder for you to support your household?
   a. What are the problems?
b. Why do you think these problems exist?
c. How do these problems impact you and your household?

8. What would you like to see change with:
   a. Department of Social Services?
      i. Why?
   b. Community-based organizations?
      i. Why?
Household Resources & Expenses

Income

1. Do you receive TCA?
   a. How much do you receive each month?

2. Are you currently employed?
   a. How much do you make in a week, bi-weekly, or a month?
   b. Do you have a second job?
      i. How much do you make in a week, bi-weekly, or a month?

3. Do you have any informal jobs?
   a. Work for cash? (bartending, cleaning, cooking, babysitting, bottle collection, hair styling, give blood or plasma, etc.)
      i. How much money do you receive?
      ii. How often do you do this?
   b. In kind work? (Work for food, lodging, etc.)
      i. How much do you receive?
      ii. How often do you do this?
   c. Do you have a part-time sales job? (Avon, Mary Kay, Pampered Chef, etc.)
      i. How often do you do this?
      ii. How much do you receive?

4. Do you receive child support?
   a. Is the money paid directly to you?
      i. How much each week, bi-weekly, or monthly?
   b. Is the money passed through by court ordered payment?
      i. How much each week, bi-weekly, or monthly?
   c. Are you legally supposed to receive child support, but are not currently receiving the required payments?
   d. If you do not receive child support at this time, have you considered taking the father to court to get child support?
      i. If you have not done this, why?
      ii. Has the state helped you to try and collect child support?
   e. If you do not currently receive child support, do you expect to receive child support in the near future?

5. Do you receive money from family?
   a. When was the last time this happened?
   b. Who helped you?
   c. How much do you usually / generally receive?

6. Do you receive money from friends?
   a. When was the last time this happened?
   b. Who helped you?
   c. How much do you usually / generally receive?

7. Do you receive money from boyfriends?
   a. When was the last time this happened?
b. How often does this happen?
c. How much do you usually / generally receive?

8. Have you received assistance from a church?
   a. When was the last time this happened?
   b. How did they help you?
   c. How did you know to go this organization?

9. Have you received assistance form a community-based organization?
   a. When was the last time this happened?
   b. How did they help you?
   c. How did you know to go this organization?

10. Did you get an earned income tax credit last year?

11. Do you qualify for:
   a. Childcare subsidy?
   b. Energy assistance?
   c. Housing assistance or subsidy?
   d. Transportation voucher?

12. Do you have a checking account?
   a. How close is your bank?

13. Do you have a savings account?
   a. How often do you put money into your savings account?

14. Do you get money or assistance from someone or something that I have not mentioned?

Expenses

1. Do you have a car?
   a. Is this car paid for?
   b. How did you acquire this vehicle?
   c. How much is the car payment?
   d. How much is car insurance?
   e. How much do you spend on gas each week?
   f. How much do you spend on oil changes?
   g. How often do you have to make repairs?
      i. When was the last time you had repairs and how much did it cost?
   h. Did you have to pay for driver’s education?
      i. How much?

2. Do you rely on neighborhood or official taxis for transportation?
   a. Is this a reliable service?
   b. How much do you pay for this service?
   c. Do you ever pay someone to use their car?
      i. How much?

3. Do you rely on public transportation?
   a. Is this a reliable service?
   b. How much do you pay for this service?
4. Do you have a cell phone?
   a. How much do you pay each month for this service?
   b. Do you have problems paying this bill?
   c. Do any of your children have cell phones?
      i. Who pays for this service? How much is it each month?

5. Do you have a land-line telephone?
   a. How much do you pay each month for this service?
   b. Do you have trouble paying this bill?

6. Do you have cable TV?
   a. How much do you pay each month for this service?
   b. Do you have trouble paying this bill?

7. How much do you pay each month in rent?

8. How much do you pay in day care each week, bi-weekly, or monthly?

9. How much do you spend eating out each week for yourself or your family?

10. How much do you spend on groceries without or after foodstamps?

11. Do you have:
    a. Life Insurance
       i. How much do you pay bi-weekly or monthly?
    b. Renter’s Insurance
       i. How much do you pay each month, quarter, etc.?
    c. Health Insurance
       i. How much do you pay bi-weekly or monthly?

12. Do you have credit cards?
    a. How many do you use?
    b. What are you putting on your credit card?
    c. What is a normal monthly balance for you?
    d. How much do you pay each month?
    e. Do you have credit card debt?
       i. How much do you pay each month?
       ii. How does this debt impact you and your household?

13. Do you have other debt, besides credit card debt?
    a. How much?
    b. How did you accrue this debt?
    c. Are you trying to pay this debt off?
    d. How much do you pay each month?
    e. How does this debt impact you and your household?

14. Do you have other expenses that I have not asked you about?
    a. What are these expenses?
    b. How much do you spend on these expenses each month?
1. Do you consider yourself to live in poverty – right now / currently?
   a. Why?
   b. How?
   c. If so, how would you describe your current experience?
   d. If so, have you had similar experiences like this before?
      i. If so, how is your current experience different than before?
2. What do you think has held you back financially?
   a. How?
   b. Why?
3. What problems do you encounter in trying to gain financial security for you and your household?
   a. Why are these problems for you?
   b. How are these problems for you?
   c. What hinders you the most?
   d. What do you see as solutions to these problems?
4. What would help you gain financial security for you and your household?
   a. Why would this help you?
   b. How would this help you?
5. How is your life different, since living in the transitional housing program?
6. How do you see your life after the transitional housing program?
7. Besides the transitional housing program, have you dealt with other types of welfare or charitable agencies?
   a. If so, what agencies did you deal with?
      i. What services did they provide?
      ii. What was your experience like with that agency?
8. Do you think about poverty?
   a. How do you think about poverty?
9. For women in your situation (i.e., being single-mothers) what obstacles do women face in supporting their families?
   a. How do these obstacles impact women’s ability to financially support their households by themselves without help from others?
10. What concerns you about the way society perceives poverty?
11. What do you think is wrong with the system?
**Familial and Social Support Networks**

1. When you need help who can you go to?
   a. Who is that person in relationship to you?
   b. What kind of help do they provide?
   c. Does this help cost you anything?

2. Out of the list:
   a. Who do you prefer to go to for help?
      i. Why?
   b. Who helps you the most?
   c. Who will you not go to for help?
      i. Why?

3. How bad does it have be for you to ask for help?
   a. Examples?

4. What will you ask for help with?
   a. Is there anyone in particular you will go to for help with this?
      i. Why or Why not others?

5. What will you not ask for help with?
   a. Why?

6. Do you have close relationships with other women in the transitional housing program?
   a. Why?
   b. Could you ask these women for help?
      i. Why?
Interview Guides For Semi-Structured Interviews with Service Providers

General Questions on Transitional Housing

1. Who is eligible for transitional housing? Who are your clients?
2. How are families-individuals determined eligible / what is the application process?
3. Are there rules or requirements that must be followed to maintain housing?
4. Can a client be asked to leave the program?
5. How are rent, utilities, renter’s insurance handled? What is fair market rent?
6. Where are individuals or families housed?
7. How long can an individual / family stay in transitional housing? / How often can individuals receive services?
8. How does this program promote economic self-reliance / economic self-sufficiency?
9. How does the program assist with employment? What types of services are available?
10. What happens to your clients after they leave the program? Do they still receive assistance of some sort? Do you follow up with them?
11. For the clients coming in – what are the reasons that individuals or families become homeless or face economic crisis?
12. What are the barriers or problems in overcoming poverty for individuals in Prince George’s county?
13. Do you think low-income African-American women confront different barriers to economic self-reliance?

General Service Program Questions

1. What types of services are available to clients?
2. Who is eligible for this program?
3. What is the process of the program?
4. How much assistance is given to a family / individual?
5. How long can a family / individual receive assistance?
6. In your experience, what is the predominant need?
7. Who is seeking assistance primarily? (intact two parent households / single-headed households)?
8. Form your experience, what are the problems challenging your clients? Do you think that single-mothers face different or more problems?
9. Do you think, that your clients have a hard time becoming economically self-reliant? If so, why?
10. What would you list as the barriers to low-income African-American single-mother’s economic self-reliance in Prince George’s county?