



Real People - Complex Lives

Understanding the Stories of Women and Their Children: Welfare Reform in Georgia

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**“What did welfare mothers do all day?
... If there were any Cadillac-driving,
champagne-sipping, penthouse-living,
welfare queens — I didn’t find them.”**

(David Zucchino, *Myth of the Welfare Queen*)

INTRODUCTION

Listening to the women and their children who are directly affected by Welfare Reform

Intense political and media attention has been focused on the reform of the U. S. welfare system. Often lost in the glare of attention are the women and children whose lives are directly affected by the changes. This publication tells the stories of seven of these families. We focused on women who are parenting older children and adolescents, a group of families that have, until recently, received minimal attention among reform advocates and welfare-to-work researchers. We began interviewing women with an interest in understanding how TANF reform was affecting families where one or more members had disabilities.

After several interviews, it became clear that issues of disability were intertwined with many other serious life challenges. One of the challenges that occurred over and over in the stories was the struggle of many of the women to parent older children who were having ongoing problems with school, with the legal system, or with the community. We decided to focus on these women; issues of disability and chronic illness became secondary themes across the stories.

Information for the stories was obtained during home visits and personal interviews with the women. All names and geographic locations have been changed to protect the identities of the women. Although almost all of the women gave us permission to use their real names, we decided that it would better serve them and their children to keep their identities anonymous.

Otherwise, the stories are true reflections of what we learned from the women. They reflect struggles, victories, and unmet challenges. The stories underscore the disturbingly inadequate response of schools, counselors, and the mental health system to youth with emotional disabilities and challenging behavior. Too often, the women are seemingly on their own, with little or no support from the service system, forced to confront the troubled behavior of their children with limited resources and few viable options.

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After listening to the women, it became clear that judging the success or failure of welfare reform is more difficult than examining how many families have left the welfare rolls or how many women have secured employment. Many of the struggles facing these women are not related to welfare

reform or the requirement to seek employment. Most of the struggles have their roots in poverty.

Poor women are forced to make hard choices for themselves and their children. The work requirements of welfare reform add another layer of complexity to lives that are already inordinately complicated. The stories contain themes of domestic violence, rape, alcohol and drug abuse, inadequate housing, and neighborhoods characterized by crime and hopelessness. It is our desire that these stories will stimulate discussion. We believe that reading about the lives of these families will help to clarify the strengths, and the shortcomings, of welfare reform policies for families of school-aged children.

"My children have seen too much. I think it has been hard for them." Arleene sat on the couch, retelling her story of abusive relationships and other challenges in her life. She lives in a spacious duplex but said that while the house was nice, there were drug dealers out on the corner who transacted business right in front of her house. "I would like to move from here but there are very few places I can afford."

"The children have seen too much violence. It has really affected my youngest and oldest children. Tommy is on Prozac for depression and Michael is on Ritalin. I keep getting called to the school on both of them. Now the school told me I have to come and stay with Michael because he fights the teachers and the other students. He is six, but he got held back in kindergarten. They say he is a danger to himself and others and that if he is going to go to school I have to be there. They suggested to me that I 'home school' him. I don't know how to teach. That is what the schools are supposed to do, isn't it?"

Arleene spoke about the benign brain tumor that she has, a condition which needs ongoing monitoring. She said she had sinus problems and headaches and wasn't sure if it was just sinus trouble or from the tumor.

Her discussion shifted to concerns about her oldest son, Tommy. "He saw me get shot in the foot by his daddy. I left him, but the next man was just as bad. He got really upset at the children one day and held Tommy upside down out of a window and threatened to drop him if the kids didn't act right. It has just been too much. I got rid of that man too."

Still it has been too much. They know what it is like to have the police come to the house."

The children filed in from school, Tommy, Joan, Tonya, and Michael. Tommy was very quiet and seemed withdrawn. He went directly into the other room to watch TV. Michael on the other hand was very enthusiastic. He ran from the TV room to the kitchen. His mother had not been called to come visit the school that day. Arleene asked him how school had gone. He looked down, then left the room quickly. Arleene said, "I will talk with him later about it."

Arleene looked tired. "DFCS took the children out of the home because they said I was neglecting them. The kids just got back in October. DFCS also told me I needed to find work. With having these headaches and having to keep going to the school for Tommy and Michael, I just don't think I can work." I asked her if the TANF worker had said anything about a waiver or exemption from work, she said "no."

Joan came in with a list of chores and handed it to her mother. Arleene called out reminders to the children as to what they needed to do. Each child got up and went to do their assigned work without complaint, except for Tommy, who sat watching the TV. Arleene got up and coaxed him out of his chair, and he slowly went to empty the garbage. When he finished, he returned to his chair. Arleene turned off the TV and told everyone to start getting ready for dinner. "I really am trying to do right by my children. We just have had some bad things happen."

"He got really upset at the children one day and held Tommy upside down out of a window and threatened to drop him if the kids didn't act right. It has just been too much. I got rid of that man too. Still it has been too much."

"I asked for counseling for my daughter. She is very smart in school, but she has a lot of animosity for me because I have not been there for her...and neither has her daddy..." On a hot spring afternoon, Wanda sat on her front porch and told about her life spent in and out of prison. She said that this was the longest period of time that she had been out of prison. She stated that she has made changes in her life and is trying to do better for her children. Her main concern is for her children, especially for her oldest daughter, Nicole. Wanda did not hesitate to share that her daughter had severe emotional problems. It was clear that she had great concern for her 13-year-old daughter, and she didn't want her life to turn out like her own.

Her daughter attends alternative school approximately 7-8 miles from her home, and Wanda takes her and picks her up. DFCS was not able to provide transportation for her daughter to go to school. Her job was approximately 10 miles from her home, and she had to walk or ask for rides to take her pre-school child to day care, deliver the middle daughter to alternative school, and then get to work. Wanda's mother applied for approval to care for the youngest child when Wanda worked. They felt with all the changes that the family was going through, it would be better to have someone familiar to care for her. DFCS did not approve this request.

Wanda's mother had custody of her children when Wanda came back home from prison. Wanda regained custody of the children but was unable to receive welfare benefits for three months. Family members and friends helped her and the children as the children's father was also in prison. DFCS told Wanda that she would have to attend a job-training class in order to get back on TANF. She attended the classes and received a check for \$97. She found a job at a fast-food restaurant making from \$150-

\$160 weekly. That was not enough money to pay all the bills and raise her three children. Wanda and the children lived in a mobile home which was in bad condition and needed a lot of maintenance. She asked DFCS for help with housing as it was cold in the winter and hot in the summer. They said they were working on it, but before they were able to do anything, the trailer caught fire and burned all their possessions. DFCS found immediate housing for Wanda and the children and helped them get settled in a new home. She now has close neighbors with cars should an emergency arise. Wanda said that she appreciated where she is now living.

Wanda said she could understand why the people turned a cold shoulder to her and her husband because of their past records and drug use, but she could not understand why she could not get help for her daughter when she begged for help. She wanted very much for her daughter to receive ongoing counseling. The school assigned a case worker because Nichole was disruptive and creating problems at school. Nichole ran away from home, and Wanda stayed out of work to find her. DFCS told her that if she missed the classes and missed work, her check would stop. Wanda was so distraught that she told them that attending the classes, working, trying to find transportation and day care, and doing all the things they said she had to do were the reasons that she had no time left for Nichole. Now Nichole had run away from home, and she had to find her before something bad happened. She found her daughter and decided that it would be best for Nichole if she went to another city to live with her grandmother. Her father was home from prison, lived close to her grandmother, and would be there to spend some time with her. Wanda also felt that the juvenile system wasn't helping and maybe she could get more help in her grandmother's community. To Wanda, the troubles just seemed to get worse with no solutions to help Nichole.

LaToya sat at the edge of her chair, wringing her hands. She said, "I just don't know what to do. I am worried about Antonio because he keeps getting in trouble. He doesn't go to school, he fights, he has been arrested for breaking things up in the apartment complex."

LaToya and a social worker were getting ready to go meet with Antonio's probation officer and talk about the latest incident. Antonio had broken some windows at a house near the apartments and the owner had filed a complaint. LaToya felt strongly that she needed to take Antonio and go talk to the probation officer, rather than wait for the officer to call.

Many things have happened in the last few years. LaToya and her family live in public housing in a metropolitan area. She has lived there for the last 6 years, but is worried with all the remodeling that is going on in housing that she will have to move. "I had friends living in some of those places they fixed up, and they had to go live someplace else. But where else can you go now? It is getting so there aren't so many places you can afford to live."

LaToya has mental retardation, gets SSI for herself, TANF for her son, and Food Stamps. She has three children, all boys, who range in ages from 14-23. Her two oldest boys are in and out of jail and at present both are out of the house. One son is currently in jail; his girlfriend has moved in with LaToya. The girlfriend has three children, two by LaToya's son. The house is full of people all the

time, and LaToya ends up babysitting her grandchildren and some of the other children in the neighborhood. She doesn't get paid for babysitting.

Two years ago, when LaToya went to review her TANF case, the TANF worker told her, "well, you have a disability, so we know that you can't really work." LaToya said, "I went in to see about my welfare. They said that 'cause I was disabled, that I couldn't, you know, work." She did not know if that meant she would always get benefits. They had not offered to help her find employment, "Just said I wasn't able to work." LaToya continued, "I don't know whether I could work or not, but they said I couldn't, but God, I am, like, stressed. I don't want Antonio to end up like his brothers. When the school calls or he gets in trouble, I have to go and see about him. Where is there a job that is going to let me keep going off to see about my kid? And now, I am trying to see about my 'grans'. Cause, like, I need to take care of them too."

"See, I have had a rough year, you know my friend died. He drowned. Now there is all this mess with these kids. People keep leaving their children here for me to watch. And now with Antonio, I am so mad at him. He is just messing up again."

LaToya left to keep an appointment with the probation officer. She said, "I really hope Antonio starts doing right. I love him and I just don't know what to do."

"Where is there a job that is going to let me keep going off to see about my kid?"

Helen came to Georgia from another state to escape a violent relationship. Mike, the father of her four children had a problem with both drugs and alcohol. His physical and verbal attacks were witnessed by the children as they begged their father not to hurt their mother. Helen said she talked to him about getting help but he refused. It only made him more angry and abusive towards her. She had to account for every penny of the household money and when she asked for more, he told her she could "go out there and trick for it." Mike was very hard on his son Blake and would say hurtful and demeaning things. Blake had a fear of dogs and his father would taunt him, calling him "sissy" and "faggot." The father raised dogs and Blake was bitten on different occasions, one time requiring that he go to the hospital.

Mike began to follow Helen wherever she went, and showed up at places unannounced and embarrassed her. She grew increasingly worried and decided that it would be better for her and her children if she left. She packed their belongings and came to Georgia. Helen stayed with her father and stepmother for a short time.

Two of her children have had many challenges. Emma, her 14 year old daughter has a long-standing problem of severe depression. She would withdraw to her room and refuse to talk to anyone. When they would try to get her out she would get mad and become rebellious. She did not like being disciplined or given curfews. Helen found a new boyfriend and Emma resented his presence. There were constant problems at school. The teachers suggested that Emma might be pregnant and sent her to the Health Department for a checkup. Emma was pregnant at age 13. She carried the baby to term but the baby died shortly after delivery. Emma

became more withdrawn. She gathered all the prescription medication she could find (a combination of antibiotics, cough medicine, and other medications) and took them all. She was rushed to the Emergency Room where she had her stomach pumped. When she was discharged, it was decided that she would go live with her aunt out-of-state. Emma was prescribed medication for depression and entered counseling. Helen feels the family blames her for Emma's problems. This disturbs Helen but she tries to stay positive for her other children.

Blake was diagnosed with Excessive Behavior Disorder. He was moved from regular classes to special education classes, and given Ritalin. The doctors did not believe it was strong enough and so they changed the medication and increased the dosage. Blake goes to a study group and belongs to a club that helps him with his homework. As the end of school approached, he grew increasingly agitated. One day he got frustrated with the computer and hit it. The teacher (not really meaning for him to do it) told him to go ahead and tear it up. That's exactly what he did. The teacher threatened to call the police but called his grandparents instead. Helen spends a great deal of time being called to the school regarding Blake's behavior.

Helen attended job training, and she was taught to be a cashier. She is excited about the prospect of working but also worries about whether her employer will understand her need to go to the school when they call about Blake's behavior.

On a positive note, her daughter Emma is doing better. Helen's eyes brimmed with tears and she smiled as she quoted a letter Emma wrote to her. She wrote, "I know we don't get along, but I love you Mama."

Gail attended job training classes required by DFCS in order to stay in the program. During those weeks, she received supplement income for day care and transportation. Upon completion of the training, she was required to go for job interviews to find a job. She had problems with transportation and decided that she did not want to work outside the home. Gail told DFCS that she would work with day care, but she did not want to get any other kind of job. Gail says that she feels insecure around a lot of people, likes her privacy, and feels that she is better when she stays at home. Gail reported that her TANF income was terminated because she did not get a job, nor did she continue to report with the required number of attempts for job interviews. At another point in the interview, she stated that her husband works and that their total income made her ineligible to continue to receive TANF. Gail is receiving SSI for three of her children who have been diagnosed as having mild mental retardation.

Our introduction to Gail's story regarding TANF began with her oldest daughter, Shareda. According to Gail, Shareda resented her mother for abusing alcohol and leaving Shareda to do all the housework, cooking, and child care for her brothers and sisters. At night, she would be too angry and upset to sleep. When she was at school, she was so tired that she could not concentrate. Shareda got pregnant from an alleged rape. As her problems at school increased, Shareda eventually told the authorities what was going on in the home. Shareda was removed from the home and sent to live with her grandmother. Since she had mild mental retardation, she also was referred a local agency serving people with disabilities. They helped her move into her own apartment with her baby. Shareda began to do better in school, and became very excited about graduating. She wanted to better herself and be able to take care of her baby.

After notification of the problems in the home, DFCS began to monitor the family more often to check on the welfare of the remaining children in the home. Gail cut down on her alcohol intake. She has to be more active in taking care of the home since Shareda moved out. Gail stated that in the past she had severe substance abuse problems and that was when the authorities should have done something in the home, but now she just drinks at night after the children go to bed and she wants to relax. She said that her neighbor was always reporting her about neglecting the children and made a lot of trouble for her. Gail just wants everybody to leave her alone.

Gail expressed her main concern at present is for Ty (age 12) who has severe headaches. She stated that they are so severe at times that he holds his head and can't move because the pain is so bad. She receives SSI for him, and has applied for Medicaid to cover his doctor bills. Her youngest daughter, Jakki, age 3, has the sickle cell trait that causes constant concern for Gail. She fears that Jakki will get sick, but right now she is doing fine.

Gail has visited in Shareda's home and sees that she is a good mother. Gail and Shareda have worked out their differences and both feel that the outcome is for the better. Gail babysits for Shareda so that she can work and go to school, and Shareda takes her brothers and sisters to her house to help with them. They have a good relationship now, and are working to make it even better. The family home is very small for the size of the family and located on a wooded lot in the back corner of a dead-end street. Although there are many needs regarding its upkeep, Gail stated they would soon have it paid for and own their own home.

Grace is a 39 year old mother of three children, Willie, Dexter, and Joyce. Life has not been easy over the years. Grace's TANF and Food Stamp benefits have come and gone, as the children have been in and out of the home. Grace has lived in public housing for much of her adult life. Some of the neighborhoods have been unsafe environments. Drug trafficking and shootings have been frequent occurrences. Grace had requested a transfer from one neighborhood where crime was especially severe, but the transfer was not granted. When her oldest son Willie got into trouble, she was asked to move out of public housing. Willie was sent to boot camp for juvenile offenders, where he will remain until he is 18.

Although Willie has had challenges, her other two children have had greater challenges. Dexter, who is 14, refused to go to school. At his last school, the teachers told Grace that although Dexter had not done the work, they were passing him onto the next grade to "move him on" from their school. He has been arrested for fighting and truancy, and was suspended from school on numerous occasions. The school keeps threatening to expel him. Grace has asked for some help, a program or some alternative placement to assist him. This help has still not arrived.

Grace attended all of the meetings requested by the school, even when Dexter disappeared and refused to attend. Child Protective Services (CPS)

took temporary custody of Dexter, although they didn't actually remove him from the home. They were not successful in getting Dexter to attend school. A judge returned custody to Grace, noting that DFCS had not been able to do more with her son than she had.

Joyce, her 14 year old daughter, has sickle cell anemia and has emotional challenges. She threatened to kill herself and was hospitalized. Nine months ago, she alleged that she had been sexually molested by Grace's boyfriend who sometimes stayed at the apartment. CPS removed her from the home and sent her to a mental health hospital and then to a group home. One weekend, Joyce left the group home and showed up at home. She had walked away from where CPS had placed her. Grace called CPS and told them Joyce had come home. Grace said, "I want to get my daughter back, but I want it to be legal. I didn't want to do anything that they could use against me. I want to do this the right way."

On different occasions, Grace tried to locate employment, but decided work would have to wait. She said, "I feel like I need to try to see about these children. When the school calls, or when they need me, I want to be there for them. I feel like I need to stay home and see about my children."

"I feel like I need to try to see about these children. When the school calls, or when they need me, I want to be there for them."

Travis's intense obsidian eyes sparkled as he answered the question, "And what do you want to be when you grow up?" Travis, who was six, offered great detail about wanting to be a fireman. "I want to be a fireman so I can help people. I want to ride on the red fire truck and I want to drive the truck sometimes. I would put on the uniform and the big coat and go help people. I would take the big wrench and open up that thing where the water comes out. And I would, like, really help people." He waved his hands, emphasizing the big coat and how to use the wrench on the hydrant. His story was mesmerizing, one could see him as a grown man, a fireman in a uniform, driving the fire truck, going out to help people. The richness of his vision and his enthusiasm were contagious.

About a year later, things seemed to change for Travis and his family. Travis had been having difficulties at school and he and his mother wanted to talk about it. The school had requested a psychological evaluation on Travis and his mother had consented. Now the school was recommending placement in a "special classroom." Travis explained what was going on, "They want to stick me in the dummy's class. They said I had ADD and that I can't learn right. I can't learn things." His eyes grew sad, "I am not going to get to learn how to be a fireman." Travis's mother talked about her frustrations with the school.

According to staff at a family support program, the new description of Travis did not seem to fit. He was able to relate all the baseball standings, knowing not only which team was in first place,

but the standings of the other teams as well. He knew when the playoffs started. He carried a handful of baseball cards which he displayed proudly. Now, he seemed less confident, and when the subject of being a fireman was raised, he changed the subject.

Travis has a younger sister who is critically ill, with a chronic degenerative disease that has progressed to the stage where she is now on a ventilator and fed by a gastro-intestinal tube. She requires 24 hour care which her mother provides. Travis's two cousins, who are one and two years older than him, now stay at the apartment because their mother is out on the street doing drugs. The family lives in public housing. It is not safe to play outside. It is certain that Travis and his family need support.

Travis's mother continued, "I feel like I am under so much stress, you know. The TANF caseworker is telling me I got to look for work. But I've got to see about my babies. Don't you think I wish that my daughter weren't sick and that my sister wasn't out there on the streets. I sometimes think, 'yeah I would like a normal life,' but this is what I have. I need to see about these children." She looked up; her eyes looked tired. She left the room to change and turn her daughter Amariah and returned. As she walked back towards her daughter's room, she called to Travis, "Get your homework out." When she returned she said, "I just want things to work out for my kids and for my nieces. I am doing the best I can."

"The TANF caseworker is telling me I got to look for work. But I've got to see about my babies. Don't you think I wish that my daughter weren't sick and that my sister wasn't out there on the streets. I sometimes think, 'yeah I would like a normal life,' but this is what I have."

Project Rebound, Inc.

In many of the stories presented in this publication, women receiving TANF were confronted with serious parenting issues, often without community support or parenting resources. Many of these women were being forced to “go it alone” when it came to helping children with serious behavioral or mental health needs. This does not need to be the case. Programs such as Project Rebound can support families in the difficult task of rearing children and youth. Project Rebound, Inc., is a community-based intervention program aimed at addressing the needs of children who have been suspended from school in the Columbus, Georgia, area. Dr. J. A. Hud, founder and director, started the program in 1994. It was initially set up to work with children from middle and high schools who had been suspended for ten days. Dr. Hud discovered that the needs of the high school students were more crisis interventive in nature. His interest was in prevention so the charge of the program became serving elementary and middle school students.

Dr. Hud is a remarkable man who has a clear vision for what he wants this program to do. Listening to him describe Project Rebound and the students, it is immediately apparent that he values and respects the youth who come there. “As a society, we are too quick to give up on these kids, but they are worth our best efforts. They are not disposable. The school system may think of them as the worst of the worst, but see how well they do here.” A class of students was convened at one end of the room with a teacher standing at the front leading a discussion. Students raised their hands to answer questions; they were engaged, excited. At the other end of the room, students sat doing homework, heads buried in math and science books. It was hard to imagine these students were serving suspension from regular schools. Dr. Hud’s innovative techniques include mixing all ages of children together in the learning environment, utilizing specific seating as incentives, and encouraging chess and other board games with law enforcement officers that drop in regularly.

“As a society, we are too quick to give up on these kids, but they are worth our best efforts. They are not disposable.”

There are some stipulations for involvement in the program. A parent or other committed person needs to attend intake and exit meetings with the student and staff. Attendance and completion of homework are mandatory. To discourage absenteeism, the children are transported to and from the site. The program also offers a Family Life Institute to assist parents and family members with information and referral, including assistance with discipline, substance abuse and parenting.

Dr. Hud believes in partnerships and in community involvement. He has led a process that has created a collaborative effort between the school system, which has 52 elementary and middle schools in Columbus county, the local Housing Authority, and the Parks and Recreation department. He has engaged help from local legislators and community leaders.

Local businesses offer training and apprenticeship opportunities to promote entrepreneurship. Fort Benning personnel assist with various activities. To give students an idea of the range of options before them, staff take them to the Youth Detention Center for a detailed tour to show what the future could hold if they continue their present course. This trip is followed by visits to local colleges and technical schools showing positive alternatives. The police department also is supportive, and officers stop by and get to know the children under positive, supportive circumstances.

A retired teacher volunteers at the program to assist with reading and language skills. A local fireman spends time tutoring students and says when he retires he will volunteer at the program full time. The program locates mentors for the children and connects them to after-school, recreation, and summer programs. Staff also try to expose children to a number of different experiences including going to football and basketball games, joining the local library, and participating in community and cultural events.

Dr. Hud has a vision for other communities, but cautions that cloning Project Rebound is not the answer. He suggests a more local approach to finding out what would work in a particular area. He says that each community should map its resources and put together a program that fits that need. He has offered to help other communities map their resources and help them develop a program that utilizes those assets.

Dr. Hud is a man on a mission. He works tirelessly to provide opportunities for children who are having challenges at school, and for their families. He is improving the Columbus community by offering an alternative to suspension and school failure. He does not allow a revolving door practice with children rolling in and out of the program. He says, "Once you are a Project Rebound child, you are always part of us." Former program participants who are successful and doing well also return to volunteer. Their presence offers students an "I did it, you can too" perspective. Project Rebound staff follow up with the children, family and schools (at 6 weeks, 3 months, and 6 months after leaving the program). The program has goals of increased attendance at school, decreased drop out rates, increased student self esteem and increased involvement of the parent or some other committed adult. To underscore their approach, the policies state that, "All activities are designed to enhance self-esteem, encourage civilized behavior and positive character development. Activities include showing Respect, Responsibility, Cooperation, Truth and Love." Dr. Hud and the staff at Project Rebound have created an environment where children can get on the right track and thrive. The lessons they are learning could benefit many children throughout Georgia.

Dr. Hud has a vision for other communities: each community should map its resources and put together a program that fits that need.

The Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA), more commonly known as “welfare reform,” enacted in 1996, was a fundamental shift away from long-standing U. S. social welfare policy. The Act ended entitlements for welfare, giving each state the authority to determine whether and for how long they would offer cash assistance to poor families. A federal cap of five years was placed on receipt of cash benefits, with states being allowed the option of selecting lower time limits. In Georgia, lifetime benefits were capped at four years. Work requirements were also part of the legislation. AFDC (Aid to Families with Dependent Children) was replaced by TANF (Temporary Assistance for Needy Families) as the new program for cash assistance. Huston (2002) notes that this change in name eliminated the word “children” from the title of the program. She asserts this was not a coincidence, noting that although two-thirds of those receiving benefits in 1996 were children, children’s well-being received little attention among those responsible for designing welfare reform.

Research on Welfare Reform and Children

Experts anticipated that preschool children might be negatively affected by TANF reform (Brooks, Hair, & Zaslow, 2001). As their mothers entered the workforce, these children were expected to have their daily routines disrupted, moving from in-home care to a variety of childcare settings. State and national policies were developed in an attempt to address the child care needs of young children in TANF households. Limited attention was paid to possible affects on older children. These children, who generally spend their days in school, were expected to experience fewer life changes than younger children as their mothers entered the workforce. Evaluation data from welfare-to-work programs suggest an unanticipated paradox; *these programs may be having negative effects on older children and adolescents, while having*

favorable effects on younger children (Zaslow, Moore, Brooks, Morris, Tout, Redd, & Emig, 2002). Zaslow et. al. (2002) report that the negative effects for adolescents are not dramatic, but they occur across programs and they occur in areas that are important, such as decreases in school achievement and increases in high-risk behaviors.

Findings from a study of Florida’s Family Transition Program (FTP) indicated that 41% of youth ages 13 to 17 in the study had been suspended from school at least once (Bloom, Kemple, Morris, Scrivener, Verma & Hendra, 2000). Other studies of FTP noted an increase in arrests, convictions and involvement with the police for a subgroup of adolescents, namely those in families headed by mothers who had worked more and spent less time on welfare at the start of the program (Brooks et al., 2001). Tout, Scarpa, & Zaslow (2002), using the 1999 Survey of America’s Families, found that more than 40% of adolescents (age 12 to 17) of welfare leavers were suspended or expelled from school in the year preceding the survey, compared with slightly more than 25% of the adolescents of current recipients.

In a study assessing whether mandatory welfare-to-work programs affected the well-being of children, Hamilton, Freedman, & McGroder (2000) analyzed information from 11 sites across the nation. Between 22 and 35 percent of families (depending on the site) reported that at least one of their children had been suspended from school. Between 16 and 45 percent of families reported that at least one child was currently receiving or requiring help for behavioral or emotional problems; between 6 and 17 percent reported that they had a child (or children) attending a special class or school because of behavioral or emotional problems.

Summarizing findings across studies, Brooks et al. (2001) concluded that, “*Despite the expectation that older children would be relatively less*

affected by welfare reform than their younger counterparts, recent experimental evaluations of welfare-to-work programs suggest that the adolescent sons and daughters in welfare households are indeed affected when their parents are assigned to participate in these programs. What's more, it seems that these young people may be negatively affected by this participation....These negative effects show up in decreased academic achievement, as well as increases in troublesome behavior, such as drinking, smoking, and delinquency."

Examining findings across 16 welfare reform studies in which data were collected on adolescents and research was conducted using random assignment, Gennetian, Duncan, Knox, Vargas, Clark-Kauffman, & London (2002) reached an almost identical conclusion, "...welfare and work policies targeted at low-income parents can adversely affect adolescents' school outcomes... Averaged across studies, the impacts are small, but any harm to these high-risk youth is noteworthy." The negative effects in their research included worse school performance, a higher rate of grade retention, and higher rates of special education placements.

Brooks et al. (2001) suggested three processes through which welfare-to-work programs might have a negative effect on older children. First, parents may be parenting less effectively, perhaps because of increased stress or decreased energy. Second, parents may have less time and energy to monitor the behavior of their children. There are limited data to suggest that in families with mothers moving from welfare to work, an increasing number of school-age children may be left home alone, unsupervised (Shields & Behrman, 2002). Similarly, Gennetian et al. (2002) noted that mothers who entered the workforce reported that they spent less time supervising their adolescent children. Finally, Brooks et al. (2001) suggested that as mothers in low-income households enter the workforce, family roles of youth may become more like those of adults, with increased responsibility for care of other children and for housework. This concern is consistent with findings from Gennetian et al. (2002) that

adolescents with younger siblings in the home are at especially high risk for negative effects when their mothers enter employment.

As more women move into the workforce, the women remaining on TANF increasingly become a group with major barriers to employment. One of these barriers for some families is the presence in the home of an older child with emotional and/or behavior problems. Researchers at the University of Georgia School of Social Work, reporting in *The Remaining TANF Recipients: A Research Based Profile*, noted that 15 percent of African American and 41 percent of White TANF recipients reported that their children had received counseling for an emotional or mental illness (Georgia Welfare Reform Research Project, 1999). Seven percent of the children in families who were still receiving TANF had been hospitalized for emotional or mental illness and two percent had been in treatment for substance abuse problems. These rates of accessing services for children's behavioral and emotional problems are strikingly high.

To date, research tracking the outcomes of welfare reform on older children has focused on the general population of youth. Studies have not focused on the effects of welfare reform on troubled youth. Little is known about how welfare reform may be affecting children who have a history of emotional, behavioral, or mental health problems. Gennetian et al. (2002) note that much is yet to be learned about which youth are most impacted by welfare reform. It seems plausible that one group of youth that might be especially vulnerable to these changes are youth who were experiencing behavioral, academic, and/or mental health problems before the onset of welfare reform. These are the children described in the stories included in this report.

Conclusions and Final Thoughts

"A key consideration for policy-makers...will be how to support both the positive development of adolescents in families receiving welfare and the economic self-sufficiency of their parents."
(Brooks et al., 2001)

There is a lingering sense of euphoria connected to welfare reform that has members from both political parties taking credit for changing a system that most agree needed revamping. On closer inspection, there have been some successes, some failures, and many questions left unanswered by the reform. One of the critical issues that seems often to be missing from the policy discussion and from the implementation of most of the varied state reforms is consideration of supports for those families who have children who are having challenges at home, in school, in the juvenile courts, and in their communities. While many states have addressed, in part, the need for childcare for young children, there has been restrained interest in after-school or in-school programs for older children who are having difficulties. Specht and Courtney noted, *"American communities have been notoriously stingy and lacking in foresight in their failure to invest resources in the development of social and recreational programs for older teenagers and young adults. Across the United States, citizens are dismayed by the destructiveness of teenage gangs and the problem behaviors of teenagers in general. Yet few communities have made substantial provision for the social and recreational needs of this age group"* (1993).

Our interviews with families revealed the complexity of their lives and cast light on arenas where there was common ground in their experiences. Every parent has multiple responsibilities, including securing resources for housing, food, clothing, making sure the child attends school, and providing supervision and care. For some women, these parenting roles are embedded in the context of significant life challenges, such as abusive family relationships, alcohol or drug abuse, and lack of adequate housing. Other mothers are themselves experiencing a disability or a serious health problem. TANF requirements for work and the responsibilities of being a parent collided for many of the women whom we interviewed and left parents in a "no win" situation. Women who were frequently called upon to care for a child who was sick, to pick up a child who was in trouble at school, or to supervise a child who had been suspended for one

or more days, found it difficult to find and maintain employment. Few of the low-wage jobs available to the women allowed time off with little or no notice. This is consistent with a national pattern. Women moving into the workforce from TANF typically hold inflexible jobs that exacerbate the task of juggling work and family responsibilities (Gennetian et al., 2002).

While it may be possible for parents to ask a family member, friend, or neighbor to watch the children on occasion, when the school calls about a child, school officials usually require that the parent come. Schools have resisted allowing people other than parents to respond when issues with a child arise. One parent spoke of being told by school system personnel that she should home school her children rather than continue to send them to public school. In the scope of work requirements mandated by TANF, it is hard to fathom how a woman could both home school a child and hold down a job. Several of the women that we interviewed had children who are involved with the juvenile court system. For these children, one of the alternatives to institutional placement is "in home supervision." While that makes sense for keeping children out of an overcrowded, troubled juvenile system, it does little to support parents who must balance supervising a child and going to work. The women we interviewed consider the lack of support available when their children are having difficulties as a significant barrier to meeting the work requirements of TANF. When confronted with the impossible choice between obtaining and keeping employment and trying to meet the needs of their children, the women consistently prioritized their children, even at the risk of losing their only income.

Brooks et al. (2001) suggested five policy implications derived from the research on the effects of TANF on children: 1) develop supports that keep the lives of children stable and well-supervised as parents return to work, including flexible work schedules, 2) establish more after-school programs for youth, 3) decrease the role of older children as caregivers for younger siblings by providing increased support for formal childcare, 4) examine the

role of youth employment in creating financial viability for families, with an eye to decreasing the number of hours per week that youth work, and 5) provide guidance to families concerning appropriate levels of autonomy and responsibility for youth at different ages. They caution that one solution will not meet the needs of all families.

Although the suggestions made by Brooks et al. (2001) would prove beneficial for many TANF families, the majority of the women we interviewed have children whose needs are more intense. The recommendations are not sufficient to address the needs of youth in contact with the juvenile justice system, youth with multiple school suspensions, or youth who have attempted suicide. Many of the women we interviewed were at a loss as to how to help their children. They clearly were devoted to their children, but often lacked the skills to respond to the behavior challenges posed by the youth. The youth need supports that are intensive and long term. A few visits to a school counselor or mental health center would not be powerful enough interventions to change the trajectories of these youth.

In Georgia, there are isolated examples of what can be done to support families. One example is Project Rebound in Columbus, described earlier in this report. Another example is the Savannah Youth Futures Authority (YFA). Schorr (1997) offers a compelling review of YFA in her book, *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. YFA includes family resource centers that offer an array of services, including health, mental health, nutrition, eligibility for income support, and substance abuse prevention programs. Along with services, there are Girl Scouts, Boys and Girls Clubs, conflict resolution classes, and a child development center. The YFA program and Project Rebound offer a road map for collaboration, providing comprehensive supports for both the youth and the family over the long term. Unfortunately, in most regions of the state, programs such as these are not available to families.

Work is a good thing. The problem is we, as a society, are not acknowledging the limits of workplace flexibility for parents and the complex needs of children. A new vision is needed to address the needs of families.

For low-income families with children who are having emotional, behavioral, or mental health issues, the support available is critically inadequate.

This new vision will involve creating partnerships between policy makers, local leadership, students, parents, and community members. Policy makers could mobilize some of the money available from declining TANF caseloads to support innovative, comprehensive community projects as exemplified by Project Rebound and the YFA program.

Interdependence is a reality of life. Everyone wants to belong, to succeed, and to have meaningful things to do. We need to see the opportunity, richness, strength and connectedness of people's lives, experiences, and expectations. We must figure out ways to develop welfare reform policies so that regulations and competing responsibilities do not increase the struggles or hardships of poor families, or compromise the futures of their children. In welfare reform efforts, Huston (2002) stressed that, "*Children's well-being should not be an afterthought.*" This is a powerful statement. In the quote opening this section of the report, Brooks et al. (2001) called for the development of policies that move low income families toward work and economic self-sufficiency, while at the same time supporting positive outcomes for children and adolescents. *For the future of society, we can do no less.*

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