

Welfare, Children & Families

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OVERVIEW AND DESIGN

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Introduction

The 1996 federal welfare reform law and the recent changes in welfare policy in nearly every state represent the greatest shift in social policy for low-income families since passage of the Social Security Act of 1935. Proponents of the new policies argue that they will increase self-reliance among persistently poor families and will encourage participation in the work force. Critics counter that they will harm vulnerable low-income parents and children whose lives are already under severe stress.

These new policies have changed the focus of the welfare system from providing open-ended cash aid to providing transitional assistance while the head of the household secures work. Key elements of the new approach include a time limit of five years or less on the receipt of cash assistance, the end of a federal entitlement to financial assistance for poor families, and strict work requirements that include the loss of benefits to families that do not comply.

There is enormous uncertainty about whether this national experiment in poverty policy will improve the lives of low-income families. Will adult recipients be able to find jobs that provide adequate support? Will mothers be able to balance their family lives with the challenges of work? What will be the effects of these sweeping policy changes on the well-being of their children?

We are addressing these questions and others by conducting an intensive four-year study in three major cities—Boston, Chicago, and San Antonio. We are studying the effects of welfare reform on the well-being of children and families in three ethnic-racial groups, and on the neighborhoods in which they live, following them over the course of welfare reform as it evolves in the years after the 1996 federal legislation. We are investigating the strategies that adults develop to respond to reform, including decisions about employment, education, training, residential mobility, marriage, and childbearing. Equally important, we are examining the effects of changes in policies for low-income families on the well-being of children, with an emphasis on children's health and development, as well as their need for and use of social services. We look both at families receiving welfare benefits and at those who are low-income but not currently on cash assistance. We also look at families with a child with a disability.

The Three-City Study includes three interrelated components:

- a longitudinal survey of about 2,400 low-income families, about 40 percent of whom received welfare at the start of the study;

- a more intensive study of about 700 young children and their caregivers in a subsample of the survey families, which is called the Embedded Developmental Study (EDS);
- and an ethnographic study of 215 families with young children, including 45 families with a child who has a disability, and of their neighborhoods. About half the families were receiving welfare benefits.

Our study will also include a second cohort of respondents—we plan to draw a second sample of survey families in our fourth year in order to obtain data from an additional group who have experienced the policy effects of welfare reform for a longer period of their lives.

Another element of our study looks in particular at how families with a disabled child or adult family member with a disability are faring as welfare reform evolves. We are integrating the results of each of these components, drawing from a range of disciplines and relying on both quantitative and qualitative data analysis in order to gain as deep and rich an understanding as possible of the lives of low-income families under this new policy regime. The effect of welfare reform on children is a major focus of our study, and we define the well-being of children and adolescents broadly to include such outcomes as health, cognitive development and school achievement, emotional and behavioral development, and sexual activity, pregnancy, and childbearing.

The longitudinal survey collects information on welfare experiences, income, labor force history, demographic and household structure, and other characteristics of the adult, but also information on child outcomes, parenting practices, and the home environment. The EDS collects detailed information about and observations of children, their mothers and fathers, and childcare environments. In addition, the ethnographic component attempts to provide a more contextualized understanding of the day-to-day lives of low-income parents and children in the early years of the implementation of welfare reform, as well as observations of the neighborhoods in which they live.

Our study serves as a complement to a range of other research projects currently examining the implementation and effects of welfare reform. Relative to other studies, we aim to get as close as possible to the lives of the families we study, while still preserving enough breadth geographically and in terms of sample size to provide reasonably generalizable results. In addition, our study is distinguished from many others by its focus on children.

This report has several parts. It briefly describes the major changes in welfare policy in recent years and some of the key issues arising from reform that motivate our study. It summarizes other studies currently under way, and clarifies the niche that the Three-City Study fills. It then outlines some of the key goals and features of our project, the characteristics of the population that we are studying, the central characteristics of the three cities in which our respondents live, and the conceptual framework that guides our work. It discusses in detail the three components of our research project—the survey, the Embedded Developmental Study, and the ethnography—and describes the kinds of comparisons and analyses we are conducting from our research. Finally, it presents our timetable and the personnel principally responsible for the study. Four appendices follow that provide more detail and technical information on our methodologies and on the three city sites.

Context: Monitoring and Evaluating Welfare Reform in the 1990s

WELFARE REFORM IN THE 1990s

The enactment of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) constituted the most significant change in public policy for poor children and their families since the Great Depression. It places stricter conditions on the receipt of cash assistance by low-income families than most observers of welfare policy would have envisioned even a decade ago.

Under the now-defunct Aid to Families with Dependent Children (AFDC) program, poor families—usually single-mother households—meeting state-established income criteria were entitled to receive monthly cash grants paid for in part by the federal government and in part by the states. The amount of the grant was set by the states, and benefit levels have always varied widely. But other criteria for eligibility and program components were generally uniform among the states, and the federal government required that they be applied consistently. While the states were required to provide aid to families who met their need criteria, 50 to 80 percent of every dollar they spent on welfare was funded by the federal government.

Beginning in the mid-1980s, however, states started to experiment with this system through waiver programs that had to be reviewed and approved by the federal Department of Health and Human Services (HHS). Among other things, states received waivers to implement work requirements, freeze benefit levels

when mothers had additional children while receiving welfare (“family caps”), and institute time limits to cash assistance. The use of waivers expanded during the Bush administration and especially during the early years of the Clinton administration. But the basic AFDC system with its entitlement to cash assistance for qualified poor families remained intact.

The 1996 PRWORA abolished AFDC and ended both the individual entitlement to aid for poor families and the guarantee to states that the federal government would pay for a portion of whatever they spent on cash assistance. Instead, AFDC’s match funding system was converted into a block grant program called Temporary Assistance to Needy Families (TANF), in which states receive a fixed sum from the federal government each year.

Congress set block grant amounts until reauthorization of the TANF program in the year 2002, basing them on states’ welfare spending levels in the mid-1990s. They were not to increase or decrease until reauthorization, regardless of current caseloads. In the years following passage of the PRWORA, most states actually received far more than they would have under AFDC, giving them unanticipated “TANF surpluses.” Because welfare caseloads had declined so sharply since the peak years of the mid-1990s, which provided the base for block grant funding levels, fewer families received cash support and most states accrued considerable welfare savings. PRWORA also required that states maintain their own spending at 75 to 80 percent of mid-1990s levels for the first five years of the new program, a “maintenance-of-effort” provision that limited how much they could decrease welfare spending in the beginning years of TANF.

The new federal law required that states convert from AFDC to the new block grant program, which “devolves” far greater policy discretion to them, by July 1, 1997, unless they elected to continue operating under their waivers until their original terms expire. State policy-makers now have wide latitude in how they spend their TANF money on needy families, although they are still constrained by a number of new federal restrictions. With some exceptions, families may receive federally funded benefits for no more than five years over their lifetimes (this “clock” had to begin ticking no later than July 1, 1997); and recipients are required to work from 20 to 30 hours per week after receiving cash assistance for two years. States must have certain minimum proportions of their caseloads at work, reaching 50 percent of all families (including 90 percent of two-parent families) by 2002; and minor mothers with children are required to attend school and live with their parents or in another adult-supervised

setting. Most immigrants who entered the country after the 1996 welfare bill was passed are banned from federal TANF cash assistance for at least five years. States may elect to provide them with assistance after five years.

The federal law gives states the freedom to impose more stringent restrictions than these, including shorter time limits, greater work requirements, and family caps (the denial or reduction of cash benefits for additional children born while their mother is on welfare).

These and other new rules have opened the door to major changes in the nation's system of social welfare provision for low-income families and could have profound effects on the lives of poor children and their caregivers. In fact, that is precisely what some supporters of welfare reform believed should be its primary goal—ending what they saw as the harmful effects of growing up in a family dependent on public assistance. These proponents of PRWORA asserted that if parents left the rolls and increased their employment levels, their children would be better off as a result. Critics of PRWORA, on the other hand, pointed to the challenges of combining employment and parenting for single parents with few economic resources, and predicted that many children would be worse off.

We have concluded that the scientific knowledge base that exists to date is inadequate to determine, *a priori*, which view is more accurate. To this end, we designed the Three-City Study. We believe that it is vital to monitor closely the consequences for children of this momentous social experiment with America's poor families. We are following longitudinally welfare-dependent and non-dependent poor families in three major U.S. cities and are documenting, with a variety of methodologies, their experiences with the welfare system and their coping strategies when on and off welfare. As important, we are also observing the consequences of parents' options and choices for their children.

THE NEED FOR A NEW STUDY

The Three-City Study complements several other major research projects that are looking at welfare reform, differing in significant ways but also often sharing a commonality of purpose and methods. We are maintaining contact with these projects to ensure that we develop as comprehensive as possible an examination of the changes brought about by welfare reform. We describe several of the major projects and clarify the role that the Three-City Study plays.

Other Current Research on Welfare Reform

The Urban Institute, "Assessing the New Federalism: National Survey of America's Families." The Urban Institute, in partnership with Child Trends Inc. and as part of its "Assessing the New Federalism" initiative, is administering a broad-based telephone survey of over 40,000 randomly selected households nationwide. The first set of NSAF surveys was conducted in 1997 and the second began in early 1999. The survey examines family life across income levels, with a focus on families with incomes below 200 percent of the federal poverty level. Questions related to children's well-being are answered by their primary caretaker, not the children themselves. The NSAF is a telephone rather than in-person survey, and is cross-sectional rather than longitudinal. This study also does not include a direct assessment of the child, or an embedded developmental or ethnographic component.

Manpower Demonstration Research Corporation, "The Project on Devolution and Urban Change." The Manpower Demonstration Research Corporation's (MDRC) Project on Devolution and Urban Change is being conducted from 1997 to 2001 in four large urban counties: Cuyahoga County (Cleveland, Ohio), Los Angeles County, Miami-Dade County, and Philadelphia County. It has five components: an individual-level impact study of welfare and Food Stamp recipients that examines administrative records and surveys a subset of residents of poor neighborhoods; an ethnographic study of about 40 families in each city; and a neighborhood indicators study that analyzes economic and social well-being. The study also includes an implementation component to examine the policy changes actually taking place in states and localities; and an institutional study that surveys local nonprofit agencies and neighborhood businesses that serve low-income people about how welfare reform has affected demand for their services. The MDRC study relies significantly on its expertise with administrative data, backed by surveys, and its sample is drawn from families who appear in administrative records.

"The Fragile Families and Child Well-being Study." The Fragile Families study looks at a sample of about 4,800 children, about three-quarters of whom are born to unwed parents, in 21 U.S. cities. The study is designed to provide information on unmarried parents and their children, and explores the relationship between nonmarital childbearing, welfare reform, and the role of fathers. Initial interviews are conducted with the mother and, if possible, the father immediately after the child is born, and follow-up interviews are conducted three

times over the next four years. Researchers are collecting data on child health and development from the mother each year, and in-home assessments of child well-being are being carried out in the final interview.

“The Growing Up in Poverty Project.” This project surveyed over 900 families in five cities within California, Connecticut, and Florida. Single mothers with young children (12 to 24 months old) who were participating in orientation sessions at welfare offices were randomly invited to participate. Ninety-minute interviews were conducted either at the welfare office or in participants’ homes. Interviewers also visited the childcare settings to assess the quality and character of the children’s care and to do a basic assessment of their early language development and social skills. The first wave of assessments was completed in March 1999. The primary focus of this study is childcare for welfare families, and supply, demand, and quality within the childcare market for low-income families.

“The New Hope Project and Evaluation: The Child and Family Study.” The New Hope Project and Evaluation is a three-year experimental design project to test the effectiveness of an anti-poverty income support program that used employment-based approaches to help poor families (it is therefore not a study of welfare reform). The project operated in two Milwaukee neighborhoods, and eligibility was limited to people 18 or over who could work full time and had household incomes under 150 percent of the poverty line. About 1,400 adults participated, beginning in 1994. The Child and Family Study is a smaller embedded evaluation involving about 745 parents and 900 children. It included a survey of families with children aged 3 to 12. Parents and older children were interviewed about parents’ income, employment, use of childcare, health care, psychological well-being, and parenting practices, and researchers also attained information from parents and teachers for children in school about school progress and social behavior. A sample of these families is participating in a follow-up survey five years after they began participation. The study also included an ethnography of 30 participating families and 30 families in the control group.

“The Project on State Level Child Outcomes.” The federal Department of Health and Human Services is collaborating with states and other organizations to improve the consistency of child well-being measurements in state welfare evaluations in states still operating under federal waivers. The AFDC system required rigorous evaluation with experimental design of waiver programs. The Administration for Children and

Families (ACF) within HHS has provided grants to five states to supplement their measures of child welfare and to expand their ability to track data on children on an ongoing basis. Connecticut, Florida, Indiana, Iowa, and Minnesota are participating in data collection, analysis, and reporting, which began October 1997, and Child Trends Inc. is providing technical assistance. Although the focus is child well-being, the scope of the project is limited to evaluating particular programs for which states received waivers.

“Los Angeles Survey of Families and Communities.” The Los Angeles Survey of Families and Communities (LASFC) is a longitudinal study of Los Angeles County families and their neighborhoods. Its goal is to answer research and policy questions in three areas: the effects of neighborhood, family, and peers on children’s development; neighborhood responses to welfare reform; and patterns of residential mobility and neighborhood change. The study is being carried out by the RAND Corporation in 65 Los Angeles County neighborhoods, and looks at non-poor, poor, and very poor families.

Other Studies

A range of other research studies at the state and local level are currently under way, usually tracking families who leave welfare or examining families who have been made subject to waiver reforms. Other studies, most notably that of the Nelson A. Rockefeller Institute of Government of the State University of New York, are exploring the implementation of welfare policies within the bureaucracies of a selection of states. In addition, large-scale national studies such as the Panel Study of Income Dynamics (PSID) and Survey of Income and Program Participation (SIPP), as well as the year 2000 Census, will look at the economic circumstances of families. Congress has also funded a major extension of the SIPP known as the Survey of Program Dynamics (SPD), which will interview families, especially those with low incomes, for several more years in order to study welfare reform.

The Three-City Study

Each of the major studies of families under the new welfare policy regime, therefore, is taking a significantly different approach, studying somewhat different groups of people, and/or operating in different locations and regions of the country. A number of studies emphasize families broadly, others focus on low-income families generally, while others such as ours stress the role of welfare reform in family life, examining both the welfare poor and working poor. They also place different emphases on the impact of poverty and welfare policy on

child well-being and outcomes. The Three-City Study fills a particular niche that is both crucial and unfilled by the other existing research projects. Its multi-method approach should provide a relatively more comprehensive view of the experiences of low-income families in the years following welfare reform in its three cities.

The Three-City Study focuses on three major cities, one in the Northeast, one in the Southwest, and one in the Midwest, where federal, state, and local welfare reform efforts are expected to have a major impact on the lives of low-income children and their parents. We look in detail at the lives of low-income families with children—those on welfare and those where the parents are not receiving assistance but are still poor, including families that have only recently left public assistance. Our sample of families captures a significant number who have been on welfare for some time, families who are of particular concern as the federal time limit and those set by individual states begin to take effect. We gather information directly from mothers, fathers, childcare providers, and children themselves, as well as by conducting direct observations and assessments of the interactions between mothers and children, and between childcare providers and children. In addition to monitoring the economic and psychological well-being of the parents, we are tracking and evaluating the development of their children over time. We are also monitoring the changes that take place in the neighborhoods in which these families live as the new welfare policies are implemented and evolve. One major element of our study also looks at the lives of families with a disabled member, in particular a disabled child, to see how the new welfare policies affect the family's quality of life.

In short, the Three-City Study has a number of essential characteristics that in combination make it unique and allow it to provide vital information that will not be available elsewhere. The study is:

- focusing in great detail and breadth on children and child development, particularly in the most important developmental periods;
- obtaining qualitative data from an extensive ongoing family and neighborhood ethnography;
- exploring the situations of non-recipients as well as recipients, enabling us to study entry into and diversion from welfare under the new TANF system, as well as the implications of the new policies for the working poor;
- focusing on the well-being of children with disabilities and their caregivers under welfare reform in both the survey and the ethnography;

- looking locally at only three cities, allowing us to determine how new welfare programs and policies differ among cities, and how they are actually being implemented at the local level, rather than having to rely only on official laws and rules;
- taking a longitudinal approach, enabling us to track families over time; and
- building many types of comparison into the study design, along with plans for a second cohort of survey respondents.

The approach we take to the three components of our longitudinal study—the intensive personal household survey of both parent and child; the Embedded Developmental Study that interviews and observes mothers, children, and childcare providers, and interviews fathers; and the ethnographic study of families and neighborhoods in the context of everyday life—gives it a particular richness and depth. Our goal is to integrate quantitative and qualitative methods from multiple disciplines, and to provide a portrait of how low-income families adapt to the “end of welfare as we knew it” over a significant time period. We believe that the Three-City Study will contribute in critical ways to understanding how families cope under the new welfare regime and the effects of these changes on poor children.

Study Goals and Design, Selected Cities, and Conceptual Framework

STUDY GOALS AND DESIGN

Advantages and Disadvantages of a Three-City Design

Our longitudinal survey of low-income families is being conducted in three cities in different areas of the country—Boston, Chicago, and San Antonio.

There are a number of limitations to a three-city design relative to a national study or a study of a large number of states or cities. If there is no internal variation in a city's welfare program, then we can study only three separate welfare policies. Comparisons across cities are themselves complicated by differences in their economic and social environments. Although statistical methods such as city fixed-effects models can partly ameliorate these city-specific differences, it is difficult to eliminate them completely.

In addition, though we have aimed for some ethnic and regional diversity, we clearly are far from conducting a study that can claim to represent the nation as a

whole, though it is still of considerable interest to determine whether the outcomes we obtain differ across cities.

But the advantages of a three-city study are also significant. One is the ability to conduct an in-depth ethnographic analysis. While it is possible to do ethnographies in a larger number of cities, it becomes increasingly difficult to maintain control over the data collection effort and to maintain comparability between site ethnographies as the number of cities grows.

Another advantage is that, as noted above, the scale of our study makes possible the collection of the details of the local welfare policies as they are being implemented. It has become clear since the enactment of the PRWORA that states are adopting diverse strategies for redesigning their programs, that these are continuing to evolve, and that many states have delegated considerable discretion in welfare policy to the local level. It would be difficult for any nationwide study to collect such close local-level policy detail; consequently nationwide studies are at some risk of inadequately characterizing the policy environment of their observations.

In a three-city study we are able to determine whether the “official” state policies in Massachusetts, Illinois, and Texas are in fact being implemented at the local level and, if so, how they are being put in place. To this end, we are conducting interviews with city welfare officials in each of our sites. These interviews are timed to coincide with the first wave of the survey in 1999, and we will return to city officials and others involved in local welfare systems periodically throughout our study to learn how the exact sets of rules our families face evolve.

A three-city study gives us the ability to conduct a more extended, four-year panel study, which would be difficult and extremely costly with a larger number of cities. This gives us valuable longitudinal information and enables our ethnographers to commit to the long period of contact necessary to conduct effective participant observation.

Conducting the analysis in only three cities permits us to conduct in-person rather than telephone interviews, a crucial element of our survey methodology, and to conduct direct and detailed child and parenting-style assessments. The cost and complexity of this approach would be prohibitive if we chose a larger number of cities, at least if conducted at the same level of detail. It also allows us to coordinate relatively closely the multiple ethnographers working in each city.

Relative to nationwide studies or studies with larger numbers of cities, therefore, our study is designed to provide more in-depth survey, policy, ethnographic, and child-assessment detail. We expect this depth to allow

us to explore the mechanisms and processes by which families adjust to welfare reform in greater detail than any other major welfare reform study of which we are aware.

Compared to a one-city study, our approach provides us with some policy and race and ethnic variation. While three cities are still not enough to conduct a formal evaluation of policy effects, this breadth allows us to determine if there are gross differences that appear to be related to the different approaches to welfare reform in each city. We expect the variation in outcomes across our cities and among ethnic groups—or, if it turns out that way, the lack of variation—to be of considerable interest.

Nature of the Study Sample. Broadly, the population about which we are gathering information is primarily low-income single-mother families with children, both those receiving cash assistance and those who are not. We are also gathering information on specific sub-segments of the population, including teenage mothers, older mothers, fathers, and families with disabled adults or children. The information we gather focuses on the ways in which these different groups are affected by the new welfare policies and, in turn, how their children are affected.

Further, our families are drawn from relatively low-income neighborhoods. We selected neighborhoods and block groups with high numbers of low-income families, based on the 1990 Census. We chose this approach in order to focus on the urban inner-city poor and near-poor—the well-being of these families has been at the center of the recent debates about poverty and welfare. We also chose it for cost reasons—locating low-income families who live in middle-class and upper-income areas is difficult and expensive because there are so few of them.

Despite its emphasis on these neighborhoods, our sample design draws in a wider range of areas than might be expected. Using more than 40 percent poor as the common definition of a “concentrated poor” neighborhood, our sample design has more than half its observations in non-concentrated poor neighborhoods for all three race or ethnic groups in Boston and for non-Hispanic white families in Chicago. There is a relatively even split between concentrated-poor and non-concentrated-poor residence for Hispanics in Chicago and blacks in San Antonio. Only for blacks in Chicago and Hispanics in San Antonio are a majority of the observations from concentrated-poor neighborhoods.

As noted earlier, the Three-City Study is composed of three parts. Part 1 is a survey of about 2,400 families with children in the age ranges of birth to four or 10 to

14. We are aiming for about 40 percent of the families to be receiving TANF and 60 percent not. One focal child and his or her primary female caregiver (usually the biological mother) are being interviewed first in 1999 and will be interviewed two more times at approximately 18-month intervals. A second cohort of about 1,250 similar families will be interviewed in year 4 of the study. We are selecting children in these age ranges for the first wave of the survey because these developmental stages incorporate significant transition times for children, and healthy development during these periods lays the groundwork for children's future emotional health and school/career success. In addition, these developmental stages present added challenges for parents making the transition from welfare to work, for example the need to locate stable, quality childcare for young children and to provide adequate supervision and opportunities for scholastic and social growth for older children.

Part 2 is an Embedded Developmental Study that is being conducted with a subset of about 700 families from the first cohort of survey respondents. Essentially all families from our first survey group with children aged two to four are participating in the EDS. Primary caregivers and the children are videotaped at home, and the tapes are coded to describe a variety of parenting styles, as well as child development and behavior. Additional surveys with mothers collect extensive histories of children's primary family relationships and childcare experiences, and information on mothers' feelings about balancing their multiple roles ("role strain") and their romantic relationships. Children's care providers complete interviews, and we observe the children's nonmaternal care. Finally, we conduct interviews with children's biological fathers.

The specific target population from which we are drawing the samples in each city for Parts 1 and 2 is the universe of families with incomes less than 200 percent of the government poverty line.¹ It is essential to our study design that we include single-mother families not currently receiving welfare as well as those who are. In addition, we are recruiting a small sample of married-couple families—about 400 of them. Most of the families we are drawing have incomes less than the poverty line, but a small sample of families have incomes between 100 and 200 percent of poverty. These samples will allow additional cross-group comparisons, which we discuss in more detail below.

We have attempted, with a few exceptions, to balance our sample along major racial and ethnic lines and to aim for roughly equal representation of non-Hispanic white, African-American, and Hispanic families whenever possible. However, the non-Hispanic white poor are much more dispersed throughout city neighborhoods than are the other racial and ethnic groups.² This makes it particularly difficult to find poor white families through household screening. Therefore, we are screening for and interviewing non-Hispanic whites in Boston, where they are most clustered, and in Chicago, where they are less clustered, but not in San Antonio, where they are most dispersed. We are surveying African Americans in all three cities.

Our Hispanic samples vary across the three cities. In Boston, Puerto Ricans are the largest group, followed by Dominicans. In Chicago, Mexican-Americans are the largest group, followed by Puerto Ricans. And in San Antonio, the vast majority of Hispanics are Mexican-American. Thus, for comparative purposes, we have substantial samples of Puerto Ricans in Boston and Chicago, and of Mexican-Americans in Chicago and San Antonio. A table of the distribution of survey cases is provided in *Appendix A*, which describes the survey design in more detail.

There are many other ethnic groups that would be of interest for study, especially non-Spanish-speaking immigrants such as those from Asian countries. However, the logistics and cost of interviewing in multiple Asian languages are beyond the capability of the project. We therefore restrict the interview languages to English and Spanish.

Part 3 of the study is an ethnography of about 215 families in our three cities, about 45 of whom will have disabled children. We are looking at any type of self-defined, functional, and significant disability. These families reside in neighborhoods that are within the sampling universe for the survey.³ Each family will have a child aged one to four, most of whom will be between two and four. They will be studied intensively for the first two years of our study through in-depth interviews and participant observation. In the last two years, they will be contacted every six months.

In addition to the 45 families with a disabled child, we expect that a significant number of the other 170 families participating in the ethnography throughout the three cities will include an adult with a disability. We have also included questions about health and disabilities in the survey and Embedded Developmental Study. These observations and interviews should allow us to

¹ The federal poverty threshold in 1998 for a family of three was \$13,133.

² A recent article in *Science* magazine based on extensive household screening in Chicago noted that "there are no low-SES white neighborhoods" there. R.J. Sampson, S.W. Raudenbush, and F. Earls. (1997). "Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy," *Science* 277, 919.

³ The families in the ethnography are not part of the survey sample. Participating in the ethnographies requires a much higher level of participation than in the survey alone, and there are risks that families participating in both would contaminate the results in each part.

understand better the effect of welfare reform on low-income people with disabilities and their families. We are concerned with parents' ability to care for disabled children, and we are exploring how adults with a disability manage their work, childcare, and other responsibilities, and attempt to receive appropriate care for themselves. We are also looking at the relationship between Supplemental Security Income (SSI) and welfare policy under the new system.

Our methodology is discussed in more detail below and in *Appendices A, B, and C*.

CHARACTERISTICS AND WELFARE POLICIES OF THE SELECTED CITIES

We elected to conduct our study in three cities—Boston, Chicago, and San Antonio—located in three regions of the country. Choosing to study three cities rather than conducting a nationwide analysis, and choosing three cities rather than one, involved a balance of considerations and a decision regarding the comparative advantages of such a design relative to the alternatives, as discussed above. A sample of three cities is far short of a national survey, but nonetheless allows us to study welfare and working-poor families in a kind of depth that a much broader study could not. It also allows us some ability to compare our findings between and within cities, which a single-jurisdiction study would not.

In choosing our sites we attempted to provide geographic, ethnic, and policy diversity. Here we describe briefly the major characteristics of each city. *Appendix D* provides more detail about the cities themselves and the development and implementation of welfare reform within them.

Characteristics. Boston has a population of about 575,000. In 1995, about 59 percent of the city's residents were non-Hispanic white, 24 percent were black, and 11 percent were Hispanic. The largest Hispanic group is Puerto Ricans. Welfare caseloads in Massachusetts dropped 54 percent between 1993 and March 1999, and caseloads in Suffolk County, where Boston is located, declined by 40 percent between 1994 and 1998. About 21 percent of the caseload lived in Suffolk County in 1998, though only about 11 percent of the general population did. The state is still operating under its HHS waiver and will convert to the requirements of PRWORA in 2005. Massachusetts is a relatively wealthy state, with a 1995 general poverty rate of 9.7 percent (compared with a national rate of 13.8 percent) and a child poverty rate of 14.6 percent (compared with a national rate of 20.8 percent). In 1997, the state provided a maximum of \$579 in TANF benefits per month for a family of three, compared with a national median of \$377.

San Antonio is a rapidly growing Sunbelt city (with 23 percent population growth between 1980 and 1992) with a population of over a million that in 1994 was 54 percent Hispanic and 7 percent African American. The Hispanic population is overwhelmingly (92 percent) of Mexican origin and is a diverse group that includes both recent immigrants and families that have lived in the area since it was part of Mexico. More than nine in ten are U.S. citizens. San Antonio provides a site for the study of poverty that is characteristic of the southern U.S., where many families are closely tied to their rural origins, and many Mexican-American families are closely tied to Mexico. The proximity to the Mexican border and long history make the Mexican-origin population of San Antonio a good counterpoint to the Mexican-origin population in Chicago in our study. Welfare rolls in Texas declined by 60 percent between 1993 and March 1999. Like Massachusetts, Texas is also still operating under its HHS waiver. The state is relatively poor—the poverty rate was 18.5 percent in 1995, and the rate in Bexar County, where San Antonio is located, was about 19.4 percent. The state child poverty rate was 26.9 percent, and the county's was almost 30 percent. The maximum TANF cash benefit is \$200 per month for a family of three.

Chicago has a heterogeneous and quite racially segregated population. Overall, the city population is about 2.8 million, and in 1990 it was 46 percent white, 39 percent black, and 19 percent Hispanic of any race. The two largest Hispanic groups are Mexicans and Puerto Ricans. In 1998, about 67 percent of the state's caseload lived in Cook County, where Chicago is located. The state has seen a caseload drop of 44 percent between 1993 and March 1999, while Cook County rolls declined by 28.5 percent between 1994 and 1998. Illinois gave up its waiver program and began implementing its TANF plan in July 1997. The median income in Illinois was close to the national average, and the poverty rate was 11.3 percent in 1995, somewhat lower than the national rate. The rate for Cook County, however, was 14.7 percent, and the poverty rate for children in the county was 25.8 percent. The maximum TANF cash benefit was the same as the national median—\$377 per month for a family of three.

Welfare Policies. The welfare rules in the three cities are also quite different. Still operating under its HHS waiver, Massachusetts has a 24-month time limit in any 60-month period, and it pays the highest cash benefit. The 24-month clock began ticking on December 1, 1996. Recipients whose youngest child is of school age must perform 20 hours of paid or unpaid work per week, though over 50 percent of the caseload is exempt from the time limit or work requirement.

The welfare program in Texas is still evolving because the state also elected to continue operating under its federal waiver. Adult recipients are assigned to one of three possible time limits: 12 months for the most job-ready (those with a high school degree and some work experience), 24 months for those with somewhat less education and experience, or 36 months for the least job-ready. There is substantial local variation in how these decisions are being made. San Antonio was the first local jurisdiction to implement time limits. Although these time limits seem strict, they are somewhat softened by the fact that significant numbers of exemptions currently exist (for instance, having a child under the age of four at the time of first application for assistance) that reduce the number of families affected. Also, the parent may reapply for assistance after five years off the rolls, and only the caretaker, not the child, stops receiving benefits during the “freeze-out” period.

Illinois has added substantial state money to its program. It has adopted a five-year time limit, and the time clock is suspended every month in which the recipient earns income and works at least 30 hours per week. Only one dollar of every three dollars recipients make is counted in determining welfare benefits until the family reaches the federal poverty level. Also, the state provides childcare subsidies to low-income families (those with incomes below 50 percent of the state median) engaged in work or school, without regard to current or prior welfare status. Co-payments are required of all families on a sliding scale that reflects income, family size, and the number of children in childcare.

These three cities provide significant variation regionally, demographically, and in terms of policy and political environments and welfare program decisions.

Table 1 State TANF Policies

As of September 1999

Implementation	Illinois	Massachusetts	Texas
Date Effective	July 1997	November 1995	November 1996
Continue Waiver?	No	Yes	Yes
Administrative Agency	Department of Human Services	Department of Transitional Assistance	Department of Human Services; Texas Workforce Commission
Payment			
Maximum Benefit Level, Family of 3	\$377 (can vary by city or county)	\$565 ¹	\$200 ²
Family Cap	Yes	Yes	No
Earnings Disregards	Disregard 67 percent and TANF eligibility continues until family income reaches FPL	Disregard \$120 and 50 percent of remainder ³	Disregard 90% of earnings for the first 4 months of earnings, \$120 for the next 8 months, \$90 after 12 months ⁴
Diversion			
Maximum Payment	N/A	N/A	\$1,000/per 12 months
Mandatory Job Search	Yes	No	Yes, work orientation required
Work Requirements			
Months Before Work Requirement	When determined able to engage in work or 24 months, whichever comes first	60 days	Immediate
Full Family Sanction	Yes	Yes	No
Time Limits			
Months until Termination	5-year limit, unless work 30 hrs/wk	24 out of 60 months, no lifetime limit	12, 24, or 36 months ⁵
Support Services			
Transitional Medicaid	12 months	12 months	12 months
Transitional Childcare	No time limit for low-income families (but must provide co-payments with earned income)	12 months	12 months
Outcomes			
State Caseload 3/99	382,937	151,592	313,823
Percent Change since 1/93	44%	54%	60%
Work Participation Rates (All Families/Two-Parent Families)	37.7/77.7	29/73.3	25.2/44.3

¹ This is for a non-exempt family with a rent allowance.

² The maximum grant is linked at 17% of the FPL and adjusted upward annually pending appropriations. Additionally, TANF families will receive a once-a-year \$60 per child grant in August to help with back to school expenses.

³ For families not subject to the time limit, the disregard remains \$120 and one-third but without time limit.

⁴ As of 2/2000, the disregard is to become \$120 per month. In addition, for first 4 months of employment, 90% of additional earnings will be disregarded up to maximum of \$1,400.

⁵ The 12-month time limit applies to recipients with 18 or more months of recent work experience and a high school diploma, a GED, or a certificate from a postsecondary or vocational school. The 24-month time limit applies to recipients with 6 to 17 months of recent work experience or education through 11th grade but less than a high school degree. The 36-month time limit applies to recipients with less than 6 months work and education less than 11th grade. The time limit begins once the recipient is notified of an opening in the JOBS program.

CONCEPTUAL FRAMEWORK

Our conceptual framework draws from several disciplines, using both qualitative and quantitative analysis to understand how low-income families live, including those on welfare, and how these parents and their children are faring under the new welfare system. As noted, its three major elements are the survey, the Embedded Developmental Study, and the neighborhood ethnography, and a range of reports will result from our data collection.

The design of our survey and the resulting studies is based on a conceptual framework that combines elements of the theory of household production from the discipline of economics, and elements from the psychological theory of child development. We also draw on sociological and ethnographic perspectives, such as neighborhood quality and kinship support, that help place our findings in social context.

The Modified Household Production Model. In our conceptual framework, we loosely apply a generalized and modified version of the economic theory of household production to child outcomes. This approach is based on a model developed by economist Gary Becker in 1965 and used in many empirical studies. The approach conceptualizes the family as attempting to meet multiple goals with limited resources. Those goals include material and other types of well-being for the adults in the family but also for the children. The family affects child outcomes by determining the “inputs” to children—time of the parents or others, and different amounts of material resources devoted to the child. Parents—or a single parent, in our typical case—have a variety of needs of their own, including material needs and time for normal relaxation and enjoyment of life (“leisure,” in the economic model). But they also want to foster an environment in which their children develop well.

Thus the parent faces inherent constraints in her ability to satisfy both her own needs and those of her child. The household production model heavily emphasizes this set of constraints.

These constraints include the exogenous factors, or those “given” by the limits of the environment in which the family lives. These include labor market opportunities in terms of job availability as well as potential wage rates; the availability of daycare services; access to welfare benefits; neighborhood resources; and, on a more personal level, the availability of a husband or partner, and the presence of family and friends, who can potentially provide both time and resources to assist the parent.

In this conceptual framework, choices and tradeoffs must be made. The parent chooses from a range of possible alternatives. She must decide whether or not to enter the labor force, whether or not to apply for welfare, and whether and how much to care for her child during work and non-work periods. She must also choose whether to use other people’s time in caring for the child and, if so, whose time and how much of it. She must decide how many material resources to direct to the child, as opposed to other possibly equally pressing uses. The model presumes that the parent makes a choice among the alternatives, given her financial, time, and environmental constraints, with the knowledge of how these choices will affect her child both in the present time and as an adult in the future. While in reality she will not possess complete information about the effects of her decisions on her child, the model assumes that she nonetheless attempts to evaluate her choices as rationally as possible.

From the viewpoint of this conceptual framework, welfare reform has a number of possible effects on children. Most obviously, reductions in benefits or in family income overall may result in reductions in resources to children as well as adults. Increases in income that result from increased earnings would have the opposite effect. More time spent in the labor force by the mother is likely to mean that she has less time to devote to her child and will have to make choices about alternative childcare. These care arrangements may affect her child’s development, depending on the type and quality of the care she chooses. Also, although outside the realm of the framework in some ways, the model is not incompatible with the hypothesis that greater labor force involvement by the mother may lead to more stable family routines and better role modeling, which consequently may improve child outcomes.

Child Development Models. We also rely on conceptual models from the field of child development. Most of these models relate the characteristics of the child as well as environmental influences to child development outcomes, including the effects of change and continuity during childhood and adolescence. Child characteristics include such factors as gender, temperament, and cognitive ability. The influences of the environment are characterized by the psychological resources and behaviors of important people in the child’s life, such as parents, siblings, extended family, peers, friends, and school and neighborhood communities, with the greatest focus typically placed on the parents. Outcomes include physical, social, emotional, and cognitive development.

Where the household production model focuses on time and income, most child development models emphasize psychological resources and their interplay over time. For example, whether an infant experiences a secure, sociable world or an unresponsive, chaotic, or frightening one is given major attention. In adolescence, the degree to which parents promote strong identity formation and social competence by combining warmth and mutuality with an acceptance of their adolescents' separateness and differing points of view, while also providing structure and monitoring, is subjected to direct examination. Family functioning and process receive primary attention.

The question remains how we can apply developmental theory to study current welfare reform. For the most part, the psychological perspective has addressed the impact of poverty, not welfare, on children and a sizable body of psychological research concludes that poverty impedes both cognitive and social development. Poverty places stresses on parents that may interfere with parenting. As a result, it can be more difficult for parents to be warm and engaging, consistent in discipline, and to provide the stimulation necessary for their children's development. Poverty also increases the likelihood of conflict-prone, troubled, and violent relationships between women and their husbands or partners. All these family processes are linked to higher levels of child behavior and emotional problems, in addition to lower school readiness and performance in school. Despite the challenges posed by poverty, some parents and children thrive. Developmental research has also identified a number of psychological processes and resources that promote healthy development in the face of adversity.

Virtually all families on welfare live in poverty and therefore are likely to experience many of these negative patterns. Indeed, many proponents of welfare reform argued that work requirements and time limits would provide incentives for mothers to find employment, which would increase family income as well as stabilize household organization and family routines. Under this scenario, one would hypothesize that mothers' mental health and self-esteem would improve and that this could lead to better parenting, in turn bringing about healthier social development and greater school readiness and school functioning in children.

However, it is also possible that welfare reform will have negative influences. Even if work requirements succeed in moving mothers from welfare to work, many jobs will pay incomes close to or even below the poverty level. We would therefore expect that the children and youth in these disadvantaged homes would remain susceptible to many of the harmful processes that

hamper development. Moreover, work requirements may cause more emotional stress and poor functioning in mothers on welfare, as well as less time for parenting, and sanctions and time limits that cut welfare benefits without an alternative safety net could push some families even deeper into poverty. Under these circumstances, parenting quality would be likely to decline.

It is therefore imperative in a study such as this to address both the effects of socioeconomic disadvantage and any specific effects linked to new welfare regulations. By incorporating a developmental model into our work, we are better able to specify the effects on child development that are related to welfare reform over and above the impact of poverty.

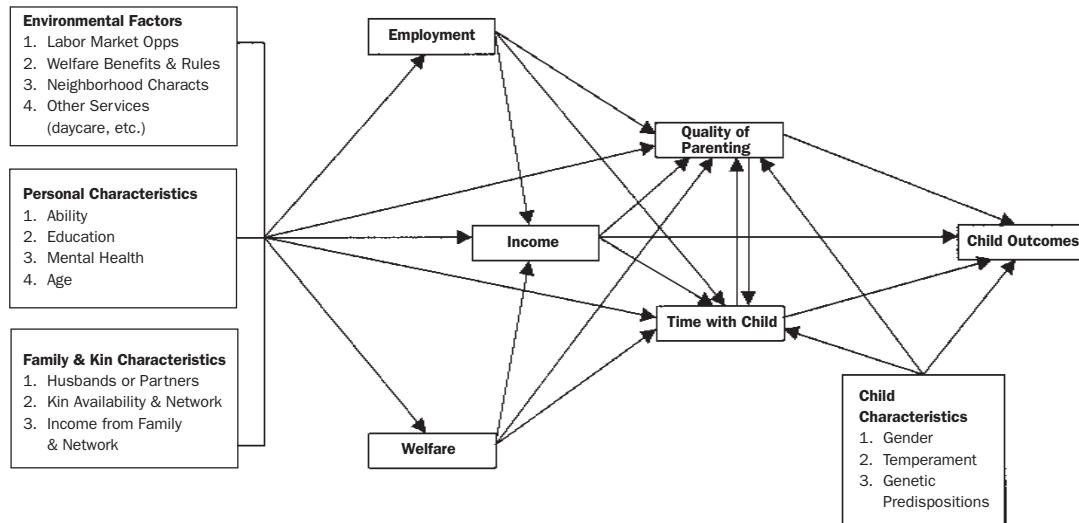
Sociological Ethnographic Approaches. Finally, we employ ethnographic approaches from sociology. Although we emphasize the economic and developmental psychology models of child outcomes, sociological and ethnographic perspectives also inform our analyses in essential ways. Sociological and ethnographic studies of low-income families have, in particular, emphasized variations in kinship support and neighborhood resources among these families.

Research on kinship in the 1970s suggested that most low-income African-American families were embedded in effective networks of relatives and friends who shared resources, thus easing the hardships of poverty. But more recent studies have suggested that many low-income families—including African Americans—do not have strong, supportive networks. Moreover, assistance from family and friends to parents tends to decline as children become older.

The fact that kin may provide support for parents who face work requirements is relevant to the outcomes of welfare reform. But even here the literature is not totally reassuring. A recent study found that although single mothers who resided with kin were more likely to become employed, living with kin did not help these mothers retain their jobs longer than mothers who did not.⁴ In our survey, we include sections on household composition (and its fluidity among low-income families), family, and social support. And in our ethnographic work, we pay close attention to issues of kinship and social support, building on the research of Linda Burton.

As for neighborhoods, William Julius Wilson and others have hypothesized that social isolation in neighborhoods with few institutional or social resources greatly contributes to the labor market problems of residents in central-city areas of concentrated poverty. In addition, the over-representation of unemployed adults and the lack of opportunities for gainful employ-

⁴ L. Hao and M.C. Brinton (1997). "Productive Activities and Support Systems of Single Mothers." *American Journal of Sociology*, 102, 1305-44.

Figure 1

ment in these neighborhoods may stymie the expectations of inner-city youth and infuse them with a sense of despondency.

Neighborhood quality may also play a role in the normative development and social adjustment of families and children. Impoverished neighborhoods have long been thought to suffer from lower collective efficacy and weaker social controls that, in turn, may negatively affect children's development. One recent study suggests that the absence of affluent neighbors has detrimental effects on the cognitive and emotional development of children.⁵

Attention to neighborhood context is a central focus of our ethnographies. Ethnographic method as a whole focuses on context generally and on cultural context in particular, and looks at behavior as occurring within specific, non-generalizable and irreducible contexts. Essential assumptions underlying ethnography are that these environmental factors shape and constrain behavior and that they consist of more than material conditions—it also matters how people interpret and understand their material conditions. Ethnography assumes that the context that influences people's behavior includes the many ways that they understand their society and their place in it.

Ethnography, then, involves a naturalistic, observational method focused on describing context, including cultural context. Ethnographic researchers alternate between a fine-grained examination of the causes of specific behaviors and a wide-angled focus on the material conditions within which behavior occurs, as well as on conditions produced through people's shared

ideas about the society in which they live. This approach, coupled with data about patterns of behavior provided by the survey and EDS, should give us significant insight about social patterns related to welfare reform.

More detail about the ethnography is available below and in *Appendix C*.

COMBINING THE PERSPECTIVES

We combine these three disciplinary approaches conceptually, using a path diagram. Figure 1 incorporates the variables and influences that the three perspectives emphasize. The three large boxes on the left contain the environmental and family background factors facing parents that the sociological and ethnographic perspectives emphasize. These boxes also include key economic variables, such as the wage rate and the prices of all goods and services, and essential psychological variables such as mental health.⁶

Economic studies tend to treat these factors as "givens"—facing them, the parent simultaneously chooses whether to enter the labor force and whether to apply for welfare. These decisions lead to income from work or welfare, which (together with income from other sources) determines total income. The key factors determining child outcomes are the quality of parenting, the time spent with the child, and the amount of resources devoted to the child from available income, interacting with the child characteristics. Parenting quality and time spent with the child are, in turn, determined by welfare and employment choices, by the

⁵ J. Brooks-Gunn, G.J. Duncan, P.K. Klebanov, and N. Sealand (1993). "Do Neighborhoods Influence Child and Adolescent Development?" *American Journal of Sociology*, 99 (2), 353-395.

⁶ Parental mental health is, in reality, likely to be partly endogenous. Parents will be predisposed to a certain "given" level of mental health and, as suggested earlier, the circumstances and environment in which they find themselves as a result of welfare reform may affect that level. The figure only attempts to indicate the main theoretical links between the independent and dependent variables and does not mean to imply that other direct and indirect links will not be explored and documented.

level of income, by parental characteristics and the availability of others to help care for the child (husbands, partners, family and friends, networks), and by the availability of childcare.

Typically, economic studies examine only a subset of the relationships shown in Figure 1. They usually focus heavily on the arrows leading to employment, welfare, and income by estimating equations for these variables as a function of the variables in the far left boxes (the “givens”). Economic studies also typically either regress child outcomes on child characteristics and time inputs (using two-stage techniques), or estimate “reduced forms” in which child outcomes are simply regressed on all variables in the far left boxes. In either case, many of the intervening processes and relationships depicted in the figure are omitted and not examined directly, leaving unspecified the causal mechanism underlying the relationship.

The focus of the typical developmental study is on parental characteristics, child psychological characteristics, and family processes. These studies devote great attention to the quality of parenting and its effect on child outcomes, and to how those effects interact with child characteristics. Parent-child interactions are important, as is feedback between parental time and parenting quality (as represented by the dual arrows in the figure)—both are jointly determined. Income is a major subject of interest in developmental studies, but those studies do not usually address the way in which income itself is determined. Developmental studies also often use a much richer array of child outcome measures than do economic studies, which often use only a few relatively simple ones.

Data collected through an ethnographic approach can be used to seek out coherence in the outcomes measured by the other two methods. Ethnographic data, although less representative than that produced by the survey or EDS, will be more in-depth and will include self-reporting about and observations of a wide range of behavior, including that not directly connected with parental decision making, but nonetheless influential.

The interdisciplinary approach we are taking allows us to draw on the strengths of each of these approaches. We believe that these varied social scientific perspectives all must be brought to bear to examine the hypothesized relationships between welfare reform and child outcomes that have been suggested in the literature. Simply regressing child outcomes on the “givens,” where the “welfare” part of that set of variables has been expanded to include work requirements, time limits, and other new policies, is extremely limited and intellectually unsatisfying because it leaves unexamined the intervening mechanisms. The notion that parental

work and welfare decisions have direct effects on child outcomes, and that these are mediated by parenting quality, for example, requires bringing in the models and insights from the child development literature as well. Ideas like this are central to the hypotheses of the supporters of the PRWORA legislation, and we believe the interdisciplinary approach we take can let us examine them more fully.

The Three Study Components in Detail

The next sections outline our data collection and analysis in more detail. We discuss the survey we are conducting, the specific instruments we are using, and the measures we are collecting. A public use version of the panel data we are collecting will be released at the end of our study and should be of interest to social scientists who work on issues affecting the low-income population, including issues beyond strictly welfare reform. We also discuss in more detail the design and implementation of the Embedded Developmental Study and the ethnographic study and how they fit into the rest of the analysis.

THE SURVEY

Our survey interviews are generally two and a half hours in length: 75 minutes of questions are focused on the adult and 75 minutes on parenting and child assessments, on average (the children under age four take less time and the adolescents take more). The format and content of the assessments vary with the age of the child, as described in more detail below.

Adult Portion: Instrument Content and Measurements

From adults, we are gathering basic demographic information, as well as conventional measures of income, poverty, and family and labor force behavior—data that are generally useful for studies of the disadvantaged population. Specific questions address household structure, marriage, fertility, cohabitation, education, labor force behavior, job history and characteristics, hours of work, earnings and wage rates, and sources of income. We are also collecting information on current and past welfare program participation, as well as participation in other programs such as Food Stamps, SSI, and so forth.⁷ In addition, we focus particular attention on two areas not commonly investigated: information on the time respondents spend in welfare-related activities and information on the actions

⁷ We are concerned that requesting permission to obtain administrative records might discourage respondents from participating in the study, so we do not plan to do so until a later survey wave, when we have established better relationships with our respondents.

respondents take related to job search, kin support, and informal income. Both of these areas are of considerable importance for welfare reform.

For time spent in welfare-related activities, we are gathering information on hours per week respondents spend in welfare training, employment, and workfare programs, along with associated times for travel. We are also collecting information on the nature of the activities they perform during those periods. Although prior surveys have occasionally asked whether welfare recipients participate in these types of welfare-and-work activities, no past survey has collected information with this level of specificity, nor have they obtained information on the number of hours spent in this amount of detail. The time adults spend in these types of activity obviously has an essential impact on the amount of time they have to spend in other activities—notably being with children.

We are also collecting information on job search, support from family and friends, and informal income and illegal behaviors. This is important because these behaviors potentially will be affected as a result of welfare reform (they are potential “outcome variables”). We are also trying to examine the coping strategies of women who leave the welfare rolls or whose benefits are reduced.

This and other sections of the interview that explore sensitive behavior use the Automated Computer Assisted Survey Interview (ACASI) method. With ACASI, the respondent is given the interviewer’s laptop computer and headphones to respond directly into the computer to questions such as those about informal income, illegal activities, or domestic violence, rather than providing answers verbally to the field interviewers. Studies indicate that this technique substantially raises the reported response rates to questions about sensitive behavior.

Interviews of mothers also include assessments of their mental health and well-being. As noted above, we postulate that mothers experiencing the work requirements and time limits of welfare reform may respond with increased levels of depression and anxiety. Or we may find that access to new employment opportunities and their improved financial situations lead mothers to gain higher self-esteem and a greater sense of efficacy.

We are using a short version of the Brief Symptom Inventory (BSI-18), a nationally standardized measure of psychiatric health, to assess depression, anxiety, and the manifestation of symptoms. The survey also employs a self-efficacy scale to assess mothers’ ability to cope with the transition from welfare to work and financial strain.

Mothers’ self-esteem is measured using a scale derived from Rosenberg’s Scale of Self-Esteem, a com-

mon measurement system. In addition, a growing body of literature addresses the significant role that domestic violence plays in inhibiting many poor women from functioning successfully. Therefore, we also include a measure of domestic violence, using the ACASI.

Finally, in addition to questions about health, the survey contains a set of questions about disability. The study uses a functional definition of disability, allowing respondents to self-define based on how much their disability limits them. In particular, we are interested in the effect of welfare reform on people with disabilities and the relationship between the federal Supplemental Security Income program and local, state, and federal welfare policies under the new system. For families with disabled children, the central issue is the parents’ ability to care for their children, while for families with disabled adults, the crucial question is their ability to juggle their need for care and the need to work. We are trying to identify ways that these adults might be assisted to work.

In addition, since we examine in this study the role that neighborhoods play, we identified several measures to gauge neighborhood effects. Based on work by a range of sociologists, we have incorporated into the survey measures of neighborhood disadvantage, collective efficacy, neighborhood ecology, and social organization and support.

Child Portion: Instrument Content and Measurements

A key portion of our survey also gathers information on parenting behaviors, children’s environments, and child functioning. We focus on these three areas because of their importance for child development as a whole.

In deciding what to measure and how to measure it, we have attended to several major concerns. First, we are attempting to bridge the gap between national studies such as the National Longitudinal Survey of Youth and the Panel Study of Income Dynamics and smaller local studies. The national surveys collect representative data through survey measures that often lack depth and breadth while the smaller studies often collect detailed and process-oriented information on child and family functioning, but use samples that cannot be generalized to broader populations. In the Three-City Study, we are using a number of the same measures as the large national studies for comparison purposes, while at the same time collecting more detailed, process-oriented information on family functioning and child development through such techniques as direct observations, multiple informants, and comprehensive measures.

Second, we are attending to concerns about child development by addressing environments and situations that pertain specifically to children in certain age groups (for instance, daycare settings for young children and peer and neighborhood environments for older youth), while at the same time attempting to use similar measures across age groups in order to increase the longitudinal and cross-sectional comparability of our findings.

Third, and most important, whenever possible we have chosen measures that have proven validity and reliability in minority and low-income populations. Two leading psychologists who are experts in the child development and family functioning of Hispanic and African-American families (Alicia Lieberman and Ellen Pinderhughes, respectively) are providing guidance to us.

Children are affected through both immediate and more distant influences. In the study, we conceptualize these influences as coming from the immediate environment created by the parenting that the major caretaker provides and by the household context. They also come through the more distant environments shaped by additional caretakers, childcare providers, neighbors, peers, and schools. Changes in welfare policies may affect each of these influences, and each may have a discernible impact on child well-being and development.

For both younger and older children we focus on parenting and the home environment, including the warmth and limit setting that the major caretaker provides, and the stability, stimulation, and safety of the home environment. For all children, mothers provide information on their own parenting practices, including warmth, neglect, discipline, and harshness. Older children respond to questions concerning parental supervision and the quality of the child-mother relationship. Mothers also report on family routines and organization, and on their experiences of parental stress.

To further address the home environment, we use a short form of the cognitive subscale of the Home Observation for Measurement of the Environment (HOME). This instrument gathers information from both the mother report and interviewer observation to measure the cognitive stimulation and safety of the home environment.

For both younger and older children we also assess their broader environments, including relations and interactions between children and other primary caretakers. Past research has detailed the importance of grandmothers to children in minority families. In addition, research is just now beginning to address the forgotten role of fathers and other father figures in poor and single-mother families. Our study focuses on both of these two important figures.

For all children, mothers answer a battery of questions concerning their children's experiences with their primary grandmother figure and their biological father. These questions include measures of child-adult interaction, child-adult relationship closeness, monetary support, and the parental commitment of other caregivers. Mothers also provide basic information on their young child's daycare experiences. This includes the need for, availability of, and use of alternate care, and ratings of satisfaction and quality, as well as questions to measure neighborhood resources and their quality.

In the older child interviews, children themselves provide information about their biological fathers, including his accessibility and responsibility, the time they spend together, and the quality of their relationship.

In the survey, we also focus in greater detail on four main areas of child well-being: behavioral, cognitive, socio-emotional, and physical development.

Behavioral Well-being: For younger and older children we assess both positive and problem behaviors. The New Chance Positive Behaviors Scale is completed by mothers for all children, and by fathers and teachers in the Embedded Developmental Study for young children, which is discussed in more detail below. Mothers complete the Achenbach Child Behavior Checklist (CBCL) for children two and older in order to measure different types of behavior problems. Older children also self-report using a variety of behavioral measures, including a scale of delinquency and a series of questions concerning sexual activity. They use the ACASI to report on this information in order to provide greater privacy and reporting accuracy.

Cognitive Well-being: We assess the cognitive well-being of all children ages two and above using subscales of the Woodcock-Johnson Psycho-Educational Battery-Revised, including letter-word identification and applied problems. Woodcock-Johnson is a nationally normed, widely used, and easy-to-administer test of cognitive ability and achievement. For children under age two, mothers complete the Ages and Stages Questionnaire, a broad screening tool for assessing the risk of developmental delays in motor, language, and social skills. They also report on school readiness and emerging verbal abilities. Older children also report on their school grades, aspirations, and school activities, as well as their employment experiences. Mothers report on their expectations for their children's educational attainment and other behaviors.

Socio-Emotional Well-being: Older children (ages 10 to 14) also complete the short version of the Brief Symptom Inventory (BSI-18) using the ACASI to assess their socio-

emotional well-being. The socio-emotional well-being of younger children is addressed through maternal, childcare provider, and father reports, and through direct observations in the EDS portion of the study (see below).

Physical Well-being: For all children, interviewers measure height and weight directly, and they measure head circumference for young children. Mothers report on the length of gestation, birth weight, and major illnesses and disabilities, as well as health insurance and access to and use of health care for all children. The interviews with mothers also include information about fundamental child well-being indicators such as hunger and the adequacy of housing and financial resources.

Appendix A contains additional information about the survey, including tables that describe the adult and child measures in detail.

EMBEDDED DEVELOPMENTAL STUDY (EDS)

The second major component of this project involves the intensive Embedded Developmental Study of young children. We developed the embedded study to gain a more detailed and valid picture of the environments and processes that affect children during early childhood than can be obtained through standard survey instruments.

This Embedded Developmental Study is being undertaken with nearly all children ages two to four in the survey. It mirrors the survey in its time line, with all portions of the EDS completed while we conduct the survey in the field. As noted above, of the approximately 2,400 children who are being selected in the first year of the survey, about half are between birth and four years in age. The approximately 700 focal children aged two to four are included in the EDS.

We choose to focus the EDS on preschoolers because children in this age range start down developmental paths that, in turn, drive later intellectual, social, and physical growth. Researchers are devoting growing attention to the importance of children's school readiness in the years prior to kindergarten. Caregivers also face challenges during this period in providing appropriate warmth, limit setting, and learning opportunities, as well as in meeting the great time demands of caring for preschool children and finding appropriate alternate care.

Each section of the Embedded Developmental Study was developed to complement the child and mother-centered portions of the survey and to detail further the processes through which welfare reform and low incomes could affect children. In addition, the EDS focuses on populations and measures that are particularly difficult to address adequately in a survey format.

We place a particular emphasis on the broader environments that influence children, including childcare arrangements and the presence of nonmaternal family members.

The EDS includes three parts, incorporating five separate components. First, a second home visit includes direct assessments of parent-child interactions and the child's behaviors and ability to regulate emotions through videotaped observations. This visit also includes a second interview with the mother, covering topics including the focal child's primary family relationships and caregivers, the child's history and experiences with childcare, the mother's work-family role strain, and her romantic involvements. Second, we conduct an interview with the child's biological father, covering demographic information, parenting practices and paternal identity, experiences with the welfare system, and ratings of the focal child's behavioral functioning. Third, we visit the child's primary childcare setting (both formal and informal situations), observe and rate the quality of care, and interview the care provider.

Appendix B provides additional information about the specific measures and instruments we use within the Embedded Developmental Study.

ETHNOGRAPHY

The other major component of our project involves an ethnographic study in each city from which the survey samples are drawn. The purpose of the ethnography is to conduct fine-grained assessments of how, over time, welfare reform policies influence the day-to-day lives of welfare-dependent and non-welfare-dependent African-American, white, and Hispanic/Latino families and children, including a subset of families with disabled children. Specifically, the comparative ethnographies explore the impact of welfare reform on patterns of consistency and change, on the meaning of time for families, on social support networks, and on neighborhood resources for parents and children. They also look at how these factors affect family processes, such as daily routines, parenting, intergenerational exchanges, and the developmental pathways of children.

Ethnographers conducting this research are specializing in three different areas. Family ethnographers are working with specific families that do not include a disabled young child. Disability ethnographers are working with specific families that include a disabled young child. Neighborhood ethnographers work in the selected neighborhoods, generally, and are not assigned to follow any specific families. Thus, while the core research focus in this component of the study is on

families with young children, special emphasis is placed on families with a disabled child and on the effects of neighborhoods.

In year 1, we are selecting samples of low-income families with children largely aged two to four, both welfare-dependent and low-income, non-welfare-dependent.⁸ We are selecting about 75 in Boston, 75 in Chicago, and 65 in San Antonio, a total of about 215. To guide us in the choice of families, we solicited the involvement of community groups, including members of service-providing organizations and churches, and community leaders. Participants in the ethnography will live in the same neighborhoods as participants in the survey.

We are using participant observation and in-depth interviews in order to determine how welfare recipients are experiencing the various rules and restrictions of welfare reform. We expect that there will be substantial variation in how local welfare offices and other social service institutions implement the revised state and local welfare laws and policies. As much as possible, we accompany our families to the welfare office, to private agencies that are assisting them, to job placements, and so forth. We also are observing carefully the economic strategies that families are using when they are cut off from the rolls because of rule violations or time limits.

Moreover, although the ethnography is being conducted without prejudgments about the importance of any particular mechanism of influence, we are especially interested in validating the mechanisms suggested in Figure 1 (page 12). We discuss this relationship in *Appendix C* and below in our explanation of how we are integrating the ethnographic and survey approaches.

More generally, the ethnographic study is contributing to our interpretation of the findings from the survey and Embedded Developmental Study. Using in-depth interviews and participant observation, we seek to understand the larger context of these findings and the meanings that family members attach to them. In addition, we are taking unexpected or puzzling findings from the quantitative survey and EDS data analyses and are trying to understand better what they mean. We also expect to develop new questions for future waves of the survey that can help us determine whether the findings from the families in the ethnography are consistent with the larger, more representative samples of the survey and embedded study. The ethnography can also help us most effectively design questions to gather information on sensitive topics such as informal income.

Our primary data collection method for the ethnography is participant observation, which requires long-

term and intensive participation in the family's social settings. Other methodologies include collecting life-histories from the family members, having them fill out occasional time diaries, asking adolescents to prepare "photojournals," and conducting semi-structured interviews with adults and informal assessments of children that will explore similar themes as the survey and EDS. We will also employ the techniques of Geographic Information Analysis to explore patterns in how the families we study conceptualize and use the spaces in which they travel, work, and live. In addition, ethnographers will prepare a variety of maps, diagrams, descriptions, and other forms of data presentation.

The ethnographic component combines the skills and knowledge of a team of investigators who are nationally recognized experts in long-term ethnographic studies of urban welfare-dependent and working-poor families and children. This team did extensive methodological planning—*Appendix C* provides more detail on sampling design, data collection strategies, and data analyses techniques.

Disabilities Component

Of the approximately 215 families participating in the ethnographies, about 45, or 15 in each city, have children with disabilities. In addition, a number of the other 170 families have a member who is disabled. As with the survey, the ethnographic study uses a functional definition of disability, allowing respondents to self-define based on how much their disability limits them. In particular, we are interested in the effect of welfare reform on people with disabilities, parents' ability to care for their disabled children, and disabled adults' ability to juggle their need for care and the need to work.

INTEGRATING THE ETHNOGRAPHY WITH THE SURVEY AND EMBEDDED DEVELOPMENTAL STUDY

Very few social science studies have made a serious attempt to combine ethnographies with survey research, or to combine qualitative with quantitative research more generally. The challenges in doing so are considerable, but we are devoting substantial effort to integrating the methodologies at all stages—design, data collection, analysis, and in drawing our final conclusions.

There are several major ways in which we are integrating the survey and ethnography. First, we integrated the two at the design stage. We are selecting the families for the ethnography from the same neighborhoods from which survey respondents are being sampled, and we are selecting families for the ethnography who have children of the same age range (two to

⁸ A few children will start this study as young as one year old—the age when their mothers will, in some cases, lose their exemptions from the requirement to work.

four) as families in the Embedded Developmental Study. This ensures that the families in both samples face the same economic, policy, neighborhood, and social environments.

Another way we are integrating our methodologies at the survey stage is by using ethnographic findings at each wave to inform the survey design at each subsequent wave. The ethnography may uncover important issues and ways of responding that we did not initially anticipate and for which we did not adequately plan in the initial survey. This allows us to correct for these problems or unexpected findings in subsequent rounds.

Third, we will be integrating the methodologies at the analysis stage by using the ethnographic data to shed light on the mechanisms by which relationships uncovered in the survey data occur and to illuminate any unexpected and contradictory findings that emerge from the survey data. When unexpected or counter-intuitive findings emerge in survey data analysis, there is usually limited opportunity to investigate the reasons why. We expect the ethnography to be of considerable assistance in investigating these anomalies.

Finally, we will integrate the methodologies when we develop our final conclusions. At that point, we will try to use the ethnographic data, Embedded Developmental Study data, and the survey results to reach a balanced and internally consistent picture of how families respond to welfare reform. While we are aware of the potential difficulties of doing so, we are committed to reconciling and integrating the findings.

Evaluation Design Considerations

The Three-City Study has both monitoring goals and program evaluation goals. As a monitoring study, we are following a cohort of families in each of our three cities over time during the immediate aftermath and continued implementation of the PRWORA. We will observe families as they leave the welfare rolls, reenter the rolls, stay on the rolls, and, in some cases, apply for welfare and go onto the rolls for the first time. Our data will enable us to measure the families' structure, income, labor force participation, and child well-being outcomes as they make these transitions. We will also be able to observe these outcomes for the working poor and eligible non-recipient population, which may never be on the welfare rolls. We expect our study to yield a rich set of information on families of all types in our three cities during a turbulent era.

In addition, we plan to conduct analyses aimed at

more formal program evaluation of welfare reform, while recognizing the limits that such analyses face in a study with families in only three cities and subject to only three different welfare programs. All program evaluations necessarily involve comparisons between different groups of families who experience different welfare reform policies or who are affected differently by welfare reform. The Three-City Study will examine four different types of comparisons.

First, we will conduct classic before-and-after comparisons by determining how family outcomes change over time as welfare policies change. From our first wave of data to subsequent waves, we will observe changes in family indicators. We also anticipate that the welfare policy environment will evolve in our three cities over time, either by formal changes in rules or by changes in implementation of the existing rules. A before-and-after design typically attempts to draw inferences about the effects of changes in policy from the way in which family or individual outcomes change over time. The threats to the validity of such designs are well-known, and include aging or maturation effects—that is, families go through life-course changes over time that have nothing to do with welfare policy—as well as changes in the local economic or social environment that are unrelated to revisions in welfare rules. With our limited number of waves of data, we will not be able to do more than document changes in unemployment rates, in the rules of other programs, and in other characteristics of our three cities, and consider whether those are likely to have confused the effect of the welfare program changes.

Second, we will compare the outcomes for different families, adults, and children across our three cities at single points in time, and will correlate these with the differences in welfare policy across the cities. The threats to the validity of such a pure cross-sectional comparison are that, even controlling for the unemployment rate, industrial structure, and other measurable features of the three cities, there may be too many other differences in the economic and social environment that we cannot control for. With only three cities, we can conduct no more than a crude correlation of this type. A somewhat less crude analysis can be conducted by examining the changes over time in family and individual outcomes in the three cities (controlling for education, age, family structure, etc.) and correlating those with changes in welfare policy in each city. If policies are moving in a different direction in the three cities, then one should expect outcomes to change differently as well. This type of comparison is superior to the simple cross-sectional comparison, but requires

that there be no other differential changes in economic and social environment across the three cities that are occurring simultaneously with the changes in welfare policy. At best we will only be able to document those other changes and offer a simple examination of their likely confounding influence.

Third, we plan to draw a second cohort of families three or more years into our study and to compare this group to our initial cohort in order to draw inferences about how outcomes correlate with changes in policy. For the second cohort, we plan to draw observations from the same neighborhoods as in our initial sample but at a later point in time. This second cohort provides a basis for estimating program effects because it enables us to compare different birth cohorts of women who have experienced PRWORA for different portions of their lifetime. If part of the effect of welfare reform works through “signaling” to the general population that welfare is and should be a less attractive option than it used to be, then later cohorts may behave differently from earlier ones—they have begun their major educational, labor force, marital, and fertility decisions at a later date, when PRWORA was more widely implemented and when general expectations had changed more markedly. We believe that this method among the four holds the greatest promise.

Cohort designs are well-known in the evaluation literature and have been used in the past for welfare evaluations of the 1981 Omnibus Budget Reconciliation Act (OBRA) reforms. A major advantage to cohort designs, including this one, is that the two samples are drawn from families in the same neighborhoods and therefore are likely to be quite similar in unobservable characteristics, unlike samples that are drawn from different cities. The major threat to the validity of a cohort design is a change in the local economic environment that occurs simultaneously with changes in the welfare policy environment. Once again, we can control for social and economic environmental changes in a limited way, but our conclusions will have to be tempered by a recognition of any potentially confounding influences that occur.

It is important to note that this approach is based on birth cohorts rather than program recipient cohorts. The latter is less reliable than the former because the types of families on welfare may change over time, leading to a disparity in outcomes for different recipient cohorts that stems from their inherent differences, not from the change in the welfare policy environment. Welfare recipients and non-recipients must be combined; it is the comparative experiences of the entire eligible population at different points in time that we will examine.

Fourth, we will conduct a set of analyses using data

from only within each city, but across different groups of respondents. For example, we are drawing small samples in each city of non-poor but lower-middle-class, single-mother families, who have a low probability of receiving welfare. We can use their labor force participation, earnings, and other economic outcomes as a measure of the importance of the local economic environment—increasing or declining citywide economic fortunes are likely to affect them as well as individuals in the poor at-risk families who are directly affected by the PRWORA. Similarly, we are drawing a small sample of married-couple families to use as an additional group to control for citywide changes in labor market conditions. The major risk in this design is that local economic conditions may affect non-poor and near-poor families differently than those who are poor, and married couples differently than single-mother families. This would confuse our interpretations of the differences between these groups, suggesting incorrectly that it is caused by welfare reform. To some extent, we can employ historical data on time trends in the economic outcomes of these different income groups to assess their stability over time, which will help us assess the validity of our interpretations.

Recruitment and Consent

As discussed in *Appendix A*, respondents are selected randomly from sampling blocks to participate. In the sample survey, all adult respondents and all children in the 10-to-14 age range are fully informed about the study by the interviewer and consent is obtained. Parents are asked to give consent for all children. The ethnographers may make one or two brief, informal contacts with potential participants before asking them to participate in the study and provide consent. Respondents are fully informed verbally and in writing about the purpose of the project and the topics of study in the interviews and ethnography. They are notified that they are free to end participation at any point in the study and that all responses will be strictly confidential. All questions they raise are answered fully. We are following the guidelines for protection of child subjects as put forth by the Society for Research on Child Development.

Respondent Risk and Confidentiality

We anticipated that our study would entail little or no risk to respondents. But in order to minimize any potential risk that might exist, we took several steps. First, we conducted intensive training sessions with interviewers to make certain they have the necessary skills to conduct personal interviews. We carried out

separate intensive training sessions with the interviewers who conduct the child assessments. In addition, respondents are reminded at various points during the interview that they may choose not to answer any questions. At any sign of discomfort or embarrassment, participants are given the opportunity to terminate their participation. In the case of respondents with more severe psychological disorders, we make appropriate referrals to social services. Data files that RTI provides to the participating universities and researchers do not contain identifying information such as names and addresses. All data files are kept strictly confidential and stored in locked, secure settings.

Principal Investigators

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William Julius Wilson *Lewis P. and Linda L. Geyser University Professor at the John F. Kennedy School of Government at Harvard University.* Prof. Wilson has been elected to the National Academy of Sciences, the American Academy of Arts and Sciences, the American Philosophical Society, and the National Academy of Education. He was awarded the 1998 National Medal of Science. His books include *Power, Racism and Privilege* (1973), *The Declining Significance of Race* (1978), *The Truly Disadvantaged* (1987), *When Work Disappears* (1996), and *The Bridge Over the Racial Divide* (1999).

APPENDIX A

SURVEY PROTOCOL

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I. Overview

As noted in the body of this report, the design of our study calls for a sample size of about 2,400 families. We are drawing respondents from families who are receiving welfare and those who are not, as well as those who are poor and those who are near-poor in Boston, Chicago, and San Antonio. We will survey two cohorts of families, the first beginning in 1999 with two follow-up survey waves, and the second in the fourth year of our study.

In the first cohort we had initially aimed to sample a maximum of about 1,050 families each in Boston and in Chicago, and about 700 in San Antonio, totaling approximately 2,800 families. As noted in the text, we now expect the actual sample size to be about 2,400 families, slightly less than in the original design. Cohort 2 will consist of a sample one-half the size of that of Cohort 1. In Boston and Chicago, our goal was to survey roughly equal numbers of African-American, Hispanic and non-Hispanic white families, and in San Antonio to survey an equal number of African-American and Hispanic families. Non-Hispanic white families are not sampled in San Antonio for cost reasons, as described below.¹ The age eligibility for children is also restricted to less than five years of age and between 10 and 14. Furthermore, each site-specific sample is split between about half families who are receiving welfare and about half families who are not. We are also surveying small samples of near-poor families and of two-parent families.

Cohort 1 is being interviewed three times over four years. Cohort 2 will be selected and interviewed in year four. Table 1 presents the distribution of our target maximum sample sizes across cities, cohorts, and race-ethnic groups.

Table A-1 **Target Distribution of Samples across Cities, Race-Ethnicity, and Cohorts**

	Boston		Chicago		San Antonio	
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	Cohort 1	Cohort 2
African-American	350	175	350	175	350	175
Hispanic	350	175	350	175	350	175
Non-Hispanic white	350	175	350	175	0	0

Each of these groups (a race-ethnic group in a city) is divided into four roughly equal subgroups: (1) families with a child between birth and four years of age who are receiving TANF; (2) families with a child between birth and four who are not receiving TANF; (3) families with a child aged 10 to 14 who are receiving TANF; and (4) families with a child 10 to 14 who are not receiving TANF. Within each of the subgroups, our goal is to

have about 80 percent of families with current incomes below the poverty line (“poor”) and the remaining 20 percent with incomes between the poverty line and 200 percent of the poverty line (“near-poor”). We also intend that approximately 86 percent of families within each subgroup are headed by a single mother (even if she is cohabiting with a partner to whom she is not married) and 14 percent are married-couple families.

The purpose of these goals is to produce a sample primarily composed of poor single-mother families in our three cities with a rough balance across race-ethnicity groups and child ages. The near-poor and married-couple families are included as potential comparison groups.

For cost reasons, we do not sample our households from middle-income and upper-income areas of each city, as we describe below. However, we do draw households from other areas in each of our cities, and we include a wide variety of types of neighborhoods (Census block groups, to be exact). Table 2 presents selected characteristics of the block groups from which we draw our sample, including poverty levels, education, and race-ethnicity. Table 3 illustrates how the characteristics of the population in these areas compare with those of the populations living in each city and state, and in the U.S. as a whole.

The racial, ethnic, economic, and demographic structure of our sample is not the same as that of each city population as a whole. Instead, our sample is designed to help us achieve our study goals by generating a sample with sufficient numbers of each race-ethnic group and with sufficient numbers of households from the family income and demographic strata that are of most relevance to welfare reform. Nevertheless, we will construct weights to permit the calculation of statistics that are representative of each city’s poor and near-poor populations as a whole.

II. Design Details

To meet the requirements of our sample design we are conducting door-to-door household screening interviews to obtain information on children’s ages, family income (whether it is less than 100 percent of the poverty level, 100 to 199 percent, or 200 percent or greater), parents’ marital status, and family race and ethnicity. This information lets us determine whether the family meets the criteria for inclusion in the study sample. While door-to-door screening is costly and subject to reporting errors, there are no acceptable less costly options, given our study goals. We are precluded from gaining access to welfare case names and addresses from local or state

¹ As we note below, once in the field we were unable to identify as many eligible non-Hispanic white families in the selected block groups as we had expected and hence we sampled fewer of this group than planned.

Table A-2 **Sample Block Group Information**

	Boston			Chicago			San Antonio		
	Mean	Max	Min	Mean	Max	Min	Mean	Max	Min
Poverty Rate (%)									
Total	37.9	100	15.3	34.9	100	8.2	46.0	91.3	17.1
Whites	22.3	100	0	17.0	100	0	29.0	100	0
Blacks	27.9	100	0	23.2	100	0	23.8	100	0
Hispanics	33.2	100	0	16.8	100	0	29.7	100	0
% People w/ < HS Education									
Total	42.0	80.3	0	49.1	91.9	6.3	55.5	83.8	19.9
Whites	37.8	100	0	38.6	94.0	0	57.5	96.2	0
Blacks	25.9	100	0	24.1	100	0	19.8	100	0
Hispanics	48.0	100	0	39.8	100	0	46.0	100	0
% Hhlds w/ Public Asst Income									
Total	30.6	72.9	0	22.5	84.7	0	26.3	67.4	0
% Hhlds Female Headed									
Total	40.0	81.3	6.3	26.2	81.2	0	32.7	81.1	8.5
Whites	23.9	100	0	12.1	48.2	0	23.8	77.4	0
Blacks	40.7	100	0	25.2	100	0	22.9	100	0
Hispanics	35.7	100	0	15.6	100	0	24.3	100	0
Racial Distribution (%)									
Whites	31.4	100	0	45.2	100	0	45.3	90.8	0
Blacks	47.4	100	0	23.7	100	0	32.0	100	0
Hispanics	20.8	94.2	0	37.2	98.7	0	60.1	100	0
Employment Rate (%)									
Total	46.6	70.8	5.0	50.9	74.5	1.4	42.3	68.9	13.6
Whites	36.2	100	0	42.1	100	0	38.3	100	
Blacks	33.8	100	0	1.5	100	0	23.4	100	0
Hispanics	25.6	100	0	39.3	100	0	31.1	100	0

Table A-3 **Sample Block Group Information Compared to City, State and U.S.**

	BI Grps in Boston	City of Boston	State of Mass	BI Grps in Chicago	City of Chicago	State of Illinois	BI Grps in San Antonio	City of San Antonio	State of Texas	Entire U.S.
	Means	Means	Means	Means	Means	Means	Means	Means	Means	Means
Poverty Rate (%)										
Total	37.9	15.0	6.7	34.9	18.3	9.0	46.0	18.7	14.1	10.0
Whites	22.3	8.7	5.0	17.0	7.8	5.5	29.0	15.1	10.2	7.0
Blacks	27.9	21.9	20.6	23.2	29.7	27.6	23.8	26.9	27.6	26.3
Hispanics	33.2	31.7	35.7	16.8	22.5	17.8	29.7	27.4	29.7	22.3
% People w/ < HS Educ										
Total	42.0	24.3	20.0	49.1	34.0	23.8	55.5	30.9	27.9	24.8
Whites	37.8	18.5	18.8	38.6	27.8	20.9	57.5	27.5	23.8	22.1
Blacks	25.9	33.3	30.0	24.1	36.9	34.8	19.8	27.2	33.9	36.9
Hispanics	48.0	47.2	48.0	39.8	59.2	55.0	46.0	47.2	55.5	50.2
% Hhlds w/ Public Asst Income										
Total	30.6	11.9	7.8	22.5	14.4	7.3	26.3	9.6	6.7	7.6
% Hhlds Female Headed										
Total	40.0	16.6	11.7	26.2	19.4	11.7	32.7	15.5	11.2	11.3
Whites	23.9	10.2	10.2	12.1	9.6	8.1	23.8	13.3	8.6	8.5
Blacks	40.7	34.6	31.4	25.2	35.5	34.0	22.9	26.9	27.9	30.6
Hispanics	35.7	32.3	33.6	15.6	17.5	15.0	24.3	19.9	15.3	17.5
Racial Distribution (%)										
Whites	31.4	63.0	90.0	45.2	45.5	78.4	5.3	72.3	75.3	80.4
Blacks	47.4	25.5	4.9	23.7	39.0	14.8	32.0	7.0	11.9	12.0
Hispanics	20.8	10.4	4.6	37.2	19.2	7.7	60.1	55.3	25.3	8.8
Employment Rate (%)										
Total	46.6	60.9	63.3	50.9	56.5	62.0	42.3	58.5	61.4	62.0
Whites	36.2	63.2	63.9	42.1	61.6	63.7	38.3	59.0	62.2	62.1
Blacks	33.8	57.0	58.6	21.5	47.4	50.4	23.4	55.2	56.4	62.1
Hispanics	25.6	55.4	52.9	39.3	62.1	65.4	31.1	56.3	57.8	60.6

Source: 1990 Decennial Census.

Note: The race-specific means are unweighted across block groups, while the total means are weighted. Sometimes this results in the mean for the total lying outside the range of the race-specific means.

agencies by requirements that recipients grant prior permission (and because we plan to include non-welfare households as well). Telephone screening of poor and near-poor families is limited by the fact that many poor households lack telephones, as well as by increased levels of screening response error and non-response.

Although we ask families in the screening interview for information on race-ethnicity, family income level, child age ranges, and single-mother vs. married-couple status, we do not ask them whether they are currently receiving TANF benefits. Our concern is that receipt of welfare is currently sufficiently stigmatized that families may significantly underreport their use of TANF assistance and that they might feel obligated to maintain that underreporting for consistency's sake on the main interview. We are also concerned that there may be a more general response error arising from confusion about the name of the new welfare program and whether or not the family is in fact receiving TANF benefits. Therefore, to achieve our study goal of roughly half TANF recipients and half non-recipients, we have made prior estimates for each of the design cells of the number of families we expect to be receiving TANF as well as of the number of families we expect not to be receiving TANF. We are setting our sampling rates for each of the design cells to achieve the approximately 50-50 split of recipients and non-recipients we seek.

To increase the efficiency of this targeting strategy, however, during the screening interview we ask whether the family is receiving or has received Medicaid or Food Stamps. We do this based on the assumption that receipt of these benefits is less stigmatizing than receipt of TANF, and that they are more clearly identifiable programs (at least for Food Stamps) with a lower expected response error caused by recipients' confusion about the names of the programs. Because the proportion of TANF recipients who also receive benefits from one of these programs is high, answers about Medicaid or Food Stamp participation enable us to obtain our target 50-50 split more easily and with fewer screening interviews. Once again, we base our sampling rates on prior estimates of the fraction of Medicaid and Food Stamp recipients who receive TANF.

The major risk in this strategy is that our estimates of the number of TANF and non-TANF recipients are inaccurate. The sharp reductions in the welfare caseloads over the last several years make estimates

based on prior data especially problematic.² To allow us to adjust for this possibility, we plan a midcourse correction in the middle of our first wave of interviews. We will alter our sampling rates for each cell, as necessary, based on our actual experience obtaining TANF families to date.

NEIGHBORHOOD SELECTION

We are conducting screening and interviewing in only a subset of all neighborhoods in each of our three cities, excluding most middle-income and upper-income neighborhoods. This targeting is necessary to avoid the inefficiency and extraordinary costs that would be entailed if we used door-to-door screening in non-poor neighborhoods in order to locate TANF families there. As a consequence of this targeting, our results will not be generalizable to TANF-receiving and other low-income families who live in middle- and upper-income neighborhoods.

In order to conduct this targeting, our initial plan was to first list the block groups in each city and rank them by the percentages of children under 18 within each who were living in poor families in 1990 (using 1990 Census long-form data).³ We would then select block groups with high percentages of poor families. Because of our race-ethnicity goals, however, we instead constructed three separate block group lists, in each case ranking the block groups in the city by the percentage of the children in the block group who are poor and who are also a member of the race-ethnicity group in question. We then selected block groups with high percentages of poor families from each of these three lists.⁴ For each of the three lists we determined a cutoff point for the percent poor and then deleted all block groups below that cutoff from further consideration.

We chose the cutoff point to achieve as large a coverage rate of all poor children in the city as possible but without going to neighborhoods with few poor families. We explored different coverage percentages and chose cutoff points that reach 40 percent coverage of non-Hispanic black children and 25 percent coverage of Hispanic and non-Hispanic white children. The lower coverage rate of the latter two groups is a result of their much greater geographic dispersion than that of non-Hispanic black children.

² Although we use 1990 Census data for our neighborhood selection, we use the 1994-96 March Current Population Survey files for the U.S. as a whole to estimate welfare/AFDC participation rates by income level, family structure, and receipt of Medicaid and Food Stamp benefits. We judged that the advantage of using more recent data than the 1990 Census on AFDC participation rates could provide outweighed the disadvantage of having to use national level estimates. Nevertheless, welfare caseloads have dropped considerably since 1994-96, and thus we still have the risk of overestimating the number of TANF families we will find.

³ Because of concern about potentially significant population movements since the 1990 Census, which would potentially affect our estimated "hit rates" for each geographic location, we obtained the most current block-group-level intercensal population projections by age and race-ethnicity from Claritas Inc., a firm that provides such data at modest cost. We used these projections to refine our target population definitions and to recalculate the associated screening rates.

⁴ To avoid overlap among the three lists, we formed them sequentially, taking a block group off the "potential" list after it had been selected for another list.

We encountered a problem with this design in San Antonio, where poor and near-poor non-Hispanic white children are especially dispersed. We calculated the cost and time of conducting door-to-door screening interviews to find a minimum number of poor and near-poor non-Hispanic white families in that city and found it to be prohibitive. Therefore, we have chosen not to sample whites in San Antonio.

Subsequent to entering the field in Boston and Chicago, we learned that lower-income white households are also extremely dispersed in those cities as well, much more than we expected based on the 1990 Decennial Census. We lowered our target number of white families as a result, leading to a reduction in our target sample size from 2,800 to approximately 2,400.

An important question for our study is whether our exclusion of middle-income and upper-income neighborhoods has led to a sample consisting only of areas of concentrated poverty. Table 4 presents the distribution of block groups by their poverty rates, showing that this is not the case, and that we have a quite diverse sample. For most race-ethnic groups in each city, the majority of block groups range between 20 percent and 40 percent poor, which is not a highly concentrated level. Black families in Chicago and Hispanics in San Antonio represent an exception because they are very concentrated geographically. Nevertheless, for four of our city-groups, we will even have block groups with less than 20 percent poor; these groups have poor families that are quite dispersed through their respective cities. Thus our sample contains a wide range of different types of neighborhoods.

Table A-4 **Number of Block Groups by Percent Poor**

Race-ethnicity	< 20% Poor	20%-40% Poor	> 40% Poor
Boston			
African-American	0	12	8
Hispanic	3	14	13
White	2	18	9
Chicago			
African-American	0	41	210
Hispanic	0	32	30
White	37	32	9
San Antonio			
African-American	1	10	16
Hispanic	0	54	72

SAMPLE SELECTION

From our three lists of block groups we formed geographic segments by grouping individual blocks into smaller units suitable for counting and listing. We then selected a set of segments from each of the three lists with probability proportional to size (defined as the number of dwelling units) for counting and listing. Then—in combination with Current Population Survey estimates of TANF participation rates, an assumed dwelling unit occupancy rate of 90 percent, an assumed screening interview rate of 95 percent, and an assumed baseline interview rate of 80 percent—we set sampling rates for each of our design cells to achieve the targets given in Table 1 and discussed above. We implement these sampling rates by the door-to-door screening described above, and by randomly selecting families who meet our eligibility criteria at the rate determined by their cell characteristics.

III. Instrument Development

We have completed developing the instruments for the first wave of the survey. The survey is composed of two sections, one administered to the adult caretaker (usually the mother) and one administered to the child. The child portion differs for children aged four and under and those 10 to 14. Further, the adult's portion of the interview is divided into two parts, one concerning the adult herself and the family and household, and one concerning the child and the adult's parenting practices. The length of the interview was initially estimated at about 145 minutes for adults with young children, 130 minutes for adults with older children, 16 to 35 minutes for children four and under, and about 65 minutes for children from 10 to 14. The topic areas of the survey instrument for adults and children are listed in Table 5. The specific measures and instruments are listed in Table 6.

The instrument was initially designed by the study's principal investigators and then reviewed by survey methodologists and cognitive appraisal experts at Research Triangle Institute Inc. (RTI), the survey contractor for the project. The welfare questions were subjected to testing in the cognitive laboratory at RTI to ensure that recipients found the questions meaningful and correctly interpreted them in the new welfare environment. RTI put the instrument into Computer Assisted Personal Interview (CAPI) format, after which it was reviewed and checked for error both by RTI staff and the principal investigators.

The screening form to obtain the information necessary for the calculation of sampling rates was also jointly composed by RTI staff and the principal investigators.

Both the main survey instrument and the screening form were pretested in October 1998 in a 200-case pilot in all three cities. The pilot identified both problems with the wording of questions, as well as CAPI errors, and we corrected them for the main survey instrument.

In 1999, the main survey was also translated into Spanish for use with respondents who are not completely comfortable with English. In addition, for potentially sensitive questions, such as those pertaining to illegal activities, domestic violence, or sexual behavior, we employ an Automated Computer Assisted Survey Interview (ACASI) technique. With ACASI, respondents are given the interviewer’s laptop with headphones and listen and respond to questions directly, rather than through the field interviewer. This gives them greater privacy and improves response rates to questions about sensitive behavior.

IV. Incentives and Contact Procedures

Respondents are paid a \$30 incentive for their participation and completion of the main instrument. In addition, we are conducting an incentive experiment by paying a \$70 incentive to a randomly chosen 20 percent of the cases. On the assumption that this extra incentive will increase retention rates when we conduct the second wave of the survey, it can be used to assess the presence and degree of attrition bias in the sample. It will do this by comparing the distribution of characteristics of respondents who receive the lower and higher incentives, on the presumption that the additional families brought in by the higher incentive are “like” those who have dropped out of the study, or “attrited,” between survey waves. If their characteristics are in fact the same, then we can infer, as a first approximation, that attrition is independent of those characteristics and hence that attrition bias is not present. If their characteristics are quite different, this will suggest that dropping out of the survey is correlated with certain characteristics, and we can ascertain the direction of the bias.⁵

A critical component of our data collection activities is the implementation of procedures to maintain contact over the four years of the study with respondents who participated in the first wave of interviews. During baseline data collection in years 1 and 3, we are collecting locator information that will help us track respon-

dents who move between waves of data collection. This information includes the name and address of two contacts (friends or relatives) who are likely to know the respondent’s location if he or she moves, the respondent’s Social Security number and date of birth, and any business, church, or school affiliations.

In addition, we leave address correction cards with the respondents and ask them to mail us updated address information if they move. As an incentive for returning the address correction cards, we pay respondents five dollars for each card we receive for up to two moves per year. Between waves of data collection, we maintain contact with respondents through mailings of project update material and birthday cards. During data collection, our field interviewers are implementing a variety of field-based tracking procedures, generally beginning with the respondent’s last known place of residence. Other checks might include contact persons, neighbors, landlords, schools, and churches. To help our field interviewers in tracking and to ensure that they take all reasonable steps to follow up on respondents, we provide them with a checklist of possible tracking steps and questions to ask when talking to potential leads.

Table A-5 **Domains of Adult and Child Interview Questionnaires**

Adult Main Interview Questionnaire	Child Main Interview Questionnaire
Introduction	Introduction and physical measurements
Initial calendar procedure	
Demographics	Ages and Stages (0-2)
Education and training	Woodcock-Johnson (4-14)
Labor force, employment, work history	Schooling (10-14)
Family background	Child-mother relationship scale (10-14, ACASI)
Self-esteem/self-concept	Mother-child activities (10-14, ACASI)
Networks	Parental monitoring (10-14, ACASI)
Housing	Father involvement (10-14, ACASI)
Neighborhoods	Father-child relationship (10-14, ACASI)
Family routines	
Home environment	Delinquency scale (10-14, ACASI)
Child positive behaviors	Sex and pregnancy (10-14, ACASI)
Child behavior problems	Brief symptom inventory (10-14, ACASI)
Challenges to parenting	
Parenting style	
Time use	
Father involvement	
Child support	
Financial strain	
Welfare participation and experiences	
Income	
Health and disability	
Delinquency (ACASI)	
Domestic violence (ACASI)	
Brief symptom inventory (ACASI)	
Home environment (interviewer observations)	

⁵ Parent-child pairs with children ages two to four from the year 1 sample will be selected to participate in the EDS, as noted elsewhere. We provide an additional \$30 incentive to mothers for the videotaping of interactions and an additional hour of interviewing, as well as \$30 to participating fathers and childcare providers. Those participating in the incentive experiment receive \$50 for each component.

Table A-6 **Measures in Main Survey**

Measures of Welfare Reform		
Topical Area	Survey Instruments	Source of Survey Instruments
Sources of income	Current and past two years' spells of AFDC-TANF, Food Stamp, and Medicaid receipt; lifetime use. Current SSI, WIC, housing, childcare subsidy	Developed for study; similar to MDRC Urban Change & adapted from standard batteries, e.g., NSFH, NLSY
Program participation		
Employment and job search	Experiences with sanctions, waivers, diversion, work requirements in current or more recent TANF spell	Developed for study and revision from MDRC
Fertility		
Welfare delivery system	Last month's income from different welfare sources	JOBS, SPD, MDRC
Others		
	Current and past two years' work history Current or recent welfare training Current or recent welfare-workfare job Time limit knowledge EITC	Some similarities to NLSY, PSID, CPS Developed for survey
Measures of Childcare		
Topical Area	Survey Instruments	Source of Survey Instruments
Type	Mother report: primary nonmaternal care situation, hours per week, stability, latchkey care for focal child, and total cost and subsidies for all children in family.	Developed for study but similar to JOBS, PROSPECTS
Providers		
Cost		Cost/subsidy items similar to NSAF, JOBS
Schedule		
Others		
Measures of Family Processes		
Topical Area	Survey Instruments	Source of Survey Instruments
Family structure / background	Mother report: identity, stability, marriage & cohabitation histories, household configuration, father involvement	Many items similar to standard batteries
Parenting	Mother report: mother-child time use parenting style family routines cognitive stimulation in home	Developed for study Adapted Vandell & Posner Jensen et al. 1983 HOME, NLSY
	Child report (age 10->): Child-caregiver emotional relationship Supervision & monitoring School involvement	Adapted Armsden & Greenberg IPPA Steinberg Developed for study
	Interviewer observation: Caregiver-child interaction; quality of home environment	HOME, NLSY
Roles of parents / Parenting figures	Mother report: challenges to parenting	Developed for study
Mother-partner relationship quality	Domestic violence	Adapted Tolman, adapted Strauss

Table A-6 **Measures in Main Survey** (continued)

Measures of Parent's and Children's Health		
Topical Area	Survey Instruments	Source of Survey Instruments
Physical health	Parent: General health, height, weight Child: height and weight, head circumference (0–2 years), immunizations, birth weight, specific health conditions, prematurity	National Health Interview Survey and other health surveys
Disability	Parent: work-related physical or mental disability, limitations in activities of daily living, specific health conditions Child: school days lost because of an ongoing health problem or disability, specific health conditions, source of treatment for condition	National Health Interview Survey and other health surveys
Health insurance	Private coverage, who provides coverage Medicaid, periods during past year without coverage, source of coverage for child	National Health Interview Survey and other health surveys
Utilization of services	Parent: periods during which needed care was unavailable Child: length of time since last doctor's visit	
Mental health	Mother report: Internalizing mental health problems (depression, anxiety, somatization, antisocial) Financial strain Self-esteem and self-concept	BSI Brief Symptom Inventory Derogatis Adapted NLSY Chase-Lansdale & Coley, adapted McLoyd, Conger Rosenberg, 1989
Measures of Child Outcomes		
Topical Area	Survey Instruments	Source of Survey Instruments
Cognitive	Direct measurement: Cognitive achievement (ages 2 1/2–14) Developmental delay screening (3–30 months)	Woodcock-Johnson letter-word identification, applied problems Ages & Stages Bricker & Squires
Social	Engagement in prosocial activities Positive behaviors	Adapted Wilson Adapted New Hope/New Chance
Emotional development	Child report: Internalizing mental health problems (depression, anxiety, somatization)	BSI Brief Symptom Inventory Derogatis
Behavior problems	Internalizing and externalizing behavior problems Delinquency Sexual and pregnancy histories	CBCL, Achenbach Adapted NLSY, Steinberg Chase-Lansdale & Coley Adapted NLSY
Educational achievement	School grades (ages 10–14)	NLSY

Table A-6 **Measures in Main Survey** (continued)

Contextual Measures		
Topical Area	Survey Instruments	Source of Survey Instruments
Neighborhood	Multi-item scales measuring neighborhood quality, social cohesion and control, and neighborhood tenure	Adapted from Philadelphia Family Management Study, Denver Youth Study, Chicago Youth Achievement Study, Panel Study of Income Dynamics, and Survey of Parents and Children
School	Multi-item scales measuring quality of school and respondent satisfaction with child education	Philadelphia Family Management Study, Denver Youth Study, Chicago Youth Achievement Study, and Survey of Parents and Children
Housing	Single item measures of housing type, quality, and household conveniences	Philadelphia Family Management Study, Chicago Youth Achievement Study, and Urban Poverty and Family Life Study
	Single item measures of relocation, housing costs, and expenses	Philadelphia Family Management Study and Chicago Youth Achievement Study
Social networks	2 single-item indicators of receipt and provision of support	Adapted from Orthner and Neenan (1996) and Panel Study of Income Dynamics
Transportation	Single item measures of access to transportation and quality of transportation	Adapted from Urban Poverty and Family Life Survey, National Longitudinal Survey of Youth, Panel of Income Dynamics and Manpower Research Development Corporations "New Chance" Study

APPENDIX B

EMBEDDED DEVELOPMENTAL STUDY PROTOCOL

LIST OF TABLES

Table B-1 **Measures in Embedded Developmental Study**

I. Overview

This appendix provides a description of the measures to be used in the Embedded Developmental Study (EDS), followed by a table of specific instruments. The table describes the EDS instruments, their purpose, and their source.

As noted in the text, all of the approximately 700 parent/child pairs with children ages two to four from the year 1 sample are being asked to participate in the embedded study. We are gathering detailed, process-oriented measures that provide information not easily collected in standard surveys. The EDS contains three components: (1) an additional home visit with the mother and child, which includes videotaped tasks for the child and the mother-child together, as well as an additional mother interview; (2) a visit to the child's primary care provider (other than the mother), which includes observational ratings of the care and an interview with the care provider; and (3) an interview with the child's biological father. Each adult participant in the EDS (the mother, care provider, and father) receives a \$30 incentive for participation, and each child receives a small toy for participating in the videotaped observations. For families who are in the incentive experiment group, each adult participant receives \$50 (see *Appendix A* on the survey protocol for an explanation of the incentive experiment).

II. Instruments

Videotaped assessments of the child and child-mother tasks provide ratings of children's temperament and behaviors, mothers' parenting styles, and mother-child interactions. First, children and mothers are videotaped while performing a Puzzle Task, a measure originally developed by Easterbrooks and Goldberg (1984) from the Matas, Arend, and Sroufe Tool Task (1978), and revised by Chase-Lansdale, Brooks-Gunn, and Zamsky (1989) for use with minority and poor families. In this task, children are given puzzles of increasing difficulty, and the caregiver is instructed to help when needed. The task can assess numerous dimensions of parent-child interactions (encouragement and appropriate aid), parenting practices (warmth, control, and permissiveness), and child behaviors (affect, persistence, and compliance) (Chase-Lansdale et al., 1989; 1994).

Second, the child is videotaped engaging in three tasks designed to measure their ability to self-regulate and control their actions and impulses (Kochanska, Murray, Jacques, Koenig & Vandegest, 1996). These tasks include the snack delay, where the child has to

wait until a bell rings to retrieve an M&M; the whisper game, where the child has to whisper the names of attractive foods, animals, and characters; and the gift wrap, where a child is not allowed to peek while a gift is being noisily wrapped behind his or her back.

Mother interviews provide further information on children's and mothers' social networks and relationships, as well as on mothers' reports of feelings and experiences related to balancing work and family life. Mothers also report on their child's temperament and activities they share with their child.

The first section contains questions on the child's childcare experiences in the past year, including the reliability, stability, and convenience of the caregiver, caregiver-mother relations, and the mother's perceptions of the quality of care, as assessed through a scale developed by Emlen.

The next section asks the mother about the child's biological father, an alternative father figure, the maternal grandmother, and an additional grandmother figure. The information includes each person's level of involvement in the child's life over time, and the level of conflict that the mother has had with them regarding child rearing. In addition, the mother reports on the quality of her relationship with each of these additional caregivers in the child's life. If the person being interviewed is not the child's biological mother, she is also asked about the mother's involvement and residential history with the child. These questions were revised from the Baltimore Multigenerational Family Study (see Chase-Lansdale and Brooks-Gunn, 1989; Coley & Chase-Lansdale, 1999).

The third and fourth sections include mothers' reports on mother-child activities and child temperament, through the EASI temperament scale (Buss & Plomin, 1975). The fifth section contains measures of the level of strain the mother experiences in juggling her multiple roles (related to employment, parenting, and relationships) and the flexibility of her work situation, both revised from Greenberger (1989). Finally, mothers report on the quality of their relationships with their current romantic partner (Locke and Wallace, 1959).

Childcare observations are carried out for all children who are in regular care (10 hours or more per week) by someone other than their mothers, including care provided by professional daycare centers, home-based centers, and friends or relatives. These assessments focus on various aspects of the care and caregiver-child interactions, measurements historically difficult to capture through reports by the mother. Direct observations of childcare characteristics are assessed through

measures developed by Harms and Clifford (1989, 1998), the Early Childhood Rating Scale-Revised (ECRS-R) and Family Daycare Rating Scale (FDCRS), which consider factors such as space and furnishings, learning activities, encouragement of language-reasoning skills, and staff-child interaction. These widely used measures, validated in a variety of childcare settings, are linked concurrently to child behaviors and well-being and also have been shown to predict future school success (Goelman & Pence, 1988; Howes & Stuart, 1987). Further assessments of staff-child interactions are made using the Arnett Caregiver Interaction Scale (Arnett, 1989).

Caregiver interviews. The primary nonmaternal care provider also participates in a face-to-face 45-minute interview. Care providers report on numerous characteristics of the childcare, including the number of hours per week the child is in care, child-staff ratio, fees, caregiver training, and the caregiver-mother relationship. Care providers also provide assessments of the focal child, including school readiness and positive and problem behaviors (CBCL).

Father interviews are conducted with the child's biological father in cases in which the mother provides contact information and we are able to locate the father. During hourlong face-to-face interviews, fathers complete a battery of measures focused on four main areas: basic demographic information; psychological functioning and involvement in illegal activities; involvement with the focal child and parenting practices; and ratings of the focal child, providing an additional report to supplement those from the mother and childcare provider.

The demographic information fathers provide includes age, education, employment, and childbearing and marital history, similar to information mothers provide in the main survey. Fathers also report on the quality of their current romantic relationship (Locke & Wallace, 1959). Using an Audio Computer Assisted Survey Interview (ACASI) format to provide greater privacy, fathers furnish information on their illegal activities and psychological functioning using the same measures as those used by mothers in the main survey (NLSY and BSI). Fathers report on their relationship and involvement over time with the focal child, as well as their parenting practices. They also report on their child's behavior and emotional functioning (Positive Behavior Scale and CBCL).

We believe that the Embedded Developmental Study will provide a look in unprecedented detail at a

broad range of influences integral to early childhood development. In addition, the father and childcare portions provide information that directly address many of the most notable changes that might be expected to occur in the lives of low-income children resulting from the new PRWORA regulations. These potential changes include a vast increase in the use of alternate care arrangements that may vary greatly in quality and stability, and alterations in father involvement and father-child relations driven by new paternity establishment, child support, and marriage regulations. We know of no other studies of welfare reform that include such a detailed array of in-depth measures of children's experiences.

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Table B-1 **Measures in Embedded Developmental Study**

Measures of Childcare		
Topical Area	EDS Instruments	Source of EDS Instruments
Childcare: Type Providers Cost Schedule Others	Mother report: history of childcare, extent, cost, accessibility, reliability, mother-caregiver relationship, quality of care Observational ratings: quality of childcare setting covering constructs of environment, safety, materials, cognitive stimulation, and staff-child interactions Caregiver report: extent of care, caregiver education & qualifications, income, caregiver-mother relationship, parent participation	Developed for study Emlen scale Harms & Clifford Early Childhood Environment Rating Scale Revised (ECRS-R) and Family Day Care Rating Scale (FDCRS) Arnett Scale of Teacher Sensitivity PSID Child Supplement, some developed for study
Measures of Family Processes		
Topical Area	EDS Instruments	Source of EDS Instruments
Family structure / background	Father report: HH configuration (2 residences), childbearing history	
Parenting	Father report: involvement & responsibility history, parenting style, father-child activities Video tasks: quality of mothering Caregiver-child Puzzle Task Caregiver report: caregiver-child activities	Adapted Vandell & Posner Developed for study Chase-Lansdale, Brooks-Gunn, & Zamsky, 1989 Developed for study
Roles of parents / parenting figures	Role strain (parenting, work, relationships)	Adapted Greenberger 1989
Father and kin involvement	Father report: employment, income & training Challenges to parenting Paternal commitment	Developed for study Developed for study
Mother-partner relationship quality	Mother report: father-figure, maternal grandmother, and grandmother-figure involvement & residential histories Mother report: mother-partner relationship quality Father report: father-partner relationship quality Mother & father report: mother-bio-father closeness and conflict	Adapted Chase-Lansdale & Brooks-Gunn, 1989 Locke-Wallace 1959 Locke-Wallace 1959 Developed for study
Measures of Parent's and Children's Health		
Topical Area	EDS Instruments	Source of EDS Instruments
Mental health	Father report: internalizing mental health problems (depression, anxiety, somatization, antisocial)	BSI Brief Symptom Inventory Derogatis Adapted NLSY
Measures of Child Outcomes		
Topical Area	EDS Instruments	Source of EDS Instruments
Social	Father report: positive behaviors Cc provider report: positive behaviors	Adapted New Hope/New Chance Adapted New Hope/New Chance
Emotional development	Mother report: temperament Observation: emotional regulation Tasks Puzzle task: affect, persistence, compliance	EASI Buss & Plomin Kochanska Chase-Lansdale, Brooks-Gunn, & Zamsky, 1989
Behavior problems	Father report: Internalizing and externalizing behavior problems Cc provider report: Internalizing and externalizing behavior problems	CBCL, Achenbach CBCL, Achenbach
School readiness	Cc provider report: School readiness	Developed for study

APPENDIX C

ETHNOGRAPHIC PROTOCOL

LIST OF TABLES

Table C-1 **Proposed Sample Distribution by Ethnicity/Race,
Welfare Status, Site, and Disability Status**

I. Sample Description

The ethnographic sample, which was identified in the second half of 1999, is composed of approximately 215 families across the three cities (75 families in Boston, 75 families in Chicago, and 65 families in San Antonio). Table 1 profiles the proposed cross-site sample distribution by race-ethnicity, disability status of a two-to-four-year-old child, city, and TANF status.

The families who participate in the ethnography will mirror those involved in the survey in terms of welfare receipt and family structure. In addition, each family will have a child aged two to four, thus matching the age range of the children in the Embedded Developmental Study (EDS).¹ Within each family unit, the ethnography will focus primarily on parents, a target child aged two to four, the primary care provider for the target child, his or her siblings, and the social networks of the parents. In addition, as Table 1 shows, the ethnographic component includes a subsample of families with two-to-four-year-old children with disabilities (as with the other families, some of these families will be receiving welfare and some will not).

II. Sampling Plan

As part of the start-up phase of our project, we developed working relationships with community agencies and representatives in each of the three cities. These consultants are assisting us in recruiting participants for our study.

To achieve the major objectives of this research, a purposive sampling plan is being used in the ethnography. The plan will be executed in several stages. First, in order to inform more systematically other components of the overall project, the ethnography requires samples that are similar in character and drawn from the same geographic areas as the survey and Embedded Developmental Study samples. As such, our ethnographic families will be recruited from several of the same neighborhoods (technically, block groups) as the survey and embedded study respondents (see *Appendices A and B* for more information on the design of the survey and EDS).

In the early spring of 1998, Research Triangle Institute Inc. (RTI), our survey contractor, selected block groups at random in each city for inclusion in the sampling frame for the survey. We are choosing two of these block groups for each race-ethnic group as sites from which to recruit families for the ethnography (with the exception of non-Hispanic whites in Chicago and San Antonio, which is discussed below). For example, we are choosing two block groups for African Americans in Boston, two others for Puerto Ricans in Boston, etc. We may at times augment a block group with geographically contiguous areas to form what residents and community advisors think of as a “neighborhood.”

When selecting the two block groups for a particular ethnic group in each city, we are attempting to maximize the differences between them in terms of neighborhood resources. Using neighborhood profiles provided by RTI (such as poverty rate in the block group) and existing assessments of neighborhood social service

Table C-1 **Proposed Sample Distribution by Ethnicity/Race, Welfare Status, Site, and Disability Status**

	African-American			Non-Hispanic White			Puerto Rican			Mexican-American		
	BOS	CHI	SA	BOS	CHI	SA	BOS	CHI	SA	BOS	CHI	SA
Families receiving TANF benefits	10	10	10	10	5	5	10	5	N/A	N/A	10	10
Families not receiving TANF benefits	10	10	10	10	5	5	10	5	N/A	N/A	10	10
Families receiving TANF benefits, with a child with a disability	3	3	3	3	3	3	3	N/A	N/A	N/A	3	3
Families not receiving TANF benefits, with a child with a disability	2	2	2	2	2	2	2	N/A	N/A	N/A	2	2

¹ A few children will start this study as young as one year old when their mothers will, in some cases, lose their exemption from the requirement to work.

resources in each city, we are attempting to identify two types of neighborhoods—high-risk and low-to-moderate-risk—as settings for recruiting our ethnically diverse ethnographic samples.

We use three variables to define the level of risk in a neighborhood: (1) the poverty rate, (2) the employment rate, and (3) the density, stability, and integration of formal social service resources and organizations. Our goal in studying families within these neighborhoods is to provide a more in-depth exploration than the survey and Embedded Developmental Study can provide of such issues as the effects of neighborhood context on the employment experiences and parenting practices of adults, and the relative impact of these factors on developmental outcomes for children. Our selection of ethnographic sampling neighborhoods is being done in consultation with RTI, the survey and EDS teams, and our community consultants. We will not choose the block groups randomly from RTI's list because some block groups may be fine for yielding a small number of survey interviews but might not be good sites to explore ethnographically as neighborhoods. For example, in order to study a neighborhood successfully, ethnographers need some *entrée* through local groups or community leaders; this condition may not exist in all block groups. We expect to choose block groups that have the highest probability of yielding samples with the required race-ethnic, structural, and welfare-status characteristics. For non-Hispanic whites in Chicago and San Antonio, our preliminary studies have convinced us that we cannot find racially homogeneous poor white neighborhoods in these cities. Sampson, Raudenbush, and Earls recently conducted a very large household-based survey of poor neighborhoods in Chicago, noting that “there are no low-SES white neighborhoods” in the city (Sampson, Raudenbush, and Earls, 1997). Therefore, in each of these two cities we propose to study 10 white families, about half of whom are receiving TANF, who live in racially and ethnically heterogeneous, low-to-moderate income neighborhoods. (Even though it is prohibitively expensive to sample a representative group of whites in San Antonio for the main survey, we still think it is worthwhile to include them in the ethnographic component.)

The second stage of our sampling process addresses the circumstances that ethnographers require to approach and recruit families effectively, in ways that help them to become comfortable with the ongoing presence of an ethnographer in their lives. Respondents are often more comfortable if they are recruited directly through agencies or informal organizations with which they are involved. This stage of our sampling plan, therefore, requires strategic involvement with community service

agencies in our designated neighborhoods. Once we have decided on the sampling neighborhoods, the senior ethnographers in each city will undertake a rough survey of child-focused community services available to families with at least one child who is two-to-four years of age. These services include churches, childcare or nursery programs, child-focused health care facilities and clinics, early childhood intervention programs, parks and recreation programs, and the Women, Infants and Children nutrition program (WIC). The community service surveys will focus on identifying the race-ethnic, family structure, and socioeconomic characteristics of the services' client population.

Using these data, we will select comparable agencies (such as clinics) across sites for recruiting our ethnically, structurally, and socioeconomically diverse ethnographic samples. Our goal is to identify agencies that can provide us with the greatest access to welfare-dependent and non-welfare-dependent populations that meet our sample criteria. The senior ethnographers in collaboration with community consultants will negotiate sample recruitment through the designated agencies.

After the agencies have been selected, ethnographers will approach each agency seeking introductions to one or more families who meet the sample criteria. Under these circumstances, families will know that an institution with which they are already acquainted has participated in bringing them together with the ethnographer. In order to assure variations among our families, no more than two from each racial-ethnic group will be selected through any one agency. Furthermore, the ethnographers will ensure that the two families selected have no close relationships with each other. This selection procedure will allow us to select a range of families and avoid choosing those in one small network or using one particular service. It will also allow us to approach families through introduction by a known helping organization.

Nevertheless, we are aware that many neighborhoods include families that are relatively isolated and who avoid or do not avail themselves of neighborhood services. Similarly, we are aware that some families take their children out of the neighborhood for services. It is important, therefore, that we include in the ethnography families who are not affiliated in any way with mainstream institutions that provide services to children and their parents. Therefore, we will work with our community consultants to gain introductions to other households that do not appear to have affiliations with neighborhood service providers. Once we make contact with these families we will ask them to introduce us to others who are also not associated with support agencies or providers (taking what we call a

“leap frog approach”). In this way, we are attempting to ensure that we draw a mix of families who have varying associations with social service agencies and who do not all share the same social networks.

III. Sample Retention

A major concern of any longitudinal study is respondent attrition. Respondents may leave the study for a variety of reasons—they may grow uninterested, move, or have a family member become ill or die. We will institute strategies to help keep respondents involved. One incentive is that the target family will receive yearly compensation for its participation in the study. We have budgeted \$25 per visit, for up to 10 visits a year for each family, in addition to non-cash gifts totaling \$250 per family. (The type of non-cash compensation, such as food coupons, that families receive will be determined based on what we learn from our field experiences.) Thus, we have allotted \$500 per family in years 1 and 2 of the study. In years 3 and 4, when we will be contacting the families just once every six months, we have budgeted \$100 per family.

IV. Description of the Ethnographic Team

Two study principal investigators, Linda Burton and William Julius Wilson, are supervising the ethnographic component of the overall study. Burton is coordinating all elements of the ethnography; Wilson is concentrating on the neighborhood aspect and assisting Burton. Four senior ethnographers directly manage ethnographic activities. They select and train ethnographers, administer local budgets, and oversee specific topics of the study. Connie Williams is the senior ethnographer in Boston; Robin Jarrett is in Chicago; Laura Lein is in San Antonio; and Debra Skinner is senior ethnographer for the disability component. One or two research scientists assist each principal investigator and senior ethnographer. Alan Benjamin is at Penn State working with Burton and, additionally, is coordinator for the ethnographic component. Jim Quane and Gwendolyn Dordick are working with Wilson. The other research scientists are Judy Francis in Boston; Monica McManus and Kevin Roy in Chicago; and Jane Henrici in San Antonio. William Lachicotte is working with Debra Skinner on the disability component.

These experienced ethnographers are assisted further by a variety of additional researchers. Graduate students in a variety of disciplines will conduct a large

part of the participant observation and coding of data. Two postdoctoral students will contribute to research activities, in addition to enriching the project with their own perspectives. Two developmental psychologists—Betsy Manlove and Monica Rodriguez at Penn State—are attached to the ethnographic component to provide us with guidance on child development issues. Geographer Stephen Matthews is organizing the geographic information analysis. In addition, a computer programmer, Don Gensimore at the Population Research Institute, is advising the project about all aspects of our information systems. Each ethnographic team also includes a research scientist who speaks fluent Spanish.

Each ethnographer is specializing in one or two of the three domains of the ethnographic study: family, disability, and neighborhood. Each city will have two to three disability ethnographers, two neighborhood ethnographers, and approximately eight to 12 family ethnographers. Although Skinner and Lachicotte are located in Chapel Hill, North Carolina, they are managing the disability ethnographers in coordination with the senior ethnographers in each city. Wilson’s team will consult with the neighborhood ethnographers at each site.

Each family ethnographer (including the senior ethnographers) will follow approximately five families over years 1 and 2 of the study. These families include the parent, the target child aged two to four, the primary care provider for this child, his or her siblings, and the parents’ social networks. Our goal is to match the ethnographers and families racially. Disability ethnographers will operate in a fashion similar to that of the family ethnographers, but with their assigned population. They will receive special training in working with and evaluating the lifeways of people who are disabled.

The neighborhood-level ethnographers will monitor the resources available to the participating families through public and private agencies, civic groups, and religious organizations. They also will monitor the ways in which the local welfare offices interpret and carry out welfare reform. Their input will help us understand the social context that the families in the study face.

Linda Burton, William Julius Wilson, the senior ethnographers, the research scientists, Manlove, Rodriguez, and Gensimore are in frequent contact with each other via E-mail and telephone and have weekly conference calls to assess the overall progress of the ethnographic study (including issues such as field management, data analysis, etc.).

V. Data Collection, Training, and Rapport-Building Strategies

We are calling this a “modified” ethnography because it differs in some ways from more traditional templates for ethnographic research. We have seen above that our sampling process is more structured than is the case in many ethnographies. In addition, the multisite, multidisciplinary character of this ethnography leads us to other innovations. One innovation is to build into the core of our ethnographic design a fundamental emphasis on continuing, multidirectional, and multilayered communication. Many of the specifics of that communication strategy are described below.

This design is significant because it enables us continually to strive for focus and comparability across what, necessarily, is a highly idiosyncratic research method (i.e., ethnography). It facilitates ongoing responses to emergent themes and continuing evaluation of our methods. We provide feedback in many directions—for example, from coders to ethnographers, as well as from ethnographers to coders and from ethnographers to the principal investigators of the overall study, as well as from principal investigators to the lead ethnographers.

In addition, our ethnographic vision will result in a highly collaborative analysis—unusual in ethnography and unprecedented in its scope. Coders will talk across coding domains, coders and ethnographers working on the same site will communicate, and coders will communicate with ethnographers from different sites. At each step of analysis, each member of our team will be checking impressions and understandings with other members of the team. This fundamentally affects the reliability of our modified ethnography in comparison with other ethnographies; our goal is that it—along with the survey and EDS—will result in reports that can make unusually strong claims of validity.

Ethnographers will combine their training with the process of building rapport with respondents and data collection. In a simple sense, the ethnographic method focuses on “getting to know” people. Thus, as our graduate student ethnographers learn to interview, to observe, and to write notes, they also will be getting to know the families that they are studying.

The senior ethnographers and research scientists will be training the graduate student ethnographers by supervising their data collection. At first, differing types of data will be collected using a variety of techniques. Ethnographers will tape-record and transcribe one interview, will practice writing fieldnotes, and will collect basic demographic information. Obtaining basic

demographic information, in addition to providing the means by which to ensure comparability with the other two Three-City Study components, will aid ethnographers in becoming familiar with the social “terrain” of the families they are studying. The variety of early contacts will facilitate rapport building, a key factor in obtaining rich data. Ethnographers will pursue interactions that fit with families’ schedules, interests, and activities. The data collection or topical areas that are addressed will be presented to the site supervisors for comment. Ethnographers will receive intensive, direct feedback on early data collection that will facilitate and improve later data collection.

Several data collection strategies will be employed in the ethnography. As training and rapport building progress, ethnographers will conduct targeted, taped, topical, semi-structured interviews. These interviews will focus on a particular domain, such as childcare. They will be conducted with parents and, where appropriate, with other target family members. The interviews will focus on specific topics that the survey and EDS touch on but, because of design constraints, do not explore in great detail (such as the meaning of time, family routines, cultural understandings and the contexts within which varying developmental outcomes occur for children, and on how families generate income and consume goods). Other topics will overlap significantly with those the survey and the EDS address, but will explore them in different ways, with a focus on context and association. The ethnography also will provide more detailed information about issues the survey and Embedded Developmental Study cannot address fully since it provides the ethnographers with the opportunity to establish increasing rapport with their families and for the families to become comfortable with the ethnographers.

A primary data collection strategy used in the ethnography will be participant observation with the target families, their children, and their social networks. This technique requires long-term and intensive participation in a social setting as a means of acquiring information not obtainable through survey techniques, or prerequisite to their use (Agar, 1980; Jorgensen, 1989). It also may enrich the study with unexpected information. Participant observation is effective in producing “surprises,” particularly those to do with the understanding of culture. Participant observation is particularly important for a study of welfare reform, families, and child well-being, where quantitative information may not be sufficient to understand fully the meaning of such issues as the transition from welfare to work, time, parenting, and developmental outcomes in the day-to-day lives of families and children. This technique will

provide keen insights into multilevel mechanisms and processes that affect change and continuity in our families' lives. It also will provide behavioral data to complement the normative information acquired through the survey, and will generate information that is essential to the creation of culturally sensitive survey instruments for use in subsequent waves of data collection in the survey and embedded study components of this project.

Just as important, participant observation may be necessary in order to determine how welfare recipients are experiencing the various rules and restrictions of welfare reform. We expect that there will be substantial variation in how local welfare offices and other social service institutions implement the revised state welfare laws. As much as possible, we intend to accompany our families to the welfare office, to private agencies that are assisting them, to job placements, and so forth. We also will observe carefully the economic strategies families use when they are cut off the rolls because of rule violations or time limits or when they leave welfare voluntarily.

Within each of our sites the participant observation settings also will include the home and neighborhoods of families and childcare environments. To the degree possible, observations will be conducted in the places where children and their parents spend time outside the household (such as eating out, grocery shopping, going to school, visiting with friends, going to community events).

These data collection strategies will be employed in three distinct stages of research activity that produce distinctive types of data. Each stage is linked to the survey and Embedded Developmental Study component of the project. The stages are as follows:

Stage I Field Readiness

In preparation for our comparative ethnographic study we have engaged in a number of "field readiness" strategies to ensure comparability of such elements as samples, neighborhoods, and data collection strategies across sites, and to facilitate smooth transitions for the ethnographers into their respective neighborhoods and families. We conducted a series of longitudinal focus groups in each site with African-American, non-Hispanic white, Mexican-American, and Puerto Rican welfare-dependent and non-dependent women and their male partners. Preliminary analysis of this focus group data provided insights into possible methodological approaches that are relevant for our study populations, as well as issues that are "contextually relevant" for us to explore, such as the temporal organization of family

lives, neighborhood influences on child development, and child health.

Other activities comprising this stage included the selection of neighborhoods, interviews with influential people in the community and with welfare caseworkers, and the development of ethnographic training protocols. Focus groups, these "key informant" interviews, and recruitment events have already contributed data that have provided a useful sense of the background within which the more extensive research of Stage II will take place.

Our ethnographers were trained at a workshop held at The Pennsylvania State University in October 1999. At that meeting, presentations and small-group discussions were held to convey to the research team a picture of the overall study, to develop shared understandings within the research team that will facilitate future collaboration, and to deepen communication channels.

Each ethnographer is being provided with a variety of documentary support that further explains the research themes and methods. These include a "structured discovery" document that sets forth the primary and secondary goals of the ethnography and a "fieldnote procedures" document that explains basic protocols to follow in writing and coding fieldnotes. The "buckets" or core coding categories included in the latter document represent the core theoretical questions being addressed in the ethnography, and will remind ethnographers of the major themes to be explored through participant observation and interviews.

A set of over 30 "interview guides" provides an additional documentary resource for fieldworkers. Each one explores the theory behind the core coding categories, suggests a variety of ways by which ethnographers may operationalize the theoretical constructs, and suggests potential questions to ask and observations that would be relevant to the theoretical constructs. Our notion is that ethnographers will read these interview guides at home; they are a resource for training ethnographers in what to look for when in the field. Finally, since the interview guides are too unwieldy to take to the field, we have produced a "cribs and grids" document. This last document does not include specific questions in order to preclude the temptation to use it like a questionnaire. Instead, it briefly lists the interview guides' theoretical constructs (the "crib" sheets) and attaches associated checklists (the "grids").

Using the same training and fieldwork procedures helps ensure credible and thorough descriptions at each site, and that data are comparable and can be used in cross-site analysis.

Stage II Entry and Ethnographic Data Collection (Years 1 and 2)

During this phase, which is the core research period, the ethnographers enter their neighborhoods and begin work with their families. The ethnographers will meet at least once a month with the primary caregiver. Much of the time ethnographers spend in the home will be in the form of participant observation, but occasionally they will conduct semi-structured interviews. These interviews will enable researchers to probe further the topics and themes at the core of the integrated study in greater detail and specificity than informal participant observation allows. Often, such interviews will be tape-recorded.

In tandem with the topics that the survey and embedded study examine, the semi-structured interviews will be based on the interview guides, and they will explore a range of issues. These include the meaning of welfare and understanding of policy changes, perceptions of work and education, health and the use of social services, life histories and personal aspirations, and childcare arrangements. They also look at family routines and household labor; how family finances are arranged; intimate relationships; parenting; cultural and contextual meanings of child outcomes; “adultification” (instances in which a child takes on tasks appropriate for someone older); adolescent experiences; neighborhood resources; and social networks. As the ethnographers move toward completion of the modules, they will increasingly engage in participant observation activities with the families and their children, as well as conduct informal interviews with members of the parents’ social networks. Observations will be directed to the phenomena and relationships posited by the research questions, and will be recorded in extensive fieldnotes prepared for a selected qualitative data management program.

Of all the stages of our research design, this phase is the most serendipitous, and the activities are the most intense. The goal of this stage is to gather data that will generate additional hypotheses, facilitate the refinement of coding schemes, and guide more focused field observations later in this research stages. These data will also be instrumental in further developing constructs, measures, and data collection strategies for the embedded study and survey components of our project.

During this phase and also in Stage III, we expect to take findings from the survey and embedded study and investigate them further using in-depth interviews and participant observation. In part, we will seek to make clear the larger context of the findings, and the meanings and perceptions that family members attach to them. We also will investigate unexpected or puzzling findings from the quantitative survey and EDS analyses to see

whether we can help determine whether they are valid and what they mean. And we expect to be able to suggest new questions for the survey that can determine whether the findings from the families we have studied ethnographically can be confirmed in large, representative samples.

Stage III Focused/Longitudinal/Follow-Up Observation (Years 3 and 4)

During this phase, research activities become more focused as the research design meshes with the discoveries and insights developed in Stage II and with the findings from the survey and EDS. Our activities will become more specialized, and we will record information in a more centered and systematic fashion. We will collect data to evaluate emergent hypotheses. These years will enable significant longitudinal and comparative data collection, as well. We will study people over a longer period of time, increasing the likelihood of observing a wider variety of significant changes in behaviors and outcomes. It will provide further opportunity to monitor changes in social conditions and in families’ behaviors with changes in welfare regulations and implementation. Moreover, it will enable us to assess with greater confidence the long-lasting effects of welfare reform.

The linkages between all components of the proposed projects also become more explicit at this stage. The ethnographic, Embedded Developmental Study, and survey components coalesce to help us understand better the relationships between the processes uncovered by the ethnographic assessments of the day-to-day lives of families and children, and the child and family outcomes identified in the EDS and survey.

Based on the variable relationships we uncover during years 1 and 2 of the study, we will develop follow-up areas to explore with the families in our study at six-month intervals during the last two years of the project. (It is important to note that we will continue to maintain contact with the families via telephone and/or occasional personal visits during intervals between the semiannual visits.) This follow-up research will be designed to make in-depth assessments of “developmental” changes the families and children experience in critical areas, such as parents’ adjustment to work, that are identified in the survey, EDS, and Stage II of ethnographic data collection and analyses.

During the final months of this phase of the study, the ethnographic teams will begin their exit from the field. Field exiting strategies will be determined in consultation with the families and community consultants.

VI. Data Management

The multisite ethnography employs a rigorous research design that incorporates multiple sources of data, multiple methods of analyses, multiple sites, and multiple investigators. While this design greatly enhances the reliability, validity, and completeness of our data, it also will generate a relatively extensive qualitative data set that requires a highly organized, consistent data management system both within and across research sites.

Drawing on existing protocols for data management (Miles and Huberman, 1994; Levine, 1985) and Linda Burton's extensive experience with managing large longitudinal ethnographic data sets, our team will implement a well-designed data management system that ensures quality control in data collection. It will facilitate easy storage and retrieval, and analysis of the data within and across sites. Extensive and regular fieldnotes will be tagged into basic categories (called "buckets" or "nodes") and prepared in a format that can be used by the qualitative data management program, NUD*IST4 (Non-numerical, Unstructured Data: Indexing, Searching, and Theorizing). These data will be encrypted and sent by file transfer protocol to The Pennsylvania State University. At Penn State, a team of coders will read every file that arrives, and build organizational systems to classify the material further. The categories that are built are based on patterns observed in the data. These systems—which NUD*IST4 is designed to enable—allow for focused access to notes by topic, and will help channel analysis (Buston, 1997). All other materials (such as maps, photographs, and audiotapes) produced through the ethnography will be sent securely to Penn State as well, and Penn State will become an archive for all the ethnographic data, allowing appropriate access to project researchers.

Our highest priority is to generate comparable, high-quality data within and across sites. To achieve this goal, project ethnographers have received the same training in data collection in the modified ethnographic method we use in this study. Experienced ethnographers provided this training at a three-day workshop with the multisite ethnography teams, and continue to communicate with team members throughout the study. In addition, to ensure comparable quality in data collection, the experienced ethnographers are on site with graduate student ethnographers, supervising their work through regular team and individual meetings to discuss and evaluate data collection practices. We will augment these efforts in several ways. Special coordinators will monitor the ethnographers specializing in families with

a child who is disabled or the ethnographers focusing on neighborhoods as the unit of analysis. These coordinators will work across sites, assisting in training and continuing to read fieldnotes. Our geographic information analysis team and specialists in child development also will consult and coordinate across sites. We are also compiling a list of internal consultants who have professional "helping" experience. They will include people who can advise our ethnographers when difficult situations arise, such as those involving mental illness, family processes, or domestic violence. The internal consultants will be available to any ethnographer who wishes to contact them. A subgroup of these internal consultants will comprise a standing, cross-site "reporting and safety" committee. The purpose of the committee will be to assess potentially dangerous situations and determine whether and to whom to report them (for example, if a researcher suspects a case of child abuse).

Finally, we have established a secure web site and a variety of specialized listservs through Penn State for the entire ethnographic team to receive project and procedural updates, bibliographic information, relevant internet links, and to facilitate general communication among team members.

VII. Data Analysis

Data analysis for the ethnographic component of this study will be handled according to a common project protocol developed by the senior ethnographers. Given that our data analysis protocol is necessarily complicated, we provide here a general overview of our strategies.

As noted above, our proposed research will produce multiple forms of quantitative and qualitative data appropriate for addressing specific research questions both within and across our research sites in Boston, Chicago, and San Antonio. It also can generate hypotheses to examine in the focused observation stage of the ethnography and in the Embedded Developmental Study and survey. Thus, we plan to use a number of strategies for analyzing our data. For example, to address research questions that involve our structured measures (for example, the dimensions of parenting styles among working poor and welfare dependent primary caregivers), we will use the appropriate quantitative analytic procedures such as factor analysis. Our quantitative analyses typically will involve cross-site data, and thus will be conducted at our central ethnography office at Penn State.

Using the grounded theory approach, our qualitative data will be analyzed at multiple levels in order to explore both the experiences of individual families and the similarities and differences between families of different ethnicities and those living in different cities. Our analyses will include case-study, cross-case, and cross-site approaches. Analyses will be conducted (1) within family; (2) within race-ethnic group but across families; (3) within city but across families; and (4) across race-ethnic groups, cities, and families. Analysis of data at the within-case level permits a detailed understanding of the experiences of a particular group, whether it be one family, several families within a particular ethnic group, or several families within a city. Analysis at the cross-case and cross-site level allows for the comparison of experiences across families, ethnic groups, and geographic locations.

Analysis protocols for our qualitative data, such as fieldnotes and memos, require that we conduct within-case and cross-case analyses within each site. The purpose of employing within-case and cross-case analyses in each site is to thoroughly familiarize each ethnographer with his or her data and to identify patterns unique to each case and site before trying to compare patterns across sites. In this type of analysis, we examine data for recurrent themes or concepts. Initial analysis of our qualitative data will involve the generation of graphic displays of the case-study data within each site.

Cross-case analysis within each site will help us to extend the generalizability of findings within cases. If we find similarities in processes or behaviors across cases, stronger support exists for the findings of the within-case analysis. In conducting analysis across cases within sites, we will use the interactive synthesis approach, which involves a combination of variable-oriented and case-oriented perspectives (Huberman and Miles; Fischer and Wertz, 1975). With the variable-centered approach, we examine the relationship between variables, identifying patterns and discovering the correlations between concepts, but without information about individual cases. Conversely, the case-oriented approach allows for an examination of the full history of a case, with pertinent information coded and sorted. We can examine data from several cases for recurrent patterns, with the goal of identifying “clusters” of cases that have similar characteristics.

Generally speaking, in using the interactive synthesis approach our ethnographic teams will write individual case summaries of their families. We will then write cross-case narratives based on themes from

individual cases. The cross-case narratives are then narrowed to include “essential personal meanings,” which are then compared with individual cases. Based on the fit between the meanings and individual cases, researchers compose a structure that describes the essential process of an experience or phenomenon, such as the meaning of time.

Building on our within-site analyses, our cross-site analyses of qualitative data will take the variable-oriented approach. In collaboration with all our ethnographic teams, cross-site analysis will be centralized at Penn State.

Ethnographic team members will conduct further analysis concurrently and in collaboration with the Penn State team. These analyses will be on many levels and of many types. They will include analyses of families with disabilities, of neighborhoods, and the contributions of geographic information analysis. Experienced ethnographers will work on high-quality scholarly publications and will collaborate with researchers from the survey and the EDS on integrative reports. Ethnographers will produce theses and dissertations. Other specialized interests will be addressed, as well.

In *Ethnography Unbound* (1991), sociologist Michael Burawoy describes ethnographic research as a collaborative endeavor between observers (researchers) and participants. Anthropologist Carol Stack notes that multisite ethnographic research is not only a collaboration between observers and participants but also between the ethnographic teams across sites. We want to underscore the point that all aspects of our multisite ethnography, particularly our data analysis, are part of a collaborative effort. The senior ethnographers have put particular mechanisms in place to ensure that our teams have close working relationships and are in constant contact with each other during the ongoing data collection and analysis phases of our project.

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APPENDIX D

BACKGROUND INFORMATION ON THE THREE CITIES

LIST OF TABLES

Table D-1 **State, County, and City Characteristics**

Table D-2 **State TANF Policies**

Table D-3 **Explanation of State Welfare Policies**

This appendix was prepared with the assistance of Julie Hudman of the Johns Hopkins School of Hygiene and Public Health.

I. Introduction

The policy approaches that our three cities and the states in which they are located have taken to welfare reform vary widely, and continue to evolve. As of mid-1999, however, their initial approaches were fairly well set. Two states, Massachusetts and Texas, chose to continue operating under the federal waivers they had received from HHS in the mid-1990s. This decision allows them to implement systems that vary from some of the requirements of the Personal Responsibility and Work Opportunity Act (PRWORA) for the original term of their waivers. At that point, they will amend their systems to comply with the federal law. They are, however, required to meet federal work participation rates, though they have greater flexibility than that allowed in the federal bill in how they define work activities, and a federal "credit" for declining caseloads has made this easier. Illinois dropped its previous waiver program when the PRWORA passed in 1996 and chose to adapt its laws and regulations to the new federal law in 1997.

All three states have maintained a state-administered system for cash assistance, rather than sending significant decision making down to the localities, as has happened in states such as California, Colorado, and New York. Texas, however, has significantly decentralized its work programs even while maintaining a basically centralized system for TANF eligibility determination and administration.

Here we briefly describe the historical context for the recent wave of welfare reform in each city and/or state, outline essential demographic characteristics, and then present the basic parameters of each jurisdiction's approach to welfare policy. Some of the new welfare provisions could be described as more lenient than under the old AFDC system, while others could be considered more stringent. This appendix also includes tables that present each state's essential demographic, economic, and political indicators, as well as the major welfare provisions, and allows comparison among them. Where possible, we provide information about the city itself. If this was not readily available or was not relevant to the issue discussed, we provide county and/or state data.

It should be kept in mind, however, that these welfare systems are still evolving, particularly in the two states operating under waivers, and that it is likely they will undergo continued change, even during the four years of our study.

II. Boston

A. HISTORY

Boston, a city of about 575,000, is the capital of Massachusetts and has served as a port and trade center since the early 1600s. While historically the state has been known for its liberal political climate, in recent years it has seen a shift from long domination by the Democratic Party to power sharing between a Republican governor and Democratic-controlled legislature. This move away from traditional New Deal liberalism is reflected in the state's approach to welfare policy-making and its response to the federal Personal Responsibility and Work Opportunity Reconciliation Act. In particular, state policy-makers have shifted from a focus on cash assistance to emphasizing work in the labor market and providing services to support it (Kirby et al., 1997; U.S. Census Bureau, NCSL; Commonwealth of Massachusetts).

Republican Governor William F. Weld was elected to office in 1990. He invested heavily in welfare reform politically and financially, alternating the lead role in policy-making with the state legislature. Both the governor's office and legislature played a key role in formulating the state program that passed in 1995. After several years of legislative attempts at welfare reform, which met with repeated gubernatorial vetoes, a bill largely generated by the Weld administration was voted into law.

This law, known as Chapter 5 of the Acts of 1995, allowed the administration to go to the federal Department of Health and Human Services (HHS) for waivers to implement a work-intensive state welfare system. Massachusetts is still operating under these waivers, though their term ends in 2005. Weld was also one of a group of Republican governors who took a central role in negotiating the design of the federal overhaul bill, and the state, with its emphasis on time limits and work, was cited as a model for reform. The state's program is known as Transitional Aid to Families with Dependent Children, or TAFDC.

Weld's successor, Gov. Paul Cellucci, is also a Republican and was elected in 1998 (as lieutenant governor he first replaced Weld in 1997 when the governor resigned to run for the United States Senate). The state legislature in 1999 is still disproportionately Democratic, however, with 164 of 200 legislators Democratic and only 35 Republican. While partisan differences remain, state lawmakers have been credited with relative bipartisanship in economic and social policy-making.

Boston is by far the largest city in the state. The state is geographically small but with a population of over six million, it is densely populated and more highly urbanized than the nation as a whole. The population of Suffolk County was about 645,000 in 1996, a slight decrease (3 percent) since 1991. The county includes Boston and neighboring areas such as Revere, Chelsea, and Winthrop.

[B. DEMOGRAPHIC, EMPLOYMENT, AND CASELOAD TRENDS](#)

Massachusetts is a relatively wealthy state—in 1996-97, the median income was \$41,212, compared with the national median income of \$36,656. Reflecting the state's relative wealth, the estimated 1995 state poverty rate—9.7 percent—was significantly lower than the national rate of 13.8 percent. Child poverty in the state was estimated at 14.6 percent, compared with a national rate of 20.8 percent. In Suffolk County, however, the estimated general poverty rate was 17.7 percent and that for children under 18 was 28.3 percent (U.S. Census Bureau).

After suffering a severe regional recession in the late 1980s, the state's economy rebounded in the early 1990s, and by 1995, the year before the federal welfare law passed, it was thriving economically. The state's high cost of living, however, particularly for housing, is said to threaten its economic competitiveness. The unemployment rate in May 1999 was 2.9 percent, compared with a national rate of 4.2 percent (Bureau of Labor Statistics, 1999; Massachusetts Institute for a New Commonwealth, 1999).

Ethnically, the state is less diverse than the nation as a whole. In 1990, black inhabitants represented about 5 percent of the population, compared with about 12 percent in the United States; Hispanics of any race were 5 percent, compared with 9 percent nationally; and whites made up about 90 percent, compared with about 80 percent nationwide. A slightly greater proportion of the state's population than the nation's was non-citizen immigrant in 1995, at about 10.2 percent compared with 9.3 percent. In the city of Boston, about 24 percent of residents were black, 11 percent were Hispanic, and 59 percent were non-Hispanic white, according to the 1990 Census. Among Hispanics, about 42 percent were Puerto Rican (U.S. Census Bureau, 1990; Kirby et al.; Commonwealth of Massachusetts).

The state's welfare caseload as of March 1999 was 151,5921 recipients, down 54 percent since January 1993. Nationwide, caseloads declined by 48 percent during the same period. Residents of Suffolk County

made up about 21 percent of the state's caseload in 1998, though the county was home to only about 11 percent of the state's general population. The caseload in the county declined at about the same rate between 1994 and 1998 as did the caseload in the state as a whole (40 percent in the county compared with 39.3 percent in the state). In March 1999, the welfare caseload in Massachusetts was 45 percent non-Hispanic white, 31 percent Hispanic, 19 percent black, and 6 percent other (U.S. Department of Health and Human Services, 1999; Brookings Institution, 1999).

The state's rate of teen births in 1996 was significantly lower than that for the nation as a whole, although the proportion of Massachusetts families headed by only one parent was similar to that of other states. One assessment of child well-being placed Massachusetts in eighth place among the states in a rating of 10 major measures. Infant mortality in 1996 was the second lowest in the country (Casey Foundation, 1999).

The maximum TANF benefit in the state was between \$565 and \$579 per month for a family of three, depending on whether or not the family was exempt from the state's time limits. This compares with a national state median of about \$377. The grant, despite its relative generosity, represents a decrease in real value of about 48 percent since 1970 (U.S. House of Representatives, 1998).

[C. WELFARE RULES](#)

State policy-makers embarked on fundamental changes in the state's policies for low-income families. In 1991, the state replaced its General Relief program with Emergency Aid to the Elderly, Disabled, and Children (EAEDC), tightening eligibility for cash assistance and leading to caseload declines of almost 50 percent. This change was followed by the replacement of AFDC with the Transitional Aid to Families with Dependent Children program (TAFDC). The state program did not, in its essential orientation, vary a great deal from the approach of the PRWORA, though a number of important details differed.

The state has shifted away from cash-based assistance for low-income people to work-oriented programs with significant recipient responsibilities, but it has a number of other programs to aid them. Massachusetts provides a state supplement to the federal food program for Women, Infants and Children (WIC), and it has made a strong commitment to health and nutrition programs for infants and young children. It also offers a state supplement to federal Supplemental Security Income (SSI) for the disabled.

The state has seen budget cuts in recent years, however, particularly in the area of social services. State spending peaked in the late 1980s. The areas that have seen the greatest cuts since then include K-12 education, higher education, and local aid. The state has also tried to contain Medicaid costs, in part by shifting to managed care, though at the same time it has expanded eligibility for coverage to a broader range of people, including working families. Direct spending cuts were also made in childcare and foster care programs, though some have been at least partially restored (Kirby et al.).

Political power is centralized in the state government — a weak county structure has mitigated the trend toward “second-order devolution” to the localities found in many other jurisdictions. Social policies are, therefore, largely determined and administered at the state level. The TAFDC program is administered by the State Department of Transitional Assistance.

Massachusetts’ new welfare program took effect in late 1995. The major provisions of TAFDC are outlined in the table at the end of this appendix. But the key elements include:

- A time limit of 24 months out of every 60 months, with no lifetime limit (unlike the federal limit of five years). After its federal waiver expires in 2005, Massachusetts could opt to use state money to continue covering recipients who exceed the 60 months of benefits covered by federal funding.
- Work requirements that kick in when the recipient has received cash assistance for 60 days.
- Definitions of work activities more restrictive than those in the federal bill, requiring 20 hours of unsubsidized or subsidized employment, or community service.
- A system of exemptions for good cause from time limits and work requirements that are significantly more expansive than those in the federal bill. They include families with the youngest child under six years of age (only those with children under the age of two are exempted from time limits); those with disability or illness; teen parents attending high school or a GED program full time, or participating in employment-related activities; and pregnant women in their third trimesters.
- A family cap that prohibits a mother from receiving additional monthly cash assistance if she has an additional child while receiving TAFDC.
- Sanctions leading to full-family sanctions for failure to comply with program requirements, including

work, child support, school attendance, and child immunization.

- Transitional Medicaid and childcare for 12 months.
- Increased income limits of between \$1,050 and \$1,071 per month for a family of three, depending on whether or not the family is exempt.
- Exemption of assets of up to \$2,500 (and a vehicle of up to \$5,000 in value) for purposes of eligibility determination.

III. Chicago

A. HISTORY

Illinois has been described as a reflection of the United States as a whole, with rural regions and small towns, as well as dense urban areas. Chicago, the largest city in the state, is also the third largest city in the nation. The state has a population of about 12 million, which has remained fairly steady in recent years. Illinois is more urbanized, on the whole, than the country.

The state is also a political “swing” state, with its voters generally electing moderates. The governor until January 1999, Jim Edgar, was a moderate Republican, and the state legislature has been narrowly divided between the parties for some time. The current governor is George H. Ryan, also a relatively moderate Republican. The city of Chicago has long been dominated by the Democratic Party, however, and politically the state is often divided along upstate/downstate lines with the generally liberal base of upstate Chicago challenged by typically more conservative voters in the suburbs and the rural areas of the south (Meyer and Anthony, 1998; NCSL; NGA).

Like most other states, Illinois embarked on major welfare reform in advance of the 1996 PRWORA. The first wave of recent reforms came in 1993, with a change in the earned income disregard called “Work Pays.” In 1995, the governor and the legislature approved the “Work and Responsibility” demonstration program, which included changes such as a family cap, increased sanctions, and the mandatory development of a “self-sufficiency plan” for recipients. The federal HHS granted Illinois a waiver to embark on these programs in October 1995. After the PRWORA was signed into law in 1996, however, the state agreed to adapt its system to the requirements of the new federal law, rather than continue with its major waivers, and implementation began in July 1997.

As with the other states we are studying, primary responsibility for welfare policy-making and administration still rests with the state, with TANF under the jurisdiction of the Illinois Department of Human Services.

B. DEMOGRAPHIC, CASELOAD, EMPLOYMENT TRENDS

Illinois is neither as wealthy as Massachusetts nor as poor as Texas. The median state household income was \$40,873 in 1996-1997, somewhat higher than the national median of \$36,656. The state poverty rate in 1995 was an estimated 11.3 percent, somewhat below the national rate of 13.8 percent, and the child poverty rate was 18.5 percent. The general poverty rate for Cook County, which is dominated by the city of Chicago, was 14.7 percent, however. The county poverty rate for children was 25.8 percent, significantly higher than that for the U.S. as a whole (U.S. Census Bureau).

The state unemployment rate in May 1999 was 4.1 percent, compared with 4.2 percent for the nation. In Chicago, it was 3.9 percent. The state is more reliant on manufacturing than the rest of the country. Other major sectors include mining, transportation, agriculture, tourism, and energy.

The population of the state is about 12 million. The population of Cook County was estimated at about 5.2 million in 1998. According to the 1990 Census, the city population was about 2.8 million. The larger region around the city, however, saw an estimated growth rate of 4.4 percent between 1991 and 1995 (U.S. Census Bureau; Bureau of Labor Statistics).

The ethnic composition of Illinois in 1990 was about 78 percent white, 15 percent black, and 8 percent Hispanic of any race. In 1996, about 6 percent of Illinois inhabitants were non-citizen immigrants (Meyer and Anthony). The ethnic composition of the city of Chicago was 46 percent white, 39 percent black, and 19 percent Hispanic of any race, according to the 1990 Census.

The welfare caseload in Illinois in March 1999 was 382,937, down 44 percent from January 1993 levels when it reached 685,500. It has declined about 46 percent since the state's peak in January 1995 when about 710,000 people were on the rolls. The ethnic breakdown of those on welfare in 1997 was 30.3 percent white, 56.6 percent black, 11.9 Hispanic, and 1 percent Asian (HHS; U.S. House of Representatives).

As in Boston, a concentration of the state's poor lives in and near the city of Chicago. Cook County residents made up 67 percent of the state's caseload in 1998 but only about 43 percent of the total state popula-

tion. The proportion of the caseload living in Cook County increased slightly between 1994, when it was 64 percent, and 1998, when it reached 67 percent. The size of the caseload in the county was 113,419 in 1998, showing a decrease of 28.5 percent since 1994. The state caseload decreased by 31.7 percent during the same time period (Brookings Institution).

The state's rate of births to teens in 1996 was somewhat higher than the national rate. The percent of all families with children headed by a single parent was the same as the national average—27 percent. The Kids Count composite of child well-being measures placed the state of Illinois 34th in the nation.

The maximum benefit level for a family of three in Illinois varies by county—it is \$377 per month for families in 14 "group I" counties, including Cook County. In "group II" counties it is \$365, and in "group III" counties it is \$349. The benefit is about the same as the national median and represents a real decline of 60 percent since 1970. The grant level has remained at this amount for the past 10 years, and recent efforts to increase it have been politically unsuccessful.

C. WELFARE RULES

As noted above, the TANF plan that Illinois began implementing in 1997 followed a series of reform efforts throughout the early and mid-1990s. The "work first" system that was implemented contained a number of essential elements. Further detail is provided in the tables below, but the major facets of the new system include:

- Time limits of five years, with recipients who work at least 30 hours a week exempted from the clock. Benefits for these working families are paid from state funds to preclude them from being counted against their five-year federal time limits.
- In addition to working recipients, other people exempted from time limits include full-time college students who maintain good grades, teen parents under 18, and "child-only" cases in which the caretaker is a non-parent relative. Recipients with disabilities or caring for a disabled person, recipients caring for a child under 13 because no other care is available, and those who participate in a "pay after performance" work program are considered "exempt" from work requirements, but the clock continues to tick on their receipt of benefits.
- Work activities are required when a recipient is determined able to engage in work or after 24 months, whichever is first.

- A somewhat broader definition of work activities than in the federal law, including job search and readiness, certain training activities, community service, foster parenting, education, substance abuse treatment, and domestic violence counseling. Recipients must participate in work for at least 30 hours a week, as of October 1999.
- Exemptions from work requirements exist for families with a youngest child under 1 year of age and for relatives taking care of children who are not their own.
- Gradual sanctions, leading to full-family sanctions, for failure to comply with work, child support, or school attendance requirements.
- Transitional Medicaid for 12 months. The state provides childcare subsidies to low-income families (those with incomes below 50 percent of the state median) engaged in work or school, without regard to current or prior welfare status. Co-payments are required of all families on a sliding scale that reflects income, family size and the number of children in childcare.
- Two-thirds of the family's earned income is disregarded in determining benefit levels, so the family remains eligible for TANF benefits until its income reaches three times the initial benefit level.
- An increased system of asset limits, with a \$3,050 cap on assets for a family of three. The value of the family's most expensive car is also exempted from asset calculations for purposes of determining eligibility for TANF.
- A family cap that freezes benefit levels for families when an additional child is born while the mother is receiving TANF.

IV. SAN ANTONIO

A. POLITICAL HISTORY

Texas is the second most populous state in the nation, with about 19 million residents. It joined the union in 1845 after war with Mexico and 10 years of independence as the Republic of Texas. This sense of independence still permeates its political culture, as does a general skepticism about government and a rhetoric of individualism. Both have contributed to a fragmented system of limited government and a history of modest social programs, including low welfare grants—Texas's

identity as a “low-benefit state” has been strong. The state constitution contains a clause limiting welfare expenditures to no more than 1 percent of the budget, the only such requirement among state constitutions.

Despite increased party competition in recent years and growing Republican influence, the ideological divide between most Democrats and Republicans is narrow. The current governor, George W. Bush, is Republican, and the state legislature is split between the parties. While institutionally the governor is weak, Bush has managed to exercise considerable influence over policy, in part because the state legislature is in session only every other year. Texas political institutions have grown more professional and representative in recent years, but they are still highly fragmented and their professionalism is limited, particularly considering the size of the state. In 1997, state legislators earned a base salary of less than \$8,000 per year.

The city of San Antonio, with a population of over one million, however, provides something of an exception to this. Mexican-Americans living in San Antonio (and in other parts of the state) tend to be politically, economically, and socially integrated in ways they are not in many other cities. Though the current mayor of San Antonio is not Hispanic, seven of 10 city council members are.

The state of Texas began exploring major welfare reform in 1993. Reform efforts have been largely led by the legislature and the state comptroller's office. At the beginning of the next legislative session in 1995, the comptroller issued a major welfare reform proposal that became the model for the Senate's legislation. Ultimately, the bill that passed in 1995 was largely a hybrid of the comptroller's recommendations and work by a House of Representatives welfare commission. Governor Bush was elected in 1994 but he did not take a leadership role on the major state welfare initiative in 1995. The governor became more involved during the interim between sessions and in 1997, pushing (unsuccessfully) for privatization of eligibility determination, among other top priorities.

The state received HHS waivers in 1996 for the “Achieving Change for Texans” (ACT) program, and elected to keep operating under its own system for the term of the waiver (until 2002), rather than convert to the requirements of PRWORA immediately.

B. DEMOGRAPHIC, CASELOAD, EMPLOYMENT TRENDS

Texas is a relatively poor state. The poverty rate—estimated at 18.5 percent in 1995—was significantly

above the national average of 13.8 percent. The state's child poverty rate for 1995 was estimated at 26.9 percent, compared with 20.8 percent for the nation. The poverty rate in Bexar County, where San Antonio is located, was estimated at 19.4 percent in 1995. The estimated county child poverty rate was almost 30 percent.

The state median household income was \$34,453 in 1996-97, compared with the national figure of \$36,656. Income inequality is fairly high in the state—one study ranked it the 12th highest level in the nation. The state has no corporate or individual income tax but instead relies on property and general sales taxes, which tend to be particularly regressive, and severance taxes. The state unemployment rate in May 1999 was 4.6 percent, compared with a national rate of 4.2 percent, though in San Antonio it was only 2.8 percent (Census Bureau; BLS; Larin and McNichol).

The population of Bexar County was about 1.3 million in 1996, and that of the San Antonio region (MSA) was about 1.5 million. Texas has grown at almost twice the rate of the nation, and the population of the region increased by about 12 percent between 1991 and 1996.

The ethnic composition of the state's general population in 1990 was 75 percent white, 12 percent black, and 25 percent Hispanic of any race (nationally, the population was 80 percent white, 12 percent black, 9 percent Hispanic). About 11 percent of the population were noncitizen immigrants in 1996, behind only California and New York. The ethnic composition of San Antonio in 1990 was 72 percent white, 7 percent black, and 55 percent Hispanic of any race. (Pindus et al., 1998; Census Bureau.)

About 313,823 people were receiving TANF benefits in Texas in March 1999. This was a decline of 60 percent from January 1993 when the caseload was 785,271. The peak was January 1994, with 796,348 people on the rolls. About 20 percent of the Texas adult caseload in 1997 was non-Hispanic white, 47 percent Hispanic, and 32 percent black, with Native Americans and Asians each making up less than 1 percent (U.S. House of Representatives).

In Bexar County, where the greatest proportion of the population lives in San Antonio, the caseload was 14,252 in 1998. Like the state, the county has seen a sharp decline in welfare use, though slightly less than in the state as a whole. The county caseload declined 36.7 percent between 1994 and 1998, while the state caseload dropped 41.1 percent during the same time period. Bexar County had 8.7 percent of the Texas caseload in 1998, and 6.9 percent of the state's population. The proportion of the caseload living in the county increased slightly

between 1994 and 1998 from 8.1 percent and 8.7 percent (HHS; Brookings).

The state's rate of births to teens in 1996 was much higher than the national rate, placing Texas 48th of 51 jurisdictions. The percent of all families with children headed by a single parent was slightly lower than the national average—26 percent compared with 27 percent. The Kids Count composite of child well-being measures placed Texas 38th in the nation.

The state provides financial assistance only to low-income families with children, and has no statewide general assistance program. Welfare benefits are relatively low—in 1997, a family of three received a maximum of \$188 per month in cash benefits (the national median benefit in 1997 was \$377). This was the fourth lowest level in the country, leading only Mississippi (\$120), Alabama (\$164), and Tennessee (\$185). Only 40 percent of families with children under the poverty level received assistance and since 1970 the state's grant lost 69 percent of its real value. This was the greatest decline in real terms in the nation (U.S. House of Representatives).

The Texas state legislature raised benefits to a maximum of \$200 per month in 1999, and indexed future benefit levels to a percentage of the federal poverty level (pending appropriation of funds by the legislature). Even with the 1999 increase, however, the state remains in the bottom five states in terms of benefit levels, and its grant level has lost 67 percent of its real value, leaving Texas in last place in keeping pace with increases in the cost of living.

C. WELFARE RULES

Administration of welfare policy is particularly fragmented in Texas. The Texas Department of Human Services (TDHS) is responsible for the determination of eligibility for TANF cash assistance, and TANF is state-administered through 11 regional TDHS offices, which in turn provide services through local offices. In contrast, the Texas Workforce Commission (TWC), which oversees state employment services, including welfare-to-work and related services, is highly decentralized with policy-making and service-delivery devolved further down to 28 locally controlled workforce boards. The state's "work first" approach to getting recipients into employment is known as the "Choices" program. The local employment programs for recipients have been contracted out to nonprofit and for-profit organizations.

In San Antonio, cash assistance eligibility determination is conducted by the TDHS offices. The county TWC workforce board oversees Choices work programs and administers childcare programs.

The design of the state's new program seems to recognize that the low benefits it provides probably do not act as an incentive for the poor to remain on assistance. Its provisions also reflect the fact that many new support programs would cost more than would simply maintaining a family on cash assistance. Childcare is generally more costly than are monthly benefits, making it more cost-effective to continue paying women to stay at home with their young children rather than to institute universal work requirements supported by state-funded childcare for young kids, though the state has increased the number of childcare slots for low-income families.

The state's provisions are a mix of more stringent and more lenient, but at least in the early years of policy formation, the desire to spend little new money informed policy decisions. Informal means of diverting clients from signing up for benefits have also been prevalent in the beginning years of Texas welfare reform, including a required "orientation session" before families can receive benefits.

The major provisions of the Texas program include:

- Three different time limits for recipients, depending on their education and work experience. Those with the greatest education and work experience are limited to 12 months of cash assistance, those with less education and experience receive a total of 24 months of cash, and the least educated recipients can receive up to 36 months of cash assistance.
- Recipients receive 12 months of transitional benefits, unless they volunteer for the Choices work program, in which case they receive 18 months.
- Recipients must sign a "personal responsibility agreement," addressing drug and alcohol use, the right to quit jobs, child immunization and health care, and paternity establishment.
- The "clock" triggering time limits begins once a recipient has been called for a work referral. Ten percent of recipients live in counties without work-assistance programs and are exempt. Texas is broader in its definition of work than the federal bill, allowing vocational education programs, as well as higher education, to count.
- Only the caretakers' grants, not the children's, are time-limited. Families are not pushed off welfare for life—rather, when their time limits run out, parents are "frozen" out of the program for five years, after which they can re-enroll, though they are limited to a lifetime total of five years of cash assistance. Children don't lose their cash benefits.

- Parents with the youngest child under the age of four at the time they first become eligible for cash assistance are exempt from the work requirements and time limits. However, on January 1, 2000, the age drops to three years old, on September 1, 2000, it declines to two, and on September 1, 2001, it becomes one year old, consistent with the requirements of the federal PRWORA.
- A range of other exemptions to time limits exist. TDHS can consider the "prevailing economic and employment conditions" in the region where a recipient lives in granting exemptions, and can exempt people for "personal hardship." Exemptions also exist for recipients with disabilities or illness or who care for a disabled family member, and those with other personal barriers to work.
- Would-be recipients with emergency needs can receive up to once a year a "diversion payment" of up to \$1,000.
- Asset limits were raised to \$2,000 for most families and the income of dependent children is disregarded from eligibility and benefit calculation.
- An increased "earnings disregard" allows recipients who work to keep up to 90 percent of their earnings for the first four months, up to \$120 per month for the next eight months, and \$90 per month thereafter.¹

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¹ A new "earnings disregard" beginning in February 2000 allows recipients who work to keep up to \$120 per month. For the first four months of employment the state will also disregard 90 percent of their additional earnings up to a maximum of \$1,400. After the fourth month, recipients will continue to have the basic \$120 per month disregarded, but not additional income.

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Table D-1 **State, County, and City Characteristics**

Demographics	Illinois	Massachusetts	Texas	United States
Population (1998)	12.05 million	6.15 million	19.8 million	272 million
County population (1998)	5.19 million (Cook Cty)	641,715 (Suffolk Cty)	1.35 million (Bexar Cty)	N/A
Percent White (1990)	78%	90%	75%	80%
Percent Black (1990)	15%	5%	12%	12%
Percent Hispanic ¹ (1990)	8%	5%	25%	9%
Births per 1,000 women ages 15-17 (1996)	36	20	49	34
Economic Characteristics				
State median household income (1996-7)	\$40,873	\$41,212	\$34,453	\$36,656
State general poverty rate (1995)	11.3%	9.7%	18.5 %	13.8%
State child poverty rate (1995)	18.5%	14.6%	26.9%	20.8%
County general poverty rate (1995)	14.7% (Cook)	17.7% (Suffolk)	19.4% (Bexar)	N/A
County child poverty rate (1995)	25.8% (Cook)	28.3% (Suffolk)	29.6% (Bexar)	N/A
Unemployment rate (May 1999)	4.1%	2.9%	4.6%	4.2%
% jobs in manufacturing	16%	14%	12%	14%
% jobs in service sector	30%	36%	29%	30%
Political Characteristics				
Governor's affiliation (September 1999)	Republican	Republican	Republican	N/A
Party control of state Senate (July 1999)	27D – 32R	33D – 7R	15D – 16R	N/A
Party control of state House (July 1999)	62D – 56R	131D – 28R	79D – 71R	N/A

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¹ Hispanic residents can be of any race.

Table D-2 State TANF Policies

As of September 1999

Implementation	Illinois	Massachusetts	Texas
Date effective	July 1997	November 1995	November 1996
Continue waiver?	No	Yes	Yes
Administrative agency	Department of Human Services	Department of Transitional Assistance	Department of Human Services; Texas Workforce Commission
Eligibility			
Income limits for family of three for the first month and 13th month ¹	\$467/\$1,110	\$1,050/\$1,050 ²	\$400/\$280
Asset limits	\$3,050 (for a family of 3)	\$2,500	\$2,000/\$3,000 (if someone is disabled or elderly)
Vehicle exemption	Exclude the value of the most expensive car	Fair market value to \$5,000	Fair market value to \$4,650
Individual Development Accounts	Yes (up to \$3,000)	Not at this time	Yes (up to \$10,000) ³
Eligibility of two-parent families	Same as single-parent family	Work History Rule	Same as single-parent family
Payment			
Maximum benefit level, family of 3 in 1997	\$377 (Can vary by city or county)	\$565 ⁴	\$200 (pending appropriations)
Family cap	Yes	Yes	No
Child support pass through	\$50	\$50	\$50
Earnings disregards	Disregard 67 percent and TANF eligibility continues until family income reaches FPL.	Disregard \$120 and 50 percent of remainder. ⁵	Disregard 90% of earnings for the first 4 months of earnings, \$120 for the next 8 months, \$90 after 12 months. ⁶
Diversions			
Maximum payment	NA	NA	\$1,000
How often payment can be received	NA	NA	Once per 12 months
Period of ineligibility after receiving payment	NA	NA	12 months
Alternative resources	No	No	Yes
Mandatory job search	Yes	No	Yes, work orientation required
Work Requirements			
Definition of work activity	Job search, job readiness, job skill training, employment, self-employment assistance, community service, foster parenting, education, including post-secondary, substance abuse treatment and domestic violence counseling and other activities leading to the family's self-sufficiency.	Unsubsidized employment, subsidized employment or community service for 20 hours a week.	Job search, job readiness, job skill training, community service, self-employment assistance, employment and subsidized employment.
Months before work requirement	When determined able to engage in work or 24 months, whichever comes first	60 days	Immediate
Exemptions/Good cause	<ul style="list-style-type: none"> Families with youngest child under 1 year old (teen parents without a high school diploma are exempt from work for only 12 weeks) Non-parent relatives who are taking care of the children Disability/illness Caring for disabled person Caring for child younger than 13 years because of an absence of available child care Adults 60 or older, unless they are in the Targeted Work Initiative (the youngest child is 13 or older) 	<ul style="list-style-type: none"> Families with youngest child under 6 years old⁷ Disability/illness Caring for disabled child, spouse, parent, or grandparent Teen parent who is attending high school full time or a GED program or approved training or employment-related activity for 30 hours a week Pregnant women in the third trimester 	<ul style="list-style-type: none"> Families with youngest child under 4 years old⁸ Disability/illness Incarceration/court appearance Domestic violence Lack of transportation, childcare or other support services Caring for disabled child Job availability

Table D-2 State TANF Policies continued

As of September 1999

Sanctions	Illinois	Massachusetts	Texas
Reasons for sanctions	Work requirements, child support requirements and school attendance requirements	Work requirements, child support requirements, school attendance requirements for children under 14, and immunization requirements	Work requirements, child support requirements, school attendance requirements, immunization and medical screening requirements, and parent training requirements
Benefit reduction	1st instance of non-compliance: 50% reduction until compliance. 2nd instance: 50% reduction in benefit for 3 months (regardless of when compliance begins), and if noncompliance continues for 3 months, termination. 3rd instance: 100% reduction for 3 months, if family complies within that period benefit restored in 4th month	1st instance of non-compliance: Removal of adult from benefit until compliance. Subsequent instances of noncompliance: termination of benefit	1st instance of non-compliance: 1 month reduction of \$78 if one parent fails to comply or \$125 if both parents fail to comply. 2nd instance of noncompliance: 3 months reduction of \$78 if one parent fails to comply or \$125 if both parents fail to comply. Subsequent instance of noncompliance: 6 months reduction of \$78 if one parent fails to comply or \$125 if both parents fail to comply
Full family sanction	Yes	Yes	No
Time Limits			
Months till Termination	5-year limit	24 out of 60 months, no lifetime limit	12, 24, or 36 months ⁹
Exemptions	<ul style="list-style-type: none"> Working at least 30 hours¹⁰ a week Teen parent under 18 Full-time college maintaining a 2.5 GPA 	<ul style="list-style-type: none"> Disability/illness Caring for young age child (2 years) Caring for disabled child, spouse, parent or grandparent Teen parent who is attending high school full time or a GED program or approved training or employment related activity for 30 hours a week Pregnant women in the third trimester 	<ul style="list-style-type: none"> Disability/illness Caring for disabled person General hardship/other personal barriers to employment No job available/high local unemployment
First families reach time limit	July 1999	December 1998	June 1997
Support Services			
Transitional Medicaid	12 months	12 months	12 months ¹¹
Transitional childcare	No time-limit for low-income families, co-pay for all with earned income	12 months	12 months ¹²

¹ This is the income eligibility limit for a recipient family of three with no unearned income or child care expenses. The 13th month is shown reflecting the changes in the limits because of changes in earned income disregards.

² Limit is based on rules that apply to families subject to the time limits. Income eligibility limits are lower for families exempt from the time limits.

³ New legislation in 1999 authorizes the creation of a pilot program to establish IDAs for low-income workers.

⁴ This is for a non-exempt family with a rent allowance.

⁵ For families not subject to the time limit, the disregard remains \$120 and one-third but without time limit.

⁶ As of 2/2000, the disregard is to become \$120 per month. In addition, for first four months of employment, 90% of additional earnings will be disregarded up to maximum of \$1,400. Parents whose youngest child is between two and six may become nonexempt if work activities become available.

⁷ Parents are exempt while the youngest child is under three months old for children not in the assistance unit.

⁸ The exemption is based on the youngest child at the time of the initial application, regardless of whether a new child is added to the assistance unit. New legislation in 1999 lowers this exception by 2002 to families with children under one to comply with federal regulations.

⁹ The 12-month time limit applies to recipients with 18 or more months of recent work experience and a high school diploma, a GED, or a certificate from a post-secondary or vocational school. The 24-month time limit applies to recipients with six to 17 months of recent work experience or education through 11th grade but less than a high school degree. The 36-month time limit applies to recipients with less than six months' work and education less than 11th grade. The time limit begins once the recipient is notified of an opening in the JOBS program.

¹⁰ The 25 hour-a-week qualification is through 1999; it increases to 30 hours in 2000.

¹¹ 18 months for exempt families who participate in work activities.

¹² 18 months for exempt families who participate in work activities.

Table D-2 State TANF Policies continued

As of September 1999

Outcomes	Illinois	Massachusetts	Texas
State caseload at 1/96	663,212	242,572	714,523
State caseload 3/99	382,937	151,592	313,823
Percent change	42%	38%	56%
Percent of state caseload in the city/county-1998	67%	21.3%	8.7%
Number of welfare families in city/county-1998	113,419	13,880	14,252
Percent reduction in number of families since 1994 in city/county	28.5%	40%	36.7%
Total reported cases closed, October 1997-September 1998	174,100	35,979	212,969
Percent distribution of TANF closed cases by reason of closure	Employment: 35.3% Marriage: 0% 5-year limit: 0% Sanction: 0.3% State Policy: 52.4% Other (can include family voluntarily leaving): 11.6% Unknown: 0.5%	Employment 52.2% Marriage: 0.7% 5-year limit: 0% Sanction: 0% State policy: 8.3% Other (can include family voluntarily leaving): 38.9% Unknown: 0%	Employment: 45.4% Marriage: 1.8% 5-year limit: 0% Sanction: 0% State policy: 40.1% Other (can include the family voluntarily leaving): 12.7% Unknown: 0%
Work participation rates (all families/two-parent families) FY97	37.7/77.7	29/73.3	25.2/44.3

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Table D-3 Explanation of State Welfare Policies

Implementation	
Date effective	The date the state's welfare reform policies became effective.
Continue waiver?	Was the state operating its welfare program under a waiver approved before the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was signed into law on August 22, 1996?
Administrative agency	The government agency in charge of implementation of welfare policies.
Eligibility	
Income limits for family of three for the first and 13th months ¹	The maximum amount a family of three may earn and be eligible for TANF benefits.
Asset limits	The maximum level of assets a family may have and be eligible for TANF benefits.
Vehicle exemption	The maximum value of a vehicle for a family eligible for TANF benefits.
Individual Development Accounts (IDA)	Does the state allow TANF recipients to establish IDAs to accumulate funds to pursue postsecondary education, purchase a home, or start a business? These funds are not counted in determining eligibility for federal assistance.
Eligibility of two-parent families	States may retain or abolish previous requirements (100 hour rule, 30 day waiting period, or work history rule) for two parent families when determining eligibility for benefits.
Payment	
Maximum benefit level, family of 3	Maximum monthly amount of cash assistance available to a family of three.
Family cap	Does the state cap the cash grant to a family who has additional children already receiving welfare?
Child support pass through	The amount of child support payments received from a non-custodial parent that the state pays a family that is not counted in determining the family's cash benefit level.
Earnings disregards	The amount of a family's earned income the state does not count when determining the family's cash benefit level.
Diversion	
Maximum payment	States may provide diversion assistance to enable families to avoid receiving welfare assistance.
How often payment can be received	What is the maximum number of times a family can receive a diversion payment in a year?
Period of ineligibility after receiving payment	How long is the family ineligible from receiving any welfare assistance after receiving a diversion payment?
Alternative resources	Does the state require families to assess alternative resources of assistance before receiving cash assistance?
Mandatory job search	Does the state require families to look for a job or attend a work seminar before receiving cash assistance?
Work Requirements	
Definition of work activity	What activities may families participate in to meet the state's work requirement?
Months before work requirement	Federal law requires families to participate in a work activity within two years of receiving assistance; does the state have a shorter time period within which it requires families to participate in a work activity?
Exemptions	States exempt certain families from work requirements based on the age of the youngest child in the household. There is also a federal requirement that a family be exempt from work requirements if there is a child in the household under the age of six and adequate childcare is not available.
Sanctions	
Reasons for sanctions	The various reasons the state may reduce the family's cash benefit.
Benefit reduction	How does the state reduce a family's cash benefit for not fulfilling work or other requirements?
Full family sanction	Does the state have a sanction policy that terminates a family's entire cash benefit for not fulfilling work or other requirements?

¹ This is the income eligibility limit for a recipient family of three with no unearned income or child care expenses. The 13th month is shown reflecting the changes in the limits because of changes in earned income disregards.

Table D-3 Explanation of State Welfare Policies continued

Time limits	
Months until termination	Federal funds may not be used to provide assistance to recipients beyond 60 months in a recipient's lifetime; does the state have a shorter time-limit or does it provide assistance with state funds beyond the 60 month limit?
Exemptions	States may exempt certain families from the time limit. All states must exempt families that do not contain an adult receiving assistance (child-only), the months that a family received assistance as a minor child, and any month the family lived on an Indian reservation or in an Alaskan Native village with unemployment above 50%.
First families reach time limit	Date when the first families reach the state's time limit
Support Services	
Transitional Medicaid	For how many months does the state provide Medicaid beyond the mandatory 12 months to families who would otherwise lose eligibility for Medicaid due to increased earnings?
Transitional Childcare	For how many months does the state provide child care for families leaving welfare assistance for work?
Outcomes	
Caseload at 1/96	Number of AFDC/TANF recipients in the state in January 1996
Caseload at 3/99	Number of AFDC/TANF recipients in the state in March 1999
Percent change	Percent change in the number of recipients from January 1996-March 1999
Percent of state caseload in the city/county, 1998	Percentage of the state's welfare caseload found in the study city or county in 1998
The number of welfare families in the study city or county	Number of welfare families in city/county-1998
Percent reduction in number of families since 1994 in city/county	Percent decrease of number of families in 1998 in the study city or county since 1994
Total reported cases closed, September 1997	Number of total cases closed as reported to the federal government
Percent distribution of TANF closed cases by reason of closure	Reasons states closed cases as reported to the federal government
Work participation rates (all families/two-parent families)	States that fail to meet minimum work participation requirements for TANF families are subject to a 5% reduction in their block grant from the federal government. In 1997 the work participation requirement for all families was 25% and the rate for two-parent families was 75%.