

# Understanding Working Poor Families in the New Hope Program

*By Thomas S. Weisner, Christina Gibson, Edward D. Lowe, and Jennifer Romich\**

Welfare in its original definition means well-being, faring well. Public welfare support began as a progressive social justice reform providing economic security for children who had been deprived of an able-bodied father. It has evolved into a network of programs that are designed to assist low-income families and children and move them off those very programs.

Because well-being is a concept that is not easily measured, qualitative methods are often used to understand how welfare programs affect and shape the daily routines and everyday lives of the poor. Other benefits of qualitative and ethnographic methods are familiar to mixed-method researchers and practitioners. They include the principle of getting closer to the phenomena studied (in this case, the actual behavior, thoughts, and practices of children and families); making findings from multiple methods more believable by linking analytic variables and their interpretations to person- and case-centered stories; testing the validity of findings against the people and lives the data claim to represent; and discovering new categories, variables, and processes that can then be tested with survey and other larger samples. Qualitative data also can be used to ask parents and children not only about what currently constitutes everyday family routines, but about what is desired and wanted.<sup>(1)</sup>

Qualitative and ethnographic data also help answer a critical question about policy: What is really happening to the lives of children and families? When new rules, different supports, and penalties are implemented, they are used, refused, or transformed by families and communities. All these goals for the use of qualitative data are relevant in the ethnographic studies of the New Hope intervention, the topic of this article.

## **The New Hope Project**

New Hope was an antipoverty experiment based in Milwaukee, Wisconsin, between 1994 and 1998. The program aimed to move low-income workers and their families, including welfare applicants, toward greater self-sufficiency.<sup>(2)</sup> The New Hope experimental group was offered a suite of benefits to eligible participants if they worked 30+ hours a week; a wage supplement (to ensure that their income remained above the poverty threshold for their family); subsidies for affordable health insurance; child care vouchers; and a full-time community service job opportunity for those unable to find work.

Members of control and experimental groups were free to seek any federal or state public assistance programs, but only individuals in the experimental program had access to New Hope benefits. After two years of New Hope, researchers surveyed a subsample of 745 families—the Child and Family Sample (CFS)—to examine the impacts of New Hope on child development and family functioning. A second survey was done 60 months after baseline.

Although New Hope had significant experimental impacts, the use of New Hope benefits was not as high or consistent as both its designers and evaluators expected. Although 80% of participants received at least one wage supplement, only 40% used health insurance, 34% used a community service job, and only 47% used the child care subsidy.

## **New Hope Ethnographic Study**

To better understand the low take-up rates of services, we turned to an ethnographic study and CFS survey data. The New Hope Ethnographic Study (New Hope ES) began in spring 1998, during the final year of the experiment. The New Hope ES drew a stratified random sample of 45 families from the full CFS, with equal representation of both the experimental and control groups.

We followed these families for more than three years (and a follow-up in 2004 is planned). When visiting families, fieldworkers used open-ended interviews to engage parents in conversations and descriptions of their lives, their concerns and hopes, and their everyday routines. Fieldworkers also participated in family activities, and talked with the children about their home lives, school, and friends.

### **For New Hope findings see:**

Hans Bos, A. Huston, R. Granger, G. Duncan, T. Brock, and V. McLoyd. *New Hope for People with Low Incomes: Two-Year Results of a Program to Reduce Poverty and Welfare Reform*. New York: Manpower Demonstration Research Corporation, 1999. Available online at: [www.mdrc.org/Reports99/NewHope4-99/NH-ExecSum4-8-99.html](http://www.mdrc.org/Reports99/NewHope4-99/NH-ExecSum4-8-99.html)

Aletha Huston, G. Duncan, R. Granger, H. Bos, V. McLoyd, R. Mistry, D. Crosby, C. Gibson, K. Magnuson, J. Romich, and A. Ventura. "Work-Based Antipoverty Programs for Parents Can Enhance the School Performance and Social Behavior of Children," *Child Development*, 72(1): 318–36.

### **Using New Hope Services and Supports**

New Hope assumed people would make rational, cost-benefit decisions about maintaining or increasing work hours in exchange for benefits. However, the personal values and ecocultural circumstances of family daily routines—features of family life opaque to rational choice theories—heavily influenced perceptions and use of New Hope. Our ethnographic research identified four categories of family and personal circumstances that influenced take-up of the New Hope options. (3)

#### **Families Constrained by Information**

Participants in this group (27%) had an understanding of the program that differed from what New Hope offered. For example, Conchita, a young African-American mother, was confused about the wage supplement: she did not understand that the amount that she worked was connected to the size of her wage subsidy. Instead, she mistakenly believed that she was to use the additional wage subsidy funds to pay for health insurance. Georgia, an African-American mother who cared for both her son and her own mother, on the other hand, was suspicious that variations in benefits were due to staff “dipping their hands in the pot.”

#### **Disrupted Lives**

About 14% of families had lives that were marked by mental illness, drug and alcohol, violence, and other problems. They were unable to sustain the necessary work effort to participate in New Hope. One example is that of Shasta, an African-American mother of seven children who was both homeless and suffered from drug and alcohol problems during New Hope’s tenure.

#### **“Pro-Con” Group**

Nearly one-third (32%) of the families used a cost-benefit assessment. Anna, an African-American mother of two preschool children, for example, wanted child care benefits, and cycled on and off work specifically to get them. However, she also wanted job flexibility to spend time with her children, and her erratic work schedule meant that she did not always qualify. Marissa, a Hispanic woman who also had two preschool children, quit one job because the 30 hours a week she needed were unavailable; she decided that

access to the New Hope benefits outweighed the advantages of that previous job and began looking for another job that would be 30+ hours a week.

### **Daily Routine Group**

This group (27% of the sample) used New Hope benefits when a particular feature of their daily routine and their personal goals fit with the offers. Wendy, for example, was an African-American who juggled caring for two children and her mother. Working full-time was too stressful, and she therefore cycled into and out of seven jobs, gaining and losing benefits in multiple spells along the way. Maria, from Puerto Rico, wanted to get a practical nursing license. New Hope, however, could not assist her and could not offer a job paying more than \$7 an hour. The program officials suggested that Maria attend a meeting on a Saturday, but her Seventh Day Adventist faith prevented her from attending on a Saturday, and consequently she “forgot that New Hope existed.”

As these results indicate, the New Hope families varied in several key characteristics that influenced take-up, including goals, income, life stability, and family structure. The question many working poor New Hope families seemed to ask was, “How can this program fit into my daily life and goals, and make my already-adapted routine and already-difficult task of finding and keeping work somewhat easier?”[\(4\)](#)

### **Child Care Decisions and Child Subsidy Use**

Nationally, only about 15% of eligible families use child care subsidies made available to them through the state welfare system. The New Hope program did much better. Recall that 47% chose the subsidy New Hope offered, and about 16% also used the subsidy available through the state welfare offices at some point during the 24-month follow-up period. Even New Hope families, however, used the subsidy episodically.

We were interested in better understanding why child care subsidy use is low generally, and why it is often episodic. We studied these processes in terms of the broader child care decisions families made.

Four ecocultural features shaped the child care decisions of the parents in our ethnographic sample. Ecocultural features include family life and child development factors.[\(5\)](#)

### **Values and Goals**

Of New Hope ES families, 89% were influenced by the degree to which child care options and subsidies fit with their values and goals surrounding the care of their children. The options had to make personal sense to parents; they had to fit with moral beliefs (“good parents” do not have strangers caring for their very young children), or fit the parent’s struggles to blend caregiving and breadwinning roles (most parents wanted to be home more with their children and most also wanted decent work and time away).

### **Available Social and Material Resources**

Forty-four percent of families mentioned managing social and material resources. Resources were seen as configurations of nonfungible social and material supports. For example, some parents paid for day care centers when they worked full-time (about 40% used a subsidy to help with costs), and then traded with friends and family when they were out of work. We found that families mixed seven different kinds of child care, blending family and friend options with paid child care to juggle social obligations and funds with their own time to monitor.

### **Family Agreement**

Forty-two percent of parents described balancing the interests of family members surrounding child care. Most New Hope ES parents were ambivalent about having their

children in care, and decisions produced conflict. Adult partners and the children themselves disagreed about various options, producing inevitable negotiations and change.<sup>(6)</sup> In a related study, Jennifer Romich ([see boxed information](#)) also found that parent-child relationships that were “understanding,” more mutual, and with less conflict made monitoring during “gap times” (after school, mornings when parents are at work) easier.

### **Stability and Predictability**

Finally, about 25% of the New Hope ES parents based their child care decisions, in part, on how stable and predictable the options were. Some parents wanted child care that was flexible, convenient to home and work, and available during their variable and often nonstandard work hours. Paid care did not necessarily meet these criteria and subsidies varied with work, making them less predictable.

Parents employ a type of “local rationality” in child care decisions and use of subsidies, considering their local family and community circumstances, their values and goals, conflicts, and the many constraints they face beyond child care subsidy decisions alone. When subsidies fit into these broader concerns, they were helpful; otherwise, subsidies tended not to be used.

### **Policy Implications**

New Hope made it easier for some families to sustain their daily routines in the ways they chose. However, how this occurred varied widely. No matter how varied these stories, certain themes remained in terms of family adaptation and increased well-being. These were an ability to fit a changing configuration of mixed resources to family needs; a sense that family routines fit their goals and values; an ability to balance conflicts within the family; and sufficient stability and predictability in family routines and personal lives. Given the variability in the circumstances and daily routines of working poor families, New Hope’s model of providing a suite of benefits seems to fit.

Much more, however, could be done to match program rules and benefits to these circumstances. Indeed, assessments of program match should be undertaken to expand and stabilize take-up. Work might automatically trigger some supports like those in New Hope; for example, children’s health insurance benefits becoming immediately available, or licensed child care providers receiving reimbursements more quickly, more transparently, with extended support across parents’ spells in and out of work to reduce negative effects on children from discontinuity of care. For families whose parents or children have significant disabilities, or where other problems exist, alternative programs and support or treatment, not tied to work, are needed. Finally, the policy and political debate should be attending not only to welfare receipt or work hours as outcomes, but to a range of child and family outcomes, including child and family well-being.

### **References**

1. Thomas Weisner, “Why Ethnography Should Be the Most Important Method in the Study of Human Development.” In *Ethnography and Human Development. Context and Meaning in Social Inquiry*, edited by R. Jessor, A. Colby, and R. Shweder. Chicago: University of Chicago Press, 1996. [Return to text](#)
2. Families targeted by New Hope had to meet four eligibility criteria. Participants must have: 1) lived in one of two targeted low-income neighborhoods in Milwaukee, 2) been older than 18, 3) had an income at or below 150% of the poverty line, and 4) been willing to work 30 or more hours a week. [Return to text](#)
3. To be sure that our overall understanding of benefit use was not limited only to the experimental group, we analyzed the control group families as well, and found the same kinds of patterns in the use of social services (except for the constrained-by-information category, since we could not know the details of all program requirements and information as we could for New Hope ). See also, Christina Gibson and Thomas Weisner. “Rational’ and Ecocultural Circumstances of Program Take-up among Low-Income Working

Parents.” *Human Organization: Journal of the Society for Applied Anthropology*, 61(2002): 154–66. [Return to text](#)

4. Christina Gibson, in her 2001 JCPR working paper, “Privileging the Participant: The Importance of Take-up Rates in Social Welfare Evaluations,” subsequently analyzed take-up for the entire New Hope CFS sample. She found five patterns of take-up, selectively linked to child and family outcomes. Participants who used community service jobs used a greater number of New Hope benefits, and had more positive impacts from the program. The working paper is available online at: [www.jcpr.org/wp/WPprofile.cfm?ID=289](http://www.jcpr.org/wp/WPprofile.cfm?ID=289). [Return to text](#)

5. E. Lowe and T. Weisner. “‘You Have To Push It—Who’s Gonna Raise Your Kids?’ Situating Child Care in the Daily Routines of Low-Income Families.” *Children and Youth Services Review*, forthcoming. [Return to text](#)

6. Furthermore, children with serious behavioral, academic, and learning problems and disabilities added to the concerns of many New Hope ES families; of the 67 focal children in the New Hope ES, 33 (49%) had at least one significant problem. [Return to text](#)

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