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**Title:** *Quick attachments to the workforce: An ethnographic analysis of a transition from welfare to low-wage jobs.* By: Riemer, Frances J., Social Work Research, 10705309, Dec97, Vol. 21, Issue 4

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## Quick attachments to the workforce: An ethnographic analysis of a transition from welfare to low-wage jobs

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"Quick attachment to work" programs are favored in the United States, but the programs' attractiveness stems from their low cost rather than the impact they make in the lives of the intended beneficiaries. This article draws on data collected through ethnographic research on one quick attachment to work initiative that moved recipients of Aid to Families with Dependent Children into jobs as nurse assistants at a geriatric facility. The stories of the women participants reveal the unfolding of a welfare-to-work program in practice and illustrate how and why earnest efforts to mediate poverty resulted instead in the continued marginalization and stigmatization of poor people.

Key words: employment training; ethnography; resistance; welfare; women

In summer 1995 Public Welfare published an interview with Rebecca Maynard, a noted expert on welfare-funded employment training. The interview, entitled "Preparing Recipients for Work," revolved around Maynard's philosophical struggles with the frequent outcome of employment-training programs for welfare recipients, that is, low-end, high-turnover jobs. She rationalized programs that move welfare recipients into low-wage jobs by arguing that they are the cheapest means of moving a large number of individuals off welfare. Pure dollar amounts, abstracted from the lives and struggles they portray, certainly make transitions into low-end jobs seem the most expedient and cost-effective way of moving welfare recipients into the work force. Known by some state welfare offices as "quick attachments to the workplace," the initiatives are fast and often require little manpower, other than the development of a job bank by case managers from either the Department of Public Welfare (DPW) or a contracted nongovernment organization. The lack of supports and the speed at which men and women are moved off welfare are rationalized by equating work with the amelioration of poverty. To quote President Clinton in a speech celebrating an innovative Kansas City program that links welfare recipients to jobs at the Commerce Bank, "Work is the best social program.... It gives hope and structure and meaning to our lives" (Rankin & Hess, 1994, p. A3). The kind of work itself does not even matter, suggested Maynard (1995), because after a first placement in a poor-paying, low-end job, welfare recipients inevitably get other

jobs. Her assumption is commonly held. According to an official involved in the implementation of

Oregon's Jobs Plus, a large subsidized-work program that moves welfare mothers into minimum-wage jobs and converts food stamps into cash to subsidize their employment, the programs assist welfare recipients by "leading them to the economic ladder and they can move up from there" (Dixon, 1994, p. A1).

At least in official rhetoric, welfare recipients themselves are the intended beneficiaries of these "quick-attachment" programs, yet their voices are rarely heard above a cacophony of numbers and dollar signs. Policymakers may be keen on programs that provide a quick attachment to the workforce, but the men and women who participate in them can best elaborate on the meaning of self-sufficiency and the implications of becoming independent from the constraints of the welfare bureaucracy. This article focuses on insider perspectives of these much lauded quick attachments to work, examining one transition in detail. Implemented by the local DPW to move recipients of Aid to Families with Dependent Children (AFDC) into jobs as nurse assistants at a geriatric facility in the city's suburbs, the transition appeared from the outside to be a success. DPW's job developers had established a stable relationship with an area employer, 24 men and women were hired from the welfare rolls, and the care facility's managers provided positive feedback on the progress of their new employees. The view from the inside, however, was more complicated. Twenty-three of the 24 individuals hired from Church Hall's link with DPW were women. This article discusses their experiences as nurse assistants at Church Hall. As the article illustrates, although the women began work at Church Hall with much optimism, their stories soon became those of poor single mothers working in the inner city and struggling to support their children on salaries that barely met their monthly obligations. By documenting their growing discontentment with work and ensuing oppositional behavior, the article examines the "foot in the door" argument often espoused concerning these quick attachment programs and analyzes DPW's role in the construction of an identity of inner-city poor people that followed the women from welfare to work. In revealing the unfolding of one quick attachment to the workforce in practice, this article illustrates how and why earnest efforts to mediate poverty resulted instead in the continued marginalization and stigmatization of poor women as they moved from welfare recipient to working poor.

The number of women who found employment at Church Hall was small, the numbers who remained were even smaller, and the details of their stories are certainly not representative of all transitions from welfare to low-wage jobs. But although the experiences may be their own, the women's stories pose essential questions about the fundamental objectives of welfare-to-work programs, the status and condition of poor working people, and the effect of oppositional behavior on their continued marginalization in the workplace. By providing space for the women's experiences in low-wage, high-turnover jobs, this article adds their voices to the ongoing debate on welfare reform.

## **METHODOLOGY**

From 1992 through 1993 I acted as ethnographer in four different companies that hired men and women from the welfare rolls. Conducting ethnographic interviews and participant observation at work, in training, and in their homes, I watched former recipients work, helped them work, and talked to them about work, about their families, and about their lives. I observed training classes and interviewed over 100 of their colleagues, 52 of their supervisors, and 18 of their case managers from DPW. By chance rather than by research design, each transition to work epitomized different beliefs about moving off welfare. This article is based on one transition, a quick attachment to the workforce initiative, implemented by the Job Development Unit (JDU), a team within the local DPW office that screened welfare recipients for jobs that were available but often were located outside the regular geographic boundaries of inner-city residents. During 1991 and 1992 JDU collaborated with Church Hall, a geriatric facility in the city's suburbs, to help fill its vacant nurse assistant positions. I came to Church Hall through a referral from the JDU staff, who were particularly pleased that a job at Church Hall gave welfare recipients the opportunity to work as nurse assistants and to obtain their state nurse assistant certification. Since the passage of Nursing Home Reform Amendments included in the Omnibus Budget Reconciliation Act (OBRA) of 1987 (P.L. 100202), the state required all nurse assistants to be certified to "ensure that nurse aides have the education, practical knowledge, and skills needed to care for residents of facilities participating in Medicare and Medicaid programs." Suddenly, uncertified nurse assistants found fewer opportunities for work, because most facilities specified certification as a criteria for employment (Center for Occupational and Professional Assessment, 1989).

Gaining access to Church Hall was relatively straightforward; the facility's personnel officer arranged initial interviews with two former welfare recipients and their supervisor, the director of nursing. From that point on I made appointments for additional interviews and began observing at the facility. Over the next 12 months, I conducted 230 hours of interviews with administrators, former welfare recipients, and their coworkers, observed in various parts of the facility, and reviewed company documents. I visited women at their homes and met their children and partners. Whenever possible I also helped with work tasks, discovering in the process that my talking with and delivering residents to daily activities both earned the gratitude of busy nurse assistants and helped me gain a better grasp of the demands of the workplace.

### TRANSITION TO WORK

DPW's quick attachment to Church Hall was simple and relatively inexpensive, with most costs embedded in the department's day-to-day operations. Catalyzed by a telephone call from Church Hall's personnel director, JDU staff advertised available nurse assistant positions by distributing a job order to DPW case workers districtwide. In accordance with the Family Support Act's (P.L. 100-485) mandate that priority in DPW initiatives be given to individuals most likely to become long-term AFDC recipients, 97 percent of the case workers' referrals were women. Although each referral had his or her own story about getting on welfare, they all had been unable to get back into the workforce until DPW's link with Church Hall reconnected them to a job market from which they had had an extended absence. Attending a five-day, JDU-facilitated workshop on practical skills required to obtain and keep a job, the men and women completed sample job applications, identified personal strengths, obtained references, and practiced interviewing. Arriving on the last day of training, Church Hall's personnel director interviewed the participants, and over the two-year period, hired 24, or 42 percent of the 57 individuals who attended the workshops. Twenty-three were women.

Leaving welfare, the women joined Church Hall's cadre of nurse assistants, largely composed of African American women from the inner city. They were so similar to their colleagues in terms of race, class, and urban residence, that no one at the facility was able to distinguish who came from where. "I'd have to go back through the records and check. Once they're here they blend in with everyone else," explained the facility's personnel officer.

### THE WOMEN

These are the stories of Joan, Lynn, Dina, Nil, Donna, and their 18 colleagues, who found work at Church Hall through their DPW case managers and also of their 61 colleagues who came to the facility not through DPW, but after making a cold call, knocking on Church Hall's doors, or completing nurse assistant training at a local proprietary school. Welfare status did not matter once the women joined Church Hall's staff. All the women were poor and in an attempt to make ends meet, most lived with relatives or in subsidized housing in some of the worst of the city's neighborhoods. Dina and her three daughters, for instance, had found housing for "low-income families" with the assistance of the church. "The Sisters help me too," Dina explained. "The Sisters of Mercy, they help me with my rent and food." But Dina's house was "in a bad neighborhood" with streets strewn with litter, walls covered with graffiti, and corners occupied by omnipresent drug dealers. The other women lived in similar circumstances. Betty, at Church Hall two years before Dina's arrival, told me she carried a weapon in her sock.

I have to take a bus at quarter to five. It's dark. I was mugged two times. I came in with my ye hanging out. I don't know what I'll do with it there [pointing to her ankle]. In my neighborhood you have to have.

Life in these neighborhoods was even more complicated because children were involved. Phyllis, working downstairs on Joan's floor, explained that she worried about her children all day during work.

I've been callin' all day to see if my daughter went to school. They took the phone off the hook. She goes to Southern High School. After the shooting [at the school] she said she wasn't going back. It's dangerous. My sister went' there. It was dangerous then.

Being a mother was a large part of the women's identity. They woke early to drop off children at friends' or relatives' homes or at early morning day care centers before work, worried about them during the day, and conducted endless arrangements for their after-school care. Somewhere along the way, the women

also found themselves caring for individuals who had no one else to watch over them. As Dina explained, "My grandfather got sick first, and no one had the stomach to actually change him and all those things, and I ended up doing it. And so then I thought about work in health care." Like her colleagues, Dina took on the role of caregiver in both her personal and her professional life. She liked the identity and treated its responsibilities seriously and with respect.

### **INITIAL PERCEPTIONS ABOUT WORK**

The women at Church Hall, whether from welfare or not, were glad to be at work, and their initial reactions to Church Hall were all positive. According to several nurse assistants, the facility compared favorably with other nursing homes in the area. After her first full month of employment, Joan confided:

Nobody's on your back here, getting you to get your work done at a certain pace. The other place I worked, it wasn't a pleasant atmosphere. I like the benefits package here, sick days, vacations, health care. And everybody here's just nice, everybody has a positive attitude.... Everybody here helps.

There's not so many bedsores [on patients]. I think this is one of the best places I worked. They're not on top of you all the time. If they have good people they don't want to lose them. If you're always pressured, it makes you want to quit.

The women also waxed positively about Church Hall's on-site certification training. State certification had eluded most nurse assistants in the past, and they marvelled at their current good fortune. Forty-six of the 50 nurse assistants I interviewed at the facility, for instance, including all the women referred through DPW, had been employed by at least one other nursing home before coming to Church Hall, yet only six, or 12 percent, had obtained the recently mandated nurse aide certification. Like many of the women, both Joan and Lynn had attended proprietary schools to become certified, not understanding that the school's certification was distinct from the state's. Joan said, "I went to school to be a nursing assistant, which I'm sorry about. I should have studied to be an LPN [licensed practical nurse]. I went to Training School for six months. That was a rip-off. They gave me their school certification. Now you have to be certified by the state. The best I can do is start paying on that loan." According to Lynn, that misunderstanding cost "\$2,000. With interest now it's \$3,000." Church Hall was one of 22 nursing homes and six educational facilities in the city that offered OBRA-approved nurse aide training programs, and within four months of their initial hiring, Joan and Lynn attended 15 days of certification training and passed the certification test. The facility covered all costs associated with their training, including the trainer's wages, six days' wages for nurse assistants while they were in the classroom and off the floor, and the \$105 testing fee.

### **GROWING COMPLAINTS**

The women's enthusiasm was short-lived. After working at the facility for only three months, Joan's excitement had already waned. "I don't like it, but don't tell them. There's not enough people. There are never enough people. The only thing to do in this place is to go on for more schooling." Like all nurse assistants at Church Hall, Joan had been assigned overall care of eight to 10 elderly residents, whom she bathed, dressed, fed, talked with, and monitored each day. "The aides are the backbone of this place," a staff physician asserted. "They're the ones that lift the residents, wipe their heinies." But the facility was always short-staffed, workloads were heavier than the eight to 10 resident target, and much of the work was dirty and unpleasant. Carlotta, on the floor above Joan's, related,

Last week, one of the residents was in the bathroom. It was Sonia. She was wiping herself with a rag and when I came in to get her, she threw the rag at me and the water and shit got all over me, all over my face. I had shit on my lips. I was so upset I had to walk out.

Yet it was not the work or the heavy workloads that affected the women's attitudes as much as the discrepancy between their own status and that of their "professional" supervisors, the facility's LPNs and registered nurses (RNs). RNs managed floors, LPNs managed the wings, and both spent the bulk of their time at nursing stations completing reports and updating records and at medical carts distributing medication. The line between nurses' work and that of nurse assistants was nonporous. Nurse assistants often shared workloads, for instance, but RNs and LPNs never helped out. Donna complained about this schism in work responsibilities.

I've actually had one nurse say to me, "I don't answer [residents'] call buttons. You can answer if you want. If you don't want to answer, go back to school and get an LPN license." As though our nurse assistant certification isn't worth anything. We may be bottom of the ladder, but you can't say our certification isn't worth anything.

As Donna suggested, her work not only differed from that of the nurse supervisors but also was held in lower esteem. Although nurse assistants were intimately involved with and aware of their residents' daily welfare, their knowledge was neither recognized nor validated at the institutional level. They were excluded from care teams, and their input on resident care was generally ignored in both informal discussions and in management decisions about patients. "There's no point in saying anything. They don't listen to us," a nurse assistant asserted about her LPN supervisors. "It's in one ear and out the other." For the women this alienation from the work itself represented a basic lack of respect. Katie, a nurse assistant working the afternoon shift, said

I really like it here, it's very nice here. But I think we deserve more respect. We each do important things. If we keep their bottoms dry and warm, it's less work for you. I think nursing is racist. We do more work for less money.

According to Katie these status differences were marked indelibly by race and economic status. The workforce stratum that the women and men joined post welfare was largely poor, African American, urban, and female. Whereas the professional staff of RNs and LPNs were also female, they were lower-middle class, white-ethnic, and residents of Church Hall's suburban neighborhood. The facility's wage structure and its hierarchy of official knowledge amplified these existing race and socioeconomic differences and provided clear messages to the women about their status in the workplace. Educational levels were not so different, RNs had two years post-high school training, LPNs had one, and nurse assistants had high school diplomas and often another six months of nurse assistant training. Yet these incremental differences provided institutional justification for sizable wage differentials. Starting salary for RNs was \$18 an hour, for LPNs \$12.50, but for an uncertified nurse assistant, often with only six months less schooling than an LPN, the starting salary was \$5.25. Even with a raise to \$6.00 per hour after certification, the women made less than \$13,000 a year. They augmented the low salary by working double shifts from two times a month to two times a week at time and a half. "You can do it if you know you're working for something," asserted Charlane in occupational therapy, who was also saving for her own apartment. "My mom says I live here." Yet although the women were skillful at calculating the number of hours they could work before the overtime increased the amount of taxes taken from their paychecks, the extra hours resulted in hard-working, underpaid women working even harder, in equally stressful conditions.

### OPPOSITIONAL BEHAVIOR

Low wages, a perceived lack of respect, and a feeling of voicelessness in care and management decisions provided the frame for the women's ensuing behavior at work. The following interaction among Jane and Teresa, both nurse assistants on Nil's wing, Pam, the white LPN supervising the wing, and Terry, the white nurse who supervised the floor, was emblematic of the women's actions within a system that afforded them minimal respect and virtually no recognition.

As Terry approached the nursing desk, she called to the aides behind the desk. "Well, as long as everybody's here, I should tell you. Evita [Church Hall's nurse aide trainer] says no one's allowed to sit on a resident's bed to feed them." A sudden and tumultuous verbal outburst erupted from the aides at the desk. Jane asked, "What do you mean? Do you mean, how are we supposed to feed those patients that can't sit up?" Terry suggested standing.

Both Jane and Teresa talked at once. "Now you're talking about regulations. If the state comes in and sees you standing feeding patients, you'll be out." Pam added, "You can't see if the person is choking." Pam, standing close to Terry now, added in a low voice. "How are you going to tell if the patient's choking?" Terry mimed bending down and said, "I can see." Pam groaned at Terry's miming and with some resignation in her voice commented, "Oh, never mind." Terry allowed, "Well, you're taller than I am. In that case it might be different." Jane asserted, "These orders come down from people who don't feed the patients. Passing out meds isn't giving them breakfast in the morning."



Terry walked to the medication cart, which was parked next to the nursing desk, and began preparing pill dosages for the floor's residents. She said, to no one in particular this time, "I'm just trying to watch out for all of you, so you don't get into trouble. This is a RN who looks out for you. I'm just telling you what Evita told me."

As Terry steered the medicine cart down the hall, Jane and Teresa talked about her, almost loud enough for Terry herself to hear. "She thinks everything she says is right," and then, "They don't even feed the patients."

This simple exchange filled the air with a hostility that was thick and that I came to recognize as typical at the facility. It was a tension that stemmed from a contest of power between the aides and RNs over decisions concerning resident care. As one nurse assistant on the scene commented, "It's the way people talk." Jane and Teresa complained that they were responsible for actual resident care, but their input was unrecognized. And Terry later told me, "I don't like the way these girls talk to me. They have no respect." Adas (1986) described this talking as a form of everyday resistance:

Everyday resistance refers to what people do short of organized confrontation that reveals disgust, anger, indignation, or opposition to what they as unjust or unfair actions by others more wealthy or powerful than they.... They are expressions of people who perceive injustice but for various reasons are unable or unwilling to push for improvements in an organized, direct manner. (p. 108)

As the vignette above illustrates, at Church Hall resistance to very real power inequities was embedded in the women's communication with each other and in miscommunication between nurse assistants and the professional nursing staff.

But even more dramatically, the women's resistance also took the form of walking off the job. The facility, like the industry in general, experienced rapid turnover of its nurse assistant staff, with much of that turnover in the form of job abandonment. According to the director of nursing, the average time a nurse assistant stayed at Church Hall was "probably six months," and the estimated yearly turnover of both nurse assistants and their colleagues at the facility was 168 percent. One year after the DPW-Church Hall link was initiated, 19, or 80 percent of the 24 individuals placed at the facility, had already quit. Despite their initial optimism, Lynn and Joan left the facility during my subsequent 18 months of data collection. Leaving the job was catalyzed by an array of circumstances. Certified by the state, some women left for other nurse assistant positions that offered slightly higher wages. Others, incapable or unwilling to improve their present conditions, left as an expression of dissent. Adas (1986) stated that they "quit positions that are no longer tenable or abandon[ed] particular systems altogether" (p. 68). Yet although many women believed that leaving the facility was their only recourse, it was not necessarily a well thought out or organized act. For most women, it was a spur of the moment decision, catalyzed by anger and frustration and buoyed by the hope of something more.

### CONFIRMING IDENTITIES

Although oppositional behavior empowered and emboldened the women's feelings of self in a context in which they had few outlets for self-expression or action, in practice, it only reinforced supervisors' perceptions of them as different, as inner-city poor people, and as "other." By asserting their own knowledge, the women appeared to supervisors to be acting-with defiance. By abandoning the job out of anger or frustration, they confirmed the professional staff's image of them as irresponsible. Practice and treatment were circular; women responded to treatment that they perceived as inequitable, but their ensuing behavior only served to substantiate the supervisors' perceptions that the women were different and that the differences were salient. Daisy, an LPN asserted, "They don't react the same way. They're not too educated at all. I spoke with one girl, she said she thinks I was cursing at her when I was encouraging her. Their language is very street language. I can't think of the word now, but she thought I was cursing at her." Another LPN added, "Last week a girl from Wing 3 got in my face. She don't even know me." The women's oppositional behavior, their quickness to check supervisors' assumptions and to question their directions, emphasized their difference and validated their low wages, their lack of voice, and their marginality in the workplace.

Although supervisors problematized both the rapid turnover of aides and their different communication styles, they did not see the women's leaving nor their interactional breaches as resistance to workplace conditions. Instead, they normalized the behavior by portraying retention as an industrywide problem and by attributing the women's harsh communication styles to cultural deficiencies. The problem, according to supervisors, was that the aides "don't know how to act." Job attendance was encouraged by a system of bonuses, and interactional difficulties were discussed with the aides during and after training and were sometimes the catalyst for firings. But management's assumptions about the women's practices in the workplace were erroneous, its resultant policies were ineffective, and rapid turnover and communication glitches were constant throughout the course of this research.

### LEADING THEM TO THE ECONOMIC LADDER

Like many of their colleagues, the 21 women from the welfare rolls who left Church Hall for better jobs moved to other care facilities in the city, where salaries were only slightly higher than the \$6.00 an hour that Church Hall offered. A few found work in county affiliated homes, which paid an average of \$6.49 an hour. Others went to privately owned facilities, where wages averaged \$6.61 an hour. Five found work at a nursing agency that staffed nursing homes on a temporary basis, where their average wage of \$7.50 an hour made them the highest paid members of their cohort. They complained, however, that agency work was too irregular and unpredictable and that they missed the dependability of a biweekly check.

Yet despite their complaints, in terms of numbers, DPW's initiative seemed to work. By moving from Church Hall to a facility that paid even the most minimal increase in wages, the women earned an additional \$1,020 per year, and by finding work closer to their inner-city neighborhoods, they saved the transportation costs they incurred in traveling to Church Hall's suburban location. According to the numbers alone, DPW had led them to the economic ladder, and they had moved up from there. By contextualizing these salary increases in the women's lives, however, it becomes increasingly clear that their additional income was still not enough. Even the best paid women, those who found jobs at nursing agencies, still struggled on wages that were below the level that the government itself has deemed sufficient to purchase food or rent an apartment in the northeastern United States without the support of food stamps and Section 8 rental subsidy certificates. Table 1 compares the women's earnings with "break-even wages," the minimum salary levels at which a family of three is no longer eligible for welfare-related program benefits. As the table illustrates, the women required hourly wages double those offered by Church Hall and only slightly less than double those offered by nursing agencies, the highest-paying alternative worksites for certified nursing assistants, to support themselves and their families (U.S. General Accounting Office, 1993) (Table 1).

Despite the additional \$1,020 per year, the women never really advanced professionally or became completely independent of outside supports. Although DPW helped the women get their feet in the door, the nurse assistants found that the door provided revolving entry to low-paying jobs. To become financially independent, the women not only had to obtain and keep a first job, a second job, or even a third job, but they also had to do the impossible, negotiate improved salary and benefit arrangements in workplaces that rely on a ready pool of low-paid workers. They had too few allies for this struggle. Although viewed as positive, the attempts of the local health care union to organize at Church Hall were seen as far from assured. For want of other alternatives for change, I was often handed the mantle of messenger and messiah. My notes are scattered with aides' exhortations to include their grievances in my findings and to make certain to send my report to the President and First Lady. "Hillary Clinton would be very interested in hearing about this," they told me.

Aware of this professional treadmill, more than half the nurse assistants I met at Church Hall voiced the desire to return to school. "The only thing to do in this place is go on for more schooling," Joan asserted. Carol, assigned to a wing upstairs, added, "I want to go back to school. I won't do LPN, I want my RN." Yet school remained inaccessible. "I hear a lot of talk about going back to school," explained a nursing supervisor. "But it rarely seems to happen." Outstanding loans to proprietary schools for previous nurse assistant courses; a disinclination to once again become indebted to an educational institution; and lack of time, energy, and disposable income (rather than interest, motivation, or ability) impeded the women's economic independence.

## **CONCLUSION**

The women's stories, the everyday struggles of poor working women, help explicate why the simplest and least expensive solution to welfare dependency is not sufficient. Welcoming the opportunity to work at Church Hall, most of the women soon found that securing a job in and of itself did not solve their financial problems. Calling their benefits scant and feeling disrespected at work, the women asserted themselves whenever they could. They argued with supervisors, they complained about care practices, and when the situation became too unbearable, they left in dissent, irritation, and disgust. Their actions, however, did little more than validate their suburban supervisors' beliefs that poor black inner-city women were difficult, dangerous, and undependable.

Funneled into low-wage, high-turnover, gendered jobs, the women's experiences at work were not so much a manifestation of their former welfare status as they were the result of the blending of race, socioeconomic status, and gender in the workplace. No different from their nurse assistant colleagues at Church Hall, the women found themselves in jobs that minimized their knowledge and experience, squashed their enthusiasm and motivation, and provided wages insufficient to create safe and stable lives for themselves and their children. According to the low-end argument, their difficulties were neither unexpected nor permanent but would dissipate as the women moved on to better jobs. Yet although nurse assistants left Church Hall in droves, the only other jobs they could find were at other care facilities or nursing agencies. The women already knew of these places; they had all worked in at least one other care facility before Church Hall and regularly compared notes on their experiences. According to most of the women, Church Hall was actually cleaner, friendlier, and offered better benefits than most of the other area homes. In practice then, Church Hall was the best of all possibilities, yet clearly, the best was not enough.

In all fairness, DPW's initiative to move women into the workforce as quickly as possible did not in and of itself create this cycle of identity depreciation. But in practice, it fueled already burning embers by fusing the women's identities of welfare recipient, inner-city dweller, poor single mother, and African American into a single persona, whose total signaled both difference and deficit. In part because DPW's job developers wanted to believe that moving off welfare and into work was enough and in part because they acted within a self-imposed paradigm that privileged the employer's voice, they conducted no follow-up on the men and women who moved from the welfare rolls. "We don't do any follow-up, since the contractor tells us everyone is doing well," explained the director of DPW's JDU. Consequently, neither DPW's job developers nor its caseworkers learned that their work kept the women financially precarious, marginalized from real participation in the workplace, and frustrated in an environment in which they had more to give than their employer allowed. They did not understand that their efforts enhanced an existing culture of oppositional behavior that has come to be associated with inner-city poor people. They were unable to help the women deal more effectively with the concerns they encountered in the workplace, and they were incapable of interrupting the cycle of identity construction to which they themselves contributed.

As this deeper ethnographic lens illustrates, the women at Church Hall needed support not only to reach a first step on the job ladder but also to move beyond the morass of low-paying jobs in which they found themselves. The causes and solutions to their poverty were complex and required more creativity, vision, and private and public sector investments than DPW's quick-attachment efforts allowed. If we are truly interested in helping men and women move off welfare, other images for thinking about and linking individuals to job-specific roles must be conceived. Jobs should be fundamental to welfare-to-work paradigms, but even more essential are links to good jobs that come with continuing education opportunities. Moving from welfare to jobs at Church Hall, the women remained poor, undervalued, and marginalized. Through DPW's quick attachment to work, they are no longer part of the country's welfare problem. But they now embody another social concern, that of frustrated poor working people.

**TABLE 1--Break-Even Wages for Welfare-Subsidized Benefits**

Required Program Support	Monthly Wage[a] (\$)	Hourly Wage[a] (\$)
AFDC[b]	668	4.45
Food stamps	1,207	8.05



Section 8 certificates for two bedroom rental	1,943	12.96
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[a] Under the monthly and hourly wages, a family of three requires the support of AFDC benefits for general living expenses, food stamps to obtain adequate food, and Section 8 certificates to rent a two-bedroom dwelling.

[b] AFDC = Aid to Families with Dependent Children.

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By Frances J. Rierner

Frances J. Rierner, PhD, is assistant professor, Northern Arizona University Center for Excellence in Education, Box 5774, Flagstaff AZ 86011-5774; e-mail: @nau.edu. This article is based on a larger ethnography of four welfare-to-work transitions. Another article based on the same core material, "From Welfare to Working Poor: Prioritizing Practice in Research on Employment-Training Programs for the Poor" (Rierner, 1997), focuses on adult education and training programs for poor people across initiatives. In addition, a book on the entire ethnography is in press with SUNY Press.

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