Barriers to Employment in Welfare Populations:
A Comparison of Saskatchewan and American Estimates

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INTRODUCTION

The “post-welfare state” era is one that is marked by the link between social and economic policy, as Ken Battle (2001) noted. In most western countries, the renewed emphasis on productive work and labour force attachment has spawned a variety of more or less coercive welfare-to-work programs, with different approaches to pushing, or pulling, welfare recipients into the work force. All these programs reflect what the OECD refers to as active measures for enticing, or forcing, recipients off the social assistance rolls and into the paid labour force.

In their continuous attempts at reducing the number of welfare recipients, departments of social services increasingly recognize that many clients who remain on the provincial caseload can be qualified as hard-to-place people. This means that they probably face one or several barriers to employment that are not likely to be lifted simply through the use of financial benefits or work incentives. These non-financial barriers are personal and family challenges that impede social assistance recipients to find, get and/or keep employment.

Behind the caseloads, we can find in fact a multiplicity of circumstances and routes by which people come to rely on social assistance. Just as the routes into welfare are all different, the problems that must be surmounted in order to leave are also very different. Some of the more common groups of people using social assistance are: middle-aged mothers, with no recent job experience who are abandoned by their partner; high-school dropouts who move from one low-wage job to another; people who have had accidents and can no longer perform their work; women leaving abusive situations; men and women born with physical or intellectual disabilities; single women with unplanned babies; men and women temporarily, or permanently, laid off work when their firm closes, etc. These different conditions allude to the variety of problems faced by people on assistance, and to the difficulty of social programs in overcoming these issues and creating a solid attachment to a job. Despite these circumstances, close to 20 percent of people on assistance have some type of attachment to the formal labour market, through part time and casual employment (Broad, 2000: 4).
In past times welfare programs made distinctions between ‘deserving’ and ‘undeserving’ poor, distinguishing those who could not be expected to work, from those who appeared most able. Now, virtually everyone is considered to be productive and potentially employable, at least to some degree. This is probably another element characterizing the post-welfare state.

The purpose of this paper is to describe some of the barriers faced by people on social assistance when trying to obtain and keep work, and the prevalence of these barriers among social assistance recipients in Saskatchewan and the US. An introduction to what these barriers are believed to be and what is known about their prevalence here and in the US is relevant for Canadian social policy analysis on at least two counts. First, it contributes to separating myth from reality regarding barriers encountered by welfare recipients, and therefore might help reduce some negative stereotyping. Secondly, it demonstrate the existence in the US of a type of research that, unfortunately, is underdeveloped in Canada.

The comparisons presented below are based on a little-known survey of social assistance applicants conducted by Saskatchewan Social Services (2001), and a variety of studies conducted in different states of the US during the past decade. The readers should be warned, however, that given the data currently available on the prevalence of these various potential barriers, it is impossible to estimate precisely the fraction of the caseload that will need additional supports and services to lift them. This is true in every jurisdiction in Canada and the United States.

The paper describes some of the methodological issues in conducting surveys of social assistance recipients, and then provides a comparison of the frequency and type of barriers between Saskatchewan and US jurisdictions. This is followed by a discussion of possible causes that account for these differences.

The research on barriers to employment faced by welfare recipients is more advanced in the United States than in Canada. In America, the context brought about by President Clinton’s reform to “end welfare as we know it”, has meant that the US began to study these barriers several years ago. The intent of the Clinton reform has been to transform the 60 year-old Aid to Families with Dependent Children (AFDC) program, whose primary purpose was to provide cash assistance to families with children with no
other means of support, into a system whose primary purpose is to help the parents in those families to find employment. The legislative landmark of this reform was the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). With it, the AFDC has been replaced with a transitional program known as Temporary Assistance to Needy Families (TANF) in which individuals are required to engage in work activities within two years of their initial receipt of assistance and are limited to receiving benefits for five years during their lifetime. (TANF has recently returned to Congress for reauthorization, but this story is outside the scope of this paper).

In this context, the problem faced by American welfare program administrators was to develop program models that could address the need of an extremely diverse caseload. While some recipients initially found employment on their own or with limited assistance from traditional welfare-to-work programs, others obviously needed further assistance (e.g., daycare, training and budget management) not traditionally provided by welfare-to-work programs using strategies like job search or penalties for non-compliance. It became evident that many of these recipients face a diverse set of personal and family challenges that were not well known and thus not properly addressed.

This has pushed a research agenda that seeks to analyze the employability of those recipients remaining on the rolls in order to better understand what barriers they face and what services might be required to foster their transition into work. It is this American literature from the 1990s that is being reviewed in this paper. Results from that review then serve as a comparative background to the presentation of unique and original findings from a 2001 survey of individuals applying for social assistance in the province of Saskatchewan.

The majority of the documents mentioned in this paper have been identified through the Internet using the Alta Vista search engine. Supplementary documentation was obtained also in traditional fashions (e.g., inter-library loans) with the help of staff from the University of Regina Library.

While looking at the American experiences has the advantage of providing a fairly large body of information, it also brings some limitations in terms of lessons for Canada. For instance, the AFDC program (the core of the American welfare system
along with the Food Stamp Program) served essentially single female parents and is considerably different from social assistance programs in Canada where the caseload is more comprehensive or diversified\(^2\). Moreover, the overall reality of the American society is not the same as the one in Canada. Suffice to say that many things are probably different in Chicago and Regina, from the structure of the labour market to the extent of illegal drug use.

It is also evident that the generally higher economic growth and the lower unemployment rate in the United States\(^3\) made it more realistic (or at least more politically acceptable) to ask American welfare recipients to actively seek an attachment to the labour force during the 1990s. The fact that the ideological debate about welfare reforms tends to be more aggressive in the United States has also contributed the adoption of more drastic legislations and policies in this regard south of the border.

Another obvious differences between the two countries that must be remembered is the existence of universal medical insurance in Canada. The lack of health insurance upon leaving welfare is therefore a significant barrier in the United States. It will not be discussed in this study given that Canada has already tackled the issue. It is clear, however, that the presence of a universal health insurance system is a key factor to be considered by those wishing to understand differences in the well-being of low income people in Canada and the United States.

The list of barriers covered here is not exhaustive as issues like inadequate knowledge of workplace norms, the physical disability or health limitations of the child, or the presence of a criminal record are not mentioned. For the barriers that are explored we offer in Appendix 1 a summary table presenting estimates of prevalence in the US and Saskatchewan. The characteristics of the major American barrier studies reviewed are summarized in Appendix 2.
A SURVEY OF SASKATCHEWAN WELFARE APPLICANTS

The Saskatchewan data are based on a telephone survey of social assistance applicants, conducted in the fall of 2000. The population was all those who had applied for social assistance between February and July 2000 in two areas of the province, Yorkton and Regina. The survey focussed on an entry cohort of applicants and looked at non-financial barriers and personal and family problems faced by these individuals. It was designed to inform Saskatchewan Social Services as to the type and prevalence of problems faced by those who request financial assistance from of the Saskatchewan Assistance Plan (SAP); problems that make it difficult for them to seek, obtain or keep employment. This was seen as important given the current attempt to redesign social assistance in the province by putting more priority on labour force attachment (Thériault, 1999).

The survey addressed a selection of barriers identified in the literature (Thériault, 2000) and through focus groups with welfare recipients, caseworkers and supervisors. It covered areas of health, housing, education, training, addictions, legal issues, family relations, transportation and general outlook on life. Wherever possible, it used straightforward questions providing factual information. These questions were taken from various screening instruments and questionnaires previously used and tested by other researchers. Other, more subjective, questions were added to help produce a range for estimating the incidence and severity of barriers to employment. The survey also collected information on the problems they encountered in daily living as well as socioeconomic and demographic data.

Survey Method

Letters were sent to all potential respondents informing them of the survey and asking for their participation in the study. The letter stated that interviewers from a private research company would phone them. Two weeks after mailing, interviewers contacted the respondents. Attempts were made to contact 2,098 people, but valid phone numbers were found for only 1,648 individuals.
Of the 1,648 telephone attempts, a third of them resulted in no answers (a minimum of five call-backs were made at different times of day) or in ascertaining that the person no longer lived at that address. This reflects the high mobility and transiency among many in this population. Of the 886 eventually contacted, 437 interviews were completed for a response rate of 27 percent\textsuperscript{7}. While this is perhaps less than desired it is nevertheless respectable given the nature of the population studied.

The average age of the respondents was 32 years old. Ninety-four percent lived in urban areas (town or city), and 60 percent were female. Nonrespondents differed from respondents in sex and aboriginal status. As Table 1 indicates there tended to be more young and male aboriginal people among the non-respondents.

Table 1: Respondents vs. Non-respondents Comparison

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Respondents</th>
<th>Non-respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employable</td>
<td>73.2%</td>
<td>75.9%</td>
</tr>
<tr>
<td>No Disability</td>
<td>94.3%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Non-aboriginal</td>
<td>72.1%</td>
<td>60.1%</td>
</tr>
<tr>
<td>Female</td>
<td>59.0%</td>
<td>45.0%</td>
</tr>
</tbody>
</table>

Understanding the sample selection method is important, particularly when comparing results across different studies.

Choosing an entry cohort, as was done in this survey, provides a representative sample of all those who ever apply for, or are granted assistance. This is in contrast to a ‘point in time’ or cross-sectional sample which provides a picture of those who are currently on assistance. The difference between these two approaches is important.

Typically there are large numbers of people who enter assistance for only a short time, before they find work, are re-hired, or receive other worker benefits (e.g. employment insurance, workers compensation). These people are underrepresented in studies based on point in time samples. By contrast, studies based on entry cohorts will have fewer long-term social assistance recipients than those using point in time methods.
The implications of different sampling methods for studying barriers are significant. Assuming that longer-term recipients are also those with the most barriers to employment, cross-sectional studies should show a higher incidence of barriers than entry cohort studies. The Saskatchewan survey, therefore, should be taken as a conservative measure of barriers or problems faced by social assistance recipients. A survey based on all those currently on social assistance, would show a higher incidence of barriers.

Data collection methods must also be considered in comparing survey results. The Saskatchewan study used telephone interviews to contact respondents. Other surveys, particularly those with smaller samples, use face-to-face interviews. Each approach will use somewhat different wording for similar questions, and each method relies on different qualities to elicit honest answers. Telephone interviews depend on the skill of the interviewer to get at honest responses, particularly around personal issues. Face-to-face interviews require a different type of rapport to be established between interviewer and respondent to get the most open responses.

Another factor to consider in comparative studies, are the characteristics of the target population. Welfare programs in Canada and the United States are designed differently, and thus draw from different groups of people. In the US, the TANF program and its predecessor AFDC are primarily for poor single mothers and their children. Ninety-five percent of US welfare recipients are women and 78% are single parents. This compares to 25% of the recipients in Saskatchewan who are single parents. In both countries minority groups, particularly visible minorities are disproportionately welfare recipients. Over three quarters of the US recipients are Hispanic, Black or Asian. In Saskatchewan, the largest minority group, Aboriginal persons, make up 45% of the social assistance caseload.
COMPARING THE PREVALENCE OF BARRIERS IN THE AMERICAN LITERATURE AND THE SASKATCHEWAN SAMPLE

We offer here a tentative comparative look at a selection of barriers mentioned in the American literature and covered in our survey of social assistance applicants in Saskatchewan. This list is certainly not exhaustive. For instance, the important areas of physical health and disabilities are not covered for lack of minimally comparable data.

This section of the paper presents the list of barriers selected and tries to explain briefly why they potentially limit the access of welfare recipients to the job market. It also summarizes what American researchers say regarding the presence of these barriers in the welfare populations. Finally, it attempts to compare some of the US findings with the results of our Saskatchewan survey. Two appendices are provided at the end of the paper. Appendix I presents a synopsis of estimates on welfare clients facing barriers to employment, while Appendix II offers a summary of major barrier studies from the US.

Child Care
There is a consensus among the experts that the lack of access to child care is one of the common barriers encountered by welfare recipients in their attempt to make the transition from welfare to work. The literature points to child care as a key in making a lasting transition from welfare to work. Thornton and Hershey (1990) indicate that 11 percent of former welfare recipients reported actually losing a job because of a child care problem. Kisker and Ross (1997) found that more than 40 percent of all poor non-working mothers with infants report child care problems as the primary reason for not being in the labour force. In her study of families who had left welfare, Loprest (1999) reports that over half of former welfare recipients were struggling with coordinating work schedules and child care. Smith (1995) found that the high cost of day care discourages women’s entry into the job market. Sixty percent of participants in welfare-to-work programs in 38 US states reported lack of child care as a barrier to work (GAO, 1997). Edin and Lein (1997) discussed the issue of child care as one of the most important costs associated with
working for welfare mothers entering the workforce. As very few employers are interested in helping to pay for child care expenditures, many former recipients quickly return to welfare because of breakdowns in child care arrangements (Herr et al., 1995; Quint et al. 1994).

Moreover, the presence of a strong demand for child care services is generally not sufficient to generate the supply. For instance, a Chicago-based study found that important gaps existed between supply and demand in this regard; the supply of care could meet 75 percent of demand for preschool children, whereas the supply of infant care could meet only 16 percent of demand (GAO, 1997). In rural areas, the supply problem is often compounded by accessibility difficulties, as a result of the greater constraint posed by inadequate transportation systems.

* * *

At first glance, the results of our survey in Saskatchewan reveal that child care is a reported problem for getting and keeping work for a quarter (25 percent) of respondents. However, the proportion increases to 44 percent if only those with children are considered, and to 48 percent if we look only at mothers. Hence, child care seems to be a barrier to work for nearly half the female respondents with children. In general, aboriginal respondents were also more likely than non-aboriginal respondents to report child care as a serious problem for working.

However, while child care is a very common problem in relation to work for social assistance applicants, it does not seem to be the most troublesome one. In fact, when asked what would be the single most helpful thing for finding and keeping a job, child care is identified by 9 percent of all respondents or 12 percent when only women are considered.

**Transportation**

While often mentioned in the literature, the transportation issue is rarely quantified. There are a few exceptions, however. Loprest (1999) found that 12 percent of non-workers cited transportation (or the distance from available jobs) as a problem keeping them from working. In Connecticut, 40 percent of all welfare recipients report that transportation is a barrier to employment (Welfare Research Group, 1997). Danziger et
al. (1999) found transportation problems to be common, as about half (47 percent) the respondents in her study lacked access to a car and/or did not have a licence to drive. This was one factor significantly associated with not working at least 20 hours a week. Finally, in his Michigan-based study, Holzer (1998) found that the vast majority (60 percent-70 percent) of the jobs potentially available to long-term welfare recipients are located in areas that are relatively inaccessible without cars.

In summary, inadequate public transportation, lack of personal transportation, and geographic mismatch between where welfare recipients live and where the employment opportunities are located are all factors that present formidable barriers to obtain and keep a job for those trying to make the transition from welfare to work. Of course, the prevalence of transportation problems varies considerably with geographic locations and will tend to be more acute in rural areas. Nevertheless, in their review, Johnson and Meckstroth (1998) are of the opinion that the 40 percent estimate from Connecticut “comes closest to defining the extent of the problem.”

* * *

As it turns out, the Connecticut estimate of 40 percent is very close to the proportion of respondents in our Saskatchewan survey (38 percent) who report that transportation is a problem (“somewhat” or “serious”) for them in relation to getting or keeping a job. Among Saskatchewan social assistance applicants, aboriginal respondents are more likely than non-aboriginal to report that transportation is a serious problem to get or keep a job. They are also less likely to own a car or to have a valid driver’s license. The other demographic variable that relates to having a serious transportation problem for work is education. While 18 percent of respondents without a high school diploma report this, the proportion is only 9 percent for those with a high school diploma.

Relationship Abuse and Domestic Violence

Policy makers and social scientists are beginning to pay attention to the effects of domestic violence on women receiving welfare, particularly in terms of their ability to participate in the labour force and to become economically self-sufficient. Evidence now
shows that male violence directed at women in their intimate relationships is a significant barrier to female self-sufficiency (Raphael and Tolman, 1997; Raphael and Lloyd, 1999).

In their summary of research on the issue, Raphael and Tolman (1997) identified four recent American studies that support this conclusion. A study of women on AFDC in New Jersey (N=848) found that about 15 percent reported current physical abuse by an intimate partner. Nearly 13 percent (and nearly 40 percent of those current physical abuse victims) reported that their partner actively prevents their participation in education and training. A random sample (N=734) of the entire AFDC caseload of the state of Massachusetts found that nearly 20 percent of the women reported current physical violence by an intimate partner. Women who had been abused at one time or another in their adult life were 15 times more likely than their never abused counterparts to have a current partner who would not like them going to school or work. Another Massachusetts study (N=436), which included both homeless and housed female welfare recipients, found that nearly one-third (32 percent) of women had experienced severe violence from their current or most recent partner. Mental health problems (including post-traumatic stress disorder) were two to three times more prevalent in this sample than in the general female population. Finally, a random survey of women in a low-income Chicago neighborhood (N=824) conducted by Northwestern University researchers found that AFDC recipients experienced physical violence about three times more than their neighbours within the last year (31 percent vs. 12 percent).

These four studies consistently show a high percentage of women on AFDC currently embroiled in violent relationships and past victims of domestic violence. They also show that a high percentage of abused women reported interference from their intimate partners in the areas of education, training and work.

These studies suggest that many women on welfare may not comply with work or training requirements because they are prevented from doing so by either the direct actions of an abusive partner, or by the indirect effects of the abuse on their health and well-being. This view is supported by a study from the Taylor Institute (cited in Raphael and Lloyd, 1999) which reports that welfare-to-work program providers state that many of the men who move in and out of the lives of women on AFDC do not want their
partners to become independent, and often sabotage women’s efforts to train or to enter the work force.

* * *

In the Saskatchewan sample, only 6 percent of female respondents report being currently abused (emotionally, physically or sexually). Given the sensitive nature of the question, we can expect some under-reporting, but normally this would also be the case in the US studies mentioned above. Hence, the estimates available would lead us to conclude that relationship abuse might be as much as three times less frequent among the population of female Saskatchewan social assistance applicants studied than among female welfare recipients in some American states as illustrated in Table 2 below.

<table>
<thead>
<tr>
<th>Type of Abuse / Area</th>
<th>Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Physical Abuse (N.J.)</td>
<td>15%</td>
</tr>
<tr>
<td>Current Physical Abuse (Mass.)</td>
<td>20%</td>
</tr>
<tr>
<td>Current Abuse (Sask.)</td>
<td>6%</td>
</tr>
</tbody>
</table>

Some differences in the make up of the population on assistance in the US and Saskatchewan might explain the lower rate of abuse in our province. For instance, in the US, there is a far greater proportion of single parents on AFDC. The Saskatchewan program, on the other hand, is more mixed – single people, two parent families, childless couples, etc. Therefore, the proportion of those with stable partners (or married couples) is probably much higher than in the US welfare population.

**Substance Abuse**

In the American media, substance abuse is sometimes held to be widespread among welfare recipients (e.g., Califano, 1995). This claim is probably exaggerated. It remains that drug use and alcohol problems present barriers to a transition from welfare to work. Data from employment and training programs indicate that drug and alcohol problems
impede recipients’ labour market performance. Because substance abuse is a covert behaviour not always honestly reported in surveys, its true prevalence is unknown. Nevertheless, existing data suggest that the prevalence of drug use is higher among welfare recipients than in the general population.

Olson and Pavetti (1996) report that published estimates range from 7 percent to 37 percent. A 1992 national US survey on drug abuse indicated that nearly 16 percent of AFDC recipients were impaired by drugs or alcohol, twice the rate self-reported among non-AFDC recipients (cited in Jayakody et al. 1999). An Inspector General study of 25 state AFDC offices found substance abuse to be among the most frequently cited functional impairments preventing recipients from leaving welfare (cited in Jayakody et al. 1999). Drug dependence was also found to be a factor significantly associated with not working at least 20 hours a week in the study by Danziger et al. (1999). According to a Washington-based advocacy group, 65 percent of state and local welfare program directors surveyed said that drug and alcohol treatment services were extremely important in getting recipients to leave welfare, and another 34 percent considered it somewhat important (Legal Action Center, 1995).

Reporting on results from the most recent (1994-95) national US survey on drug abuse, Jayakody et al. (1999) found that 21 percent of welfare recipients use at least one illicit drug, compared to 13 percent of non-recipients. While the use of alcohol was slightly less prevalent among recipients than non-recipients (67 percent versus 70 percent), alcohol dependence among welfare mothers (9 percent) was significantly higher than among non-recipient mothers (5 percent).

* * *

Our Saskatchewan survey of welfare applicants provides information on the use and abuse of alcohol, improper use of prescription drugs, and use of illegal drugs. Table 3, below, summarizes the results obtained on substance abuse.

We can observe from this table that 16 percent of male respondents and 6 percent of female respondents may have a problem with alcohol. Another eight percent of respondents (often those with a disability) abuse prescription drugs and 5 percent of respondents are regularly using an illegal drug. However, only 8 percent of respondents feel that they have had a problem with alcohol or other drugs within the last year. In
addition, when asked if difficulties relating to alcohol or drugs are a problem with relation to getting or keeping a job, 95 percent said no and 5 percent said yes.

Table 3: Responses to Addiction-Related Questions (N=437)

<table>
<thead>
<tr>
<th>Question</th>
<th>Monthly or less often</th>
<th>Weekly or Daily*</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often respondent had five or more drinks <em>in one sitting</em> during the past year (Males only)?</td>
<td>84%</td>
<td>16%</td>
</tr>
<tr>
<td>How often respondent had four or more drinks <em>in one sitting</em> during the past year (Females only)?</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>How often respondent makes improper use of prescription drugs?</td>
<td>92%</td>
<td>8%</td>
</tr>
<tr>
<td>How often respondent uses of illegal drugs?</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Feeling a personal problem with alcohol/drugs in the last year?</td>
<td>8%</td>
<td>92%</td>
</tr>
</tbody>
</table>

*: Is assumed to indicate that the addiction problem is serious enough to present a potential barrier to employment.

The results available from Saskatchewan are very difficult to compare with the information gleaned from the American literature where alcohol abuse and illegal drug use are reported to be higher among welfare recipients than among non-recipients. Overall in our Saskatchewan survey we found that addiction problems are not common among respondents. Alcohol and drug abuse, as would be expected, is more common among males, and to a lesser degree, among younger females. While prescription drug abuse is more common among disabled respondents (who are more likely to have prescriptions) the total number of disabled respondents (N=25) in the sample is probably too small for this result to be meaningful. In general, very few respondents perceived
themselves as having problems with alcohol, or drugs, but aboriginal respondents are more likely to have this perception than non-aboriginal respondents.

**Housing Instability**

Housing instability can impede a successful transition from welfare to work and cause a continued reliance on, or a return to, social assistance. The cost of housing and the limited availability of adequate housing options in areas near job opportunities represent barriers to employment that are often overlooked. The exact nature of the relationship between housing instability and either welfare receipt or employment status is not well known. While it remains under-documented, it is safe to say that it is likely to be multifaceted - housing issues causing or enhancing problems with regard to other barriers in the areas of budgeting, transportation, child care, and health.

Housing instability highlights the role environmental factors play in a welfare recipient’s ability to make a successful transition from welfare to work. Homeless recipients may find it impossible to search for housing and sustain employment at the same time. Others, while having some form of accommodation, may be hampered by not having a telephone number or stable address where an employer can reach them. Still others may have living arrangements that are so demoralizing that they cannot keep up the motivation to sustain an ongoing job search (Olson and Pavetti, 1996).

Housing problems can be the cause or the result of other problems, such as domestic violence or substance abuse. Yet, one way or the other, not having stable or safe housing makes finding and keeping employment more difficult. The loss of a decent place to live can often contribute to the start of a downward spiral of negative life events that will further erode the recipient’s capacity to seek attachment to the labour market.

A study conducted by the Manpower Demonstration Research Corporation found that 48 percent of all enrollees faced a housing problem that interfered with their ability to attend the program (Quint et al., 1991). Other US estimates on the percentage of welfare population facing housing issues vary widely, from 5 percent to 72 percent, depending on the type of problems and the geographic locations (Johnson and Meckstroth, 1998).
Our survey of Saskatchewan welfare applicants provides interesting information regarding the housing situation of these individuals. For instance, 57 percent live in dwellings that need either minor or major repairs, not just routine maintenance. In comparison, if we take the figures of Statistics Canada’s 1996 Census for the Regina metropolitan area, we find that only 35 percent of dwellings are in need of minor or major repairs.

Also noteworthy, is the finding that about half the respondents (47 percent) report having moved in the past year. This is a very large proportion indicating considerable housing instability among social assistance applicants. We found that 18 percent of respondents had lived in 3 or more different places (i.e., moved at least twice) during the year. These respondents can certainly be considered as “housing unstable”.

When asked about the reasons for their move, 20 percent said it was too unaffordable. Ten percent answered that their place was too small and they needed something bigger, 9 percent cited the bad condition of their dwelling, and 61 percent mentioned other reasons. Probing further on the housing problems of respondents, we found that 52 percent of them reported having had to use money from their food budget to pay the rent. Twenty-eight percent thought that they will likely have to move within the next 3 months, and 20 percent say that they have not enough privacy where they live.

In spite of the widespread occurrence of problematic housing, the majority of welfare applicants in our survey (83 percent) do not consider their housing difficulties as something that would prevent them from seeking, obtaining or keeping employment. Only 17 percent report housing as a barrier to work, a proportion similar to that of those who moved twice or more in the last year (17 percent). Figure 1, below, attempts to compare estimates of housing instability.
Food Insecurity

The issue of food insecurity is not often mentioned in the literature on barriers to employment. There is one notable exception. In her study of families who left welfare, Loprest (1999) reported that a third of former recipient families have had to cut the size of or skip meals after leaving welfare because there was not enough money for food. Fifty-seven percent reported they often or sometimes worried that food would run out before getting money to buy more. About half reported that often or sometimes food did not last until the end of the month and they did not have money for more.

These food insecurity problems were more frequent among former welfare recipients than among other low-income families, even though former recipients were more likely to receive government benefits such as food stamps. This could indicate that the transition from welfare to work is a long process during which the recipients have to learn to budget in their new context. These findings also remind us that food insecurity problems, like housing problems, can play an important role in the inability of former recipients to keep a job for a long period of time after leaving welfare.

* * *
The survey of Saskatchewan social assistance applicants contained several questions relating to food insecurity. Pointing to three important results can summarize the information obtained. Firstly, 30 percent of respondents had problems with getting enough to eat once a month or more often, another 18 percent said this happened “a couple of times last year”. We know also from the analysis of the survey results that aboriginal respondents are more likely than non-aboriginal respondents to report a higher frequency of not having enough to eat at some point in the last year. Secondly, 22 percent of respondents said that they had used a food bank or soup kitchen in the past year. Thirdly, 20 percent of the respondents thought that their food problems were preventing them from finding and keeping work. These estimates are compared with the US results from Loprest (1999) in the Figure 2 below.

Figure 2: Comparison of Food Insecurity Estimates

The two central columns in this figure probably represent the two most comparable results (based on the wording of the questions). These results are also close and might thus provide some support for the idea that the levels of food insecurity among populations associated with welfare are similar in Saskatchewan and parts of the United States.
Low Education

The need to focus on the education and skills of recipients in any welfare-to-work initiative is self-evident. Pavetti (1997) has confirmed this by finding that welfare recipients who spend the least amount of time in the labour market are primarily recipients with low education and low skill levels. It is therefore not a surprise to find that over 60 percent of potential employers would consider it “very important” to receive assurances regarding the basic skills of job-seeking welfare recipients (Holzer, 1998).

It should be remembered, however, that for many recipients working is not an uncommon experience (Spalter-Roth, 1999), and there is little doubt they have a real desire to join the labour market. The problem is that, too often, the employment found is short-term and relatively unreliable (odd jobs). It is more than likely that this is related to the low levels of education and skills of recipients.

In their study, Danziger et al. (1999) found that a low level of education was one factor significantly associated with not working at least 20 hours a week. Using the US National Longitudinal Survey of Youth, Pavetti (1997) found the low education level and the skill deficit of welfare recipients to be quite striking as 45 percent of these women had not completed high school by age 27, compared to just 10 percent of women who never received welfare. In specific programs the situation can be much worse. Pavetti et al. (1996) report that 80 percent of the clients served by the Avance program were high school dropouts, and that 46 percent of recipients served by a Chicago-based employment and training center read below the 6th grade level.

* * *

In our survey of Saskatchewan welfare applicants, we found that 53 percent of them have no high school diploma. The proportion of those without a high school diploma is significantly higher among aboriginal respondents at 61 percent (versus 49 percent for non-aboriginal respondents)\(^\text{13}\). Moreover, we also know that the proportion of those without high school diplomas is as high as 73 percent when we consider all adult welfare recipients in Saskatchewan (instead of just our sample of applicants), and reaches 80 percent among aboriginal recipients in the province. The Figure 3, below, presents a comparison of the US and Saskatchewan estimates.
Based on this rough comparison, it seems that the problem of low educational attainment by social assistance applicants and recipients in Saskatchewan, while not as serious as in some specific American programs, might be generally more serious in our province than in the overall welfare population in the United States. This is a cause for concern as educational attainment can be expected to be related to the ability to find work. It is thus not surprisingly to find in our Saskatchewan survey that two-thirds of respondents report that lack of education and training is a barrier to work for them (especially for those aged 29 or less).

**Mental Health**

Few studies examine the prevalence of mental illness among welfare recipients, probably because mental health problems are not always easy to identify. It is, nevertheless, apparent that mental health barriers have an impact on the capacity of welfare recipients to move from welfare to work, and that mental health services are needed to help lower the barriers to self-sufficiency. Mental health problems may prevent recipients from
being able to undertake the tasks necessary to find employment, and develop the self-confidence to take on new challenges. Some may be able to find employment, but may not be able to sustain it over the long term (Olson and Pavetti, 1996).

Using a nationally representative sample, researchers from Penn State University found that single mothers on welfare are more likely to have a psychiatric disorder than other low-income, non-welfare mothers (Stauffer and Jayakody, 1998). The Penn State researchers found that 23 percent of the welfare recipients had one of the psychiatric disorders considered in the study compared with 17 percent of the non-welfare recipients.\(^\text{14}\)

The findings support the increasingly widely held view that welfare recipients have higher rates of psychiatric disorders than non-recipients.\(^\text{15}\) Other researchers (Olson and Pavetti, 1996) have also documented high levels of depressive symptoms among recipients. Moreover, many welfare mothers experience severe trauma (e.g., rape or domestic violence) that put them at high risk for post-traumatic stress disorder.

Whether mental health problems are a cause or a consequence of welfare receipt, it remains that a portion of the current caseload experiences them. In the opinion of Stauffer and Jayakody, this fact calls for a greater attention to mental health problems, which may be significant in preventing the transition of some women from welfare to the work force. Hence, the provision of mental health services may be an important component of successful programs that move recipients from welfare to work.

\* \* \*

The survey of social assistance applicants in Saskatchewan did not include an extensive set of health-related questions. However, it did ask the respondents if they have “any long-term mental health conditions diagnosed by a health professional that have lasted or are expected to last 6 months or more” and found that 9 percent answered yes. This is considerably less than what is reported by Stauffer and Jayakody (1998) and the proportion in Saskatchewan is even lower (7 percent) when only women respondents are considered. On the other hand, the presence of emotional problems (such as feeling anxious, depressed, or irritable) is fairly high in our Saskatchewan sample, standing at 41 percent\(^\text{16}\). We do not have, however, comparable data from the US. These results are illustrated in Table 4 below.
Table 4: Comparison of Mental Health Estimates

<table>
<thead>
<tr>
<th>Type of Problems / Area</th>
<th>Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Psychiatric Disorders (U.S. women only)</td>
<td>23%</td>
</tr>
<tr>
<td>Long-Term Mental Health (Mass.)</td>
<td>9%</td>
</tr>
<tr>
<td>Emotional Problems (Sask.)</td>
<td>41%</td>
</tr>
</tbody>
</table>

**Discrimination and Harassment**

Having experienced several episodes of discrimination or harassment in previous workplaces, or simply perceiving potential workplaces as sites of discrimination or harassment, can impact negatively on the desire and the efforts of some welfare recipients to join or re-join the labour market. The perception of workplaces as sites of discrimination is in some cases well founded. For instance, in their study of Chicago-area businesses, Kirschenman and Neckerman (1991) found that employers held stereotypical racial views of inner-city workers (especially black men) and that race played an important role in hiring decisions.

In their study of barriers to the employment of welfare recipients, Danziger et al. (1999) found that about half the recipients reported experiencing at least one instance of discrimination, and 14 percent reported four or more instances of these problems in their prior work experiences. In this study, perceiving four or more instances of workplace discrimination was one of the variables negatively and significantly associated with working at least 20 hours a week.

The literature also shows that African-Americans are less likely to receive job offers than are whites with comparable credentials (Turner et al. 1991); that employers stereotype African-American women as single mothers who are unreliable workers due to their family responsibilities (Kennelly, 1995); and that, in a Los Angeles study, almost half of all African-American women report experiencing race-based workplace discrimination (Bobo, 1995).
In the Saskatchewan context, the survey found that 20 percent of social assistance applicants report at least one experience of job-related discrimination, defined here as having been refused hiring or an interview because of ancestry, cultural background, gender or disability. Overall, this is clearly less than what was found in the US by Danziger et al. (1999). However, the Saskatchewan situation gets worse when aboriginal applicants are considered alone. A third of them (34 percent) have reported having experienced job-related discrimination, compared to only 15 percent among their non-native counterpart in the province. This difference is significant and a cause for concern\textsuperscript{17}. Figure 4 illustrates the comparison between those discrimination estimates.

![Figure 4: Comparison of Discrimination Estimates](image)

### Multiple Barriers

Since each of the barriers previously mentioned can present a potential challenge to recipients trying to move from welfare to work, it is easy to understand that the presence of multiple barriers is therefore very problematic:

*Lack of a high school diploma by itself does not constitute a rigid barrier to employment, but an employer might be less willing to hire a high school dropout who also lacks work skills, has transportation problems, and is depressed* (Danziger et al., 1999).
In the US, a sizable portion of the welfare population is believed to be in the situation where it has not just one but two or more concurrent barriers to employment. This portion represents those who have the greatest difficulty making the transition from welfare to work.

While Olson and Pavetti (1996) found that most recipients had only one barrier, Danziger et al. (1999) found that 15 percent of their respondents had no barriers and that 21 percent had just one barrier. Multiple barriers were common in Danziger’s study as 37 percent of respondents had two or three barriers, 24 percent had four to six barriers, and 3 percent had seven or more barriers. The number of barriers was strongly and negatively associated with employment status.

Among welfare recipients with multiple barriers, having low basic skills is the most common barrier to occur in conjunction with another barrier (Olson and Pavetti, 1996). Several other commonly co-occurring barriers are mental illness, housing instability, domestic violence and drug abuse.

* * *

In the Saskatchewan context, the survey found that 25 percent of social assistance applicants have no barrier, that 28 percent have only one barrier, that 34 percent have two or three barriers, and that 13 percent have four or more barriers. Hence, when comparing the US study of Danziger et al. (1999) with the Saskatchewan survey (Figure 5), it seems that the proportion of multiple barrier individuals is lower in our sample of Saskatchewan welfare applicants (47 percent) than in the population studied by the American researchers (64 percent).
Contrary to what was found in the study of Olson and Pavetti (1996), the Saskatchewan survey found transportation (rather than low basic skills) to be the barrier to co-occur most often with another barrier. For instance, 16 percent of applicants have transportation and training problems, 13 percent have transportation and food security issues, and 11 percent have transportation and housing difficulties.
CONCLUSION

In conclusion, we would like first to summarize the main findings of our comparison exercise. Second, we would like to say a few words with regard to methodology and limitations in such a study. Third, we must to point to some implications of what we have learned for social administration practices. Finally, we will end by asking if we should re-think the general approach taken in welfare-to-work program, at least in the case of individuals facing multiple barriers.

Comparison

The results indicate some broad similarities across the different surveys and different jurisdictions. Not surprisingly, lack of education or training is perhaps the most frequent barrier faced by welfare recipients. Within population sub-groups, this problem may be even greater. While just over 50 percent of the Saskatchewan sample had less than a grade 12 education, 60 percent of aboriginal people in the sample had incomplete high school. In many instances, the incidence of barriers among aboriginal welfare applicants was close to patterns found in the US surveys, where visible minority groups also dominate caseloads.

Lack of transportation, poor housing, and food insecurity also are significant problems. Forty to fifty percent of welfare recipients report experiencing at least one of these barriers. Less common is the incidence of personal problems, domestic violence, and alcohol and drug addictions. While use of intoxicants may be higher than in the general population, the survey research indicates that alcohol and drug use is less prevalent than common stereotypes of welfare recipients may suggest.

Generally the incidence of specific barriers in Saskatchewan was lower than in comparable US studies. It is difficult to separate the causes of these differences into that which are due to methodological variations among the studies (sampling method, interview technique, question wording, etc.) and that due to real differences in the welfare populations. Certainly there are reasons to believe that welfare recipients in Canada are less disadvantaged in many respects than in many States. There is better access to public
health care, welfare rates are higher relative to average earnings, and rules of eligibility are, for the most part, more liberal in the provinces.

Another way of looking at the relative condition of different groups is to compare the average number of barriers that people have. One quarter of the Saskatchewan sample had no identified barrier to employment. This is a higher proportion than in the US surveys where 15 percent of recipients were judged as not having any barriers. These people are probably in a period of temporary unemployment and do not require much in the way of service to get them in the labour force. About half the sample have just one or two barriers in the Saskatchewan study. These people may require minimal case management services to help resolve the particular barriers they have. Danziger et al. (1999) have shown that the existence of one or two barriers, unless very severe, do not necessarily prevent welfare recipients from working. More problematic, as discussed further below, are the remaining 25 percent with three or more barriers. These are the more hard to serve people, whose situation requires more intensive case management and support. Realistically, employment for these people is not likely in the short term.

Methodology and Limitations
It is only recently that survey methods have been employed to study people and their experiences on and off welfare. Much of the impetus for this comes from a growing need for accountability, particularly in a period of ideological and program change in the field of welfare. Welfare recipients are generally considered a hard to reach population. As evidenced in this study, large numbers of people had no telephones, and there was a high degree of mobility within the population. In the Saskatchewan sample, one might speculate that the bias created by those without phones is to overstate the incidence of barriers found in the sample. Those without phones tended to be young, single, and male. This is a group that tends to be very mobile and does not stay on social assistance for long periods. While educational levels are not high amongst these people, employment tends to be casual and cyclical. Many find labour and construction and jobs, where employment demand is strongest in the spring and summer, and declines in the winter months. Given the methodological difficulties in carrying out these studies, it is reasonable to ask whether they are worth doing, and how much stock one should place in
the results. Our answer would be much the same as Roach and Berdahl (1999: 106) who write of an Alberta experience “Gathering limited information about hard-to-reach populations is better than avoiding these populations altogether, provided the limitations of the research are acknowledged.”

**Implications for Social Administration Practices**

The surveys of social assistance recipients are important to inform policy makers and program administrators about the challenges they face in moving people from welfare to work. As governments and agencies adopt a *work first* approach to welfare recipients, it is necessary to understand the population of people affected. Periodic analysis of characteristics and barriers of welfare recipients can help to ensure that public programs are responsive to the conditions of people they are designed to serve.

However, acquiring this knowledge is only a starting point. From there, program administrators wanting to work on lowering barriers will be faced with a series of challenges. One of these challenges will be to address assessment issues. Identifying which client has what barriers will be a difficult and probably a costly endeavor. Considering the variety of potential problems, the use of comprehensive and holistic screening and assessment tools should probably be preferred to that of a battery of problem-specific instruments. Even with the best and simplest tools, there is no question that staff training will need to be improved considerably to perform the assessments. This will represent a major adjustment for the employees involved, as the culture of the office will be seriously affected.

Lowering the barriers to employment is also likely to necessitate the reinforcement of the trust relationship between clients and staffs. This can hardly happen if the turnover of staff is high and the same workers do not continuously serve the same clients. Similarly, the current caseload size is probably too high to provide the attention needed by clients with multiple barriers. Serving these people would probably require a return to the true principle of case management. That is, a return to case workers being able to gain the confidence of the client and gaining sufficient insight into their problems to take appropriate measures. But, as recently noted by the OEDC (1999), there is a tendency in Canada to load too many cases on each worker. This results in very
infrequent contacts that are not in the spirit of case management and it means that little real support is given to increasingly isolated clients.

Assuming the assessment issues have been satisfactorily dealt with, the next challenges will be in the area of service delivery. What would be the point of finding out who has what barrier, if the intention is not to follow this identification phase with some form of intervention? What needs to be known, then, is whether the services needed exists or not and, if they are available, who does or should provide them. This will mean that administrators will have to enter into the murky debate about the pros and cons of offering service “in-house,” versus contracting them out, or offering them in partnership with community-based agencies. In this regard, it is likely that no single strategy will work equally well for all types of barriers, hence a flexible combined delivery model should be considered. Finally, even in the case of a success (when a client has found employment), there are good indications that point to the need of providing some continuing job retention support to the former recipient.

**Work First or Life First Approach to Welfare-to-Work?**

In a recent British study of welfare-to-work for people with multiple problems and need, Dean and MacNeil (2002) emphasized the importance for clients to be allowed the space in which to sort out their lives. What they needed, the authors concluded, “[…] was a life first approach to welfare-to-work; a holistic approach that would prioritize their life needs, including their need to work.” We share this conclusion and agree with its corollary – the need for available, long-term, flexible support services for people with multiple barriers. For many of them, intensive and long-term services are needed if long-term, stable employment is the desired outcome. Without appropriate and well-managed support services, any employment gains risk to be short-lived. Hence, while it can be argued that a simple work first approach is possible with individuals with relatively few barriers (other than low education and lack of job experience), it is unlikely to be effective with multi-barriers clients. Those have the least likelihood of finding and keeping employment without considerable support related to the life challenges they face.
## APPENDIX - I

### Summary Table:
Estimates of Welfare Clients Facing Barriers to Employment

<table>
<thead>
<tr>
<th>Category</th>
<th>US (AFDC)</th>
<th>Sask. (SAP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clients with Child Care Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>60%</td>
<td>48%</td>
</tr>
<tr>
<td>Lowest</td>
<td>11%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Clients with Transportation Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Lowest</td>
<td>12%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Clients Victims of Current Physical Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>32%</td>
<td>6%</td>
</tr>
<tr>
<td>Lowest</td>
<td>15%</td>
<td>*</td>
</tr>
<tr>
<td><strong>Clients with Potential Alcohol or Drug Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>16% (alcohol/drugs)</td>
<td>16% (alcohol)</td>
</tr>
<tr>
<td>Lowest</td>
<td>9% (alcohol)</td>
<td>6% (alcohol)</td>
</tr>
<tr>
<td><strong>Clients with Housing Instability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>72%</td>
<td>47%</td>
</tr>
<tr>
<td>Lowest</td>
<td>5%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Clients with Food Insecurity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Lowest</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Clients with No High School Diploma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Lowest</td>
<td>45%</td>
<td>49%</td>
</tr>
<tr>
<td><strong>Clients Suffering from Psychiatric Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>23%</td>
<td>9%</td>
</tr>
<tr>
<td>Lowest</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td><strong>Clients Experiencing Discrimination</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>50%</td>
<td>34%</td>
</tr>
<tr>
<td>Lowest</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Clients Facing Two or More Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highest</td>
<td>64%</td>
<td>47%</td>
</tr>
<tr>
<td>Lowest</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

Notes: * Only one estimate is reported. Estimates are very sensitive to the definitions used and populations studied. This synoptic table presents the highest and lowest estimates reported in the U.S. literature consulted and in the Saskatchewan survey.
## APPENDIX – II

### Summary of Major Barrier Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Type of study</th>
<th>Population</th>
<th>Sample characteristics</th>
<th>Main barrier(s) discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danziger et al. 1999</td>
<td>Survey with in-person interviews lasting about one hour each</td>
<td>Formed of 8,875 single mother on welfare residing in a Michigan County</td>
<td>Random sample (N=753) of single mothers on welfare from that Michigan County</td>
<td>Education, Discrimination, Transportation, Mental &amp; Physical Health, Domestic Violence</td>
</tr>
<tr>
<td>Edin and Lein 1997</td>
<td>Study of welfare mothers</td>
<td>Welfare mothers in selected cities</td>
<td></td>
<td>Child Care, Transportation</td>
</tr>
<tr>
<td>Herr et al. 1995</td>
<td>A case study of a post-employment services initiative</td>
<td>The Portland, Oregon, JOBS Employment Retention Initiative</td>
<td>119 AFDC recipients who found jobs</td>
<td>Child Care</td>
</tr>
<tr>
<td>Holzer 1998</td>
<td>20-minutes telephone survey in 3 large metropolitan areas</td>
<td>Michigan employers</td>
<td>900 employers in Michigan drawn from a stratified sample</td>
<td>Transportation, Education, Addiction, Child Care</td>
</tr>
<tr>
<td>Jayakody et al. 1999</td>
<td>Analysis of data from the National Household Survey of Drug Abuse</td>
<td>US cross-section of civilian, non-institutionalized population older than 11 years of age</td>
<td>2,728 single mother</td>
<td>Substance Abuse, Mental Health</td>
</tr>
<tr>
<td>Kirschenman and Neckerman 1991</td>
<td>Survey of employers based on face-to-face interviews</td>
<td>Employers in the Chicago area</td>
<td>A sample of 185 employers that is representative of the distribution of employment by industry and firm size</td>
<td>Discrimination</td>
</tr>
<tr>
<td>Kisker and Ross 1997</td>
<td>National Child Care Survey (U.S.)</td>
<td>Poor Parents</td>
<td></td>
<td>Child Care</td>
</tr>
<tr>
<td>Legal Action Center 1997</td>
<td>Analysis of State survey data and a survey of local welfare program directors</td>
<td>Welfare caseloads in Oklahoma, North Carolina, Kansas and Oregon</td>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Study</td>
<td>Methodology</td>
<td>Population</td>
<td>Sample Size</td>
<td>Research Areas</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Loprest 1999</td>
<td>National Survey of America’s Families (NSAF)</td>
<td>American families who left welfare (“leavers”)</td>
<td>Nationally representative sample of families who have left welfare (1,289 “leavers”).</td>
<td>Child Care, Transportation, Food Insecurity</td>
</tr>
<tr>
<td>Olson and Pavetti 1996</td>
<td>Multi-methodologies and reviews of other studies. Analysis of data from the NLSY 1991</td>
<td>Welfare recipients</td>
<td></td>
<td>Physical disabilities, Mental Health, Substance Abuse, Domestic Violence, Housing, Education, etc.</td>
</tr>
<tr>
<td>Pavetti 1997</td>
<td>Analysis of longitudinal data from the NLSY</td>
<td>Welfare recipients and non-recipients</td>
<td>N=2,044 women (511 recipients and 1,533 non-recipients)</td>
<td>Education and Basic Skills</td>
</tr>
<tr>
<td>Pavetti et al. 1996</td>
<td>Analysis based on eight case studies of JOBS-type of welfare-to-work program</td>
<td></td>
<td></td>
<td>Learning Disabilities, Substance Abuse, Domestic Violence, Physical &amp; Mental Health, etc.</td>
</tr>
<tr>
<td>Quint et al. 1991</td>
<td>Survey of New Chance Demonstration Project (a large-scale, rigorous evaluation)</td>
<td>Female welfare recipients (young mothers) from 15 sites across 10 States in the U.S.</td>
<td></td>
<td>Child Care, Housing</td>
</tr>
<tr>
<td>Raphael and Lloyd 1999</td>
<td>Analysis of three different projects that used face-to-face interviews, program data and a randomized survey</td>
<td>Female recipients, program providers, and households</td>
<td>Female recipients in Chicago (N=30), Program provider (N=?), Random sample of 824 households in Chicago</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Study</td>
<td>Title</td>
<td>Methodology</td>
<td>Population</td>
<td>Findings</td>
</tr>
<tr>
<td>-------</td>
<td>-------</td>
<td>-------------</td>
<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Spalter-Roth 1999</td>
<td>Analysis of data from the Census Bureau’s Survey of Income and Program Participation</td>
<td>AFDC single mother recipients (about 2.8 million women)</td>
<td>Nationally-representative US sample of single welfare mothers (N=1,181)</td>
<td>Education</td>
</tr>
<tr>
<td>Smith 1995</td>
<td>Illinois Department of Public Aid Survey</td>
<td>Welfare Recipients in Illinois</td>
<td></td>
<td>Child Care</td>
</tr>
<tr>
<td>Stauffer and Jayakody 1998</td>
<td>Analysis of data from the National Household Survey of Drug Abuse</td>
<td>Single mother with low income</td>
<td>Nationally representative sample of 2,609 single mothers</td>
<td>Mental Health</td>
</tr>
<tr>
<td>US GAO 1997</td>
<td>Review of databases in 38 States</td>
<td>Participants in Welfare-to-work Program</td>
<td></td>
<td>Child Care</td>
</tr>
<tr>
<td>Welfare Research Group (Univ. of Connecticut School of Social Work) 1997</td>
<td>Multi-methodologies (focus groups and survey research)</td>
<td>Welfare recipients in the state of Connecticut participating in the Jobs First program</td>
<td>339 AFDC recipients participated (249 in the focus groups and 150 in the survey)</td>
<td>Education, transportation, and other barriers</td>
</tr>
</tbody>
</table>
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NOTES

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1 In simple terms, employability is about being capable of getting and keeping fulfilling work. More comprehensively, employability is the capacity to move self-sufficiently within the labour market to realize potential through sustainable employment. For individual, employability depends on the knowledge, skills and attitudes they possess, the way they use those assets and present them to employers and the context (e.g., personal circumstance and labour market environment) within which they seek work (Hillage & Pollard, 1998).

2 In the United States, for instance, 95 percent of welfare recipients are women and 78 percent are single parents. In comparison, in a province like Saskatchewan, only about 55 percent of social assistance recipients are women and 25 percent are single parents.

3 For instance, the unemployment rate in the United States during the 1990s varied between a high of 7.4% in 1992 and a low of 4.2% in 1999. In comparison, the unemployment rate in Canada was 3 to 4 percentage points higher during that decade, ranging from a high of 11.4% in 1993 to a low of 7.6% in 1999. Similarly, the average annual rate of GDP growth in Canada during the 1990s stood at around 4%, compared to nearly 6% in the United States.

4 Regina is primarily an urban region, dominated by the city of Regina (population 185,000). Yorkton is a mixed small town and rural area. The town of Yorkton has a population of around 18,000 people.

5 It should not be assumed, however, that all respondents are first-time applicants to the social assistance program. In fact, about 70% of them have been involved in the program (at least for one month) at some point between 1995 and 2000.

6 In order to be able to make comparisons between findings here and elsewhere, the specific wordings of the items was kept as similar as possible.

7 The theoretical margin of error for this survey is approximately +/- 4.8%.

8 The difference (11% vs. 5%) is significant at the 0.05 level as the Chi-Square value is 7.32 with 2 degrees of freedom. Similarly, Creamer’s “V” = 0.13 (p<0.05). Note that Creamer’s “V” is a simple measure of association ranging from 0 to 1, with higher values representing stronger associations. It can be used for any size of contingency table.

9 This difference is statistically significant at the 0.01 level as the Chi-Square value is 10.42 with 2 degrees of freedom. Similarly, Creamer’s “V” = 0.15 (p<0.01).

10 We are following here the opinions of addiction experts and are using Statistics Canada definition of “binge drinking.” That is, having five or more drinks in one sitting for males (four or more drinks for females). Binge drinking is considered to be indicative of a potential drinking problem, regardless of whether this is occurring daily or just once a week.

11 Minor repairs include things like missing or loose bricks, broken steps, window or railing, etc. Major repairs include plumbing, electrical wires, structural repairs, etc. We used the standard categories and definitions of Statistics Canada Census and housing surveys.

12 This relationship is statistically significant at the 0.05 level as the Chi-Square value is 13.79 with 3 degrees of freedom. Similarly, Creamer’s “V” = 0.18 (p<0.05).

13 This difference is small but statistically significant at the 0.05 level as the Chi-Square value is 5.43 with 1 degree of freedom. Similarly, Creamer’s “V” = 0.11 (p<0.05).

14 The four disorders were major depression, generalized anxiety disorder, panic disorder and agoraphobia. These findings actually underestimate the presence of psychiatric disorders since the full battery of possible mental health problems was not considered.

15 In the US, mental health problems among welfare recipients seem to often co-occur with substance abuse issues (Jayakody, Danziger and Pollack, 1999).

16 This finding should not be regarded with much surprise considering the difficulties that welfare applicants can face.

17 This difference is statistically significant at the 0.001 level as the Chi-Square value is 19.83 with 1 degree of freedom. Similarly, Creamer’s “V” = 0.22 (p<0.001).