This briefing book provides an introduction to safety net programs in the United States. World Bank employees and clients may find U.S. examples useful in their work with other countries. The book is arranged into eight chapters. The first three chapters cover the nature of the basic programs, the problems—especially poverty—that they are intended to alleviate, and major recent changes. The next three chapters focus on program administration, management, and implementation, discussing many of the detailed realities of how programs actually operate: These three chapters blend together facts and tools—what are the tools, how did they evolve, how are they used, what are the challenges, what works and what doesn’t, and under what circumstances. These are the issues which World Bank employees have to deal with regularly as they assist other nations to develop policies and programs. The seventh chapter focuses on the role of monitoring, performance measurement, and evaluation in helping to shape and manage programs. The last chapter is a chance to discuss the future of the welfare policy in US.

The rest of this briefing book is arranged by chapter. Each chapter includes a brief introduction or overview, followed by a list of suggested readings. Sometimes several subheads appear together before we give any readings—in most of these cases the readings that follow cover all of the issues in the preceding subheads—we thought it was easier that way than repeating the same reading several times. It also occasionally happens that readings for earlier chapters cover material that we have put in later chapters. We do not usually repeat the reading in these cases, assuming that you will remember from one chapter to the next.

After the list for each chapter come the actual readings that are not available on the web, which we have reproduced in both hard copy and as PDFs. They are available in the course binder provided to course participants. For readings that can be downloaded from the web, we have provided only web addresses (URLs). We don’t expect everyone taking the course to read everything we have provided or referenced, but it will be helpful especially for the first three chapters if people have skimmed the basic readings, as we would rather not spend the few hours we have in class describing the absolute basics of U.S. safety net programs.

The eight chapters are:

Chapter 1: Basic descriptions and historical perspective on the major U.S. safety net programs, covering cash assistance, workforce development, health care, and food and housing assistance.

Chapter 2: Poverty, levels and trends, relation to program eligibility, populations at risk, effects of changes in the costs of housing and other necessities on economic hardship, relation of official "poverty level" to ability to afford necessities.

Chapter 3: Recent changes in the major safety net programs, including the shift from entitlements to time-limited programs (AFDC to TANF), exclusion of certain categories of people (e.g., immigrants), efforts to cover other categories of people (e.g., children for health care), and more gradual shifts in coverage and emphasis.

Chapter 4: Implementation I—Who do the programs serve and who are left out, what has been happening to caseloads, how do people get into the programs (the eligibility determination process), outreach and finding eligible who are not participating.

Chapter 5: Implementation II—Benefits and service delivery mechanisms, services and systems integration, reaching and assisting the hardest-to-serve, demonstration efforts including some for
special populations that are often forgotten (e.g., poor non-custodial fathers, people with limited English).

Chapter 6: Implementation III—Administration and institutions; federalism and the changing roles of state and national governments in providing services and funding programs; block grant and other funds distribution mechanisms; how government agencies arrange for service delivery, including doing it themselves, contracting out to nonprofits and for-profits, managing contracts to assure performance standards are met.

Chapter 7: Performance measurement and evaluation are important tools for program managers and fund providers. This chapter will discuss mechanisms for tracking agency performance and client outcomes, progress in getting a program up and running and keeping it on the right track, and obtaining information on outcomes that can be used to support continued support for programs that work and reshaping and redirection for programs that are not fulfilling their promise.

Chapter 8: Future directions and challenges will be the focus of the last chapter. For the United States, fiscal constraints, federalism, community capacity to deliver programs, and cross-jurisdictional equity are major issues. We hope the discussion will include discussion of conditions and challenges in other countries, and analysis of how the United States experience may be helpful (or irrelevant) to developing countries.

References
1. **Historic Perspective**

The U.S. social and economic safety net has evolved over nearly a century, through government policies, related mainly to three general areas: (1) providing basic financial security, (2) protecting vulnerable populations, and (3) promoting equality of opportunity. This session describes the range and scope of the safety net, the major social programs, and philosophic underpinnings of various policies, all within an historic perspective of political, cultural, demographic, and economic changes in the twentieth century.

**Scope:** There is no consensus on the scope of social policy and, therefore, the social safety net. Some feel that all income and tax benefits to individuals that are related to income, assets, or wealth are in fact part of the social safety net (e.g., home mortgage tax incentives, retirement benefits under Social Security, and labor laws governing wages and working conditions). To others, the concept of social safety net refers to policies targeted on low-income or poor populations (e.g., public assistance or welfare, child protection and child welfare, emergency services, compensatory education and job training, public housing assistance). Thus, some policies are universal in nature, meaning they have are available to the entire population regardless of income, while others are “means-tested” meaning that they are targeted to those with some specific need or those below a certain income level. This course focuses mainly on means-tested policies for those with low incomes, but the programs and policies are placed within the broader social and economic policy context for the entire population.

**Historic Highlights.** The foundations of the modern U.S. safety net began during the New Deal administration of President Franklin D. Roosevelt in the 1930s, during which legislation established Aid to Families with Dependent Children (AFDC—1935) and housing assistance (1937). Neither of these programs was conceived as “poor relief” at the time of their passage. AFDC was intended, in an era where women were expected to stay home and raise children, to help them do so when their husbands had died or otherwise left. Housing assistance, which was initially justified in part as a public employment program to produce the housing, took the form of public housing (social housing, in European terminology), for which the subsidy occurred in production to keep rents low enough for poor working people to pay. To qualify, households had to meet an income floor high enough to pay the rent.

These programs expanded and changed and new programs were added in the post-World War II period. The Kennedy and Johnson administrations in the 1960s added food stamps as a pilot program in 1961 and codified it into law in 1964; however, the requirement that families’ buy their food stamps kept the program small. Recognition of widespread poverty, and the perception that it was hurting the nation’s well-being, prompted passage of the War on Poverty and Great Society programs. 1965 was a watershed year that saw creation of Medicaid, the nation’s chief health insurance program for the poor, along with Medicare and changes in Social Security that greatly reduced poverty and health risk among elderly citizens. Federal programs supplying or subsidizing child care, social services, education, and job training all were enacted in their earliest forms during the 1960s and 1970s.

During the 1970s and thereafter, the main public assistance programs for the poor—AFDC, food stamps, and Medicaid—grew and changed as the categories of people “entitled” to benefits expanded and increasing proportions of entitled people received them. For instance, recognizing that many poor households who would otherwise be eligible for food stamps did not use the program because they could not afford to purchase the stamps, 1977 legislation changed the food stamp program into more or less its present form by eliminating the purchase requirement, and thus opened the program to greatly expanded enrollment. The 1970s also saw the greatest expansion and change in housing assistance, both in terms of number of households covered and in terms of assistance mechanisms. Income floors were eliminated, and various forms of certificates and vouchers for housing creation or rental replaced investing in housing owned and operated by public housing authorities.

“Last resort” public programs such as child welfare (e.g., protection of children abused or neglected or at risk of abuse or neglect, out-of-family placement) and emergency and crisis services (e.g., for homeless people and those with serious mental illness or substance abuse problems) have not followed a steady
path of development. However, each in its own way has seen periods of increased federal attention and investment beginning in the 1960s.

Cultural, political, economic, and demographic factors in these decades that greatly influenced the nature of the policies, include:

- A rapid increase in women’s labor force participation;
- Increases in the number of single-parent families, divorce rates, and non-marital childbearing;
- The Civil Rights movement and expansion of non-discrimination laws;
- Increased immigration in the last quarter of the century;
- Increased educational attainment for the population as a whole;
- Structural changes in the US economy, from a strong manufacturing base in the immediate post-war era to a decline in manufacturing and a shift towards the services and technology after 1975 (the topic of the next session in this course);
- Geographic and spatial shifts in residential patterns, with high concentrations of persistently poor persons in economically declining old industrial inner cities, and new employment and middle-income populations in suburban areas (also covered in the next session);
- Double-digit inflation in the late 1970s, plus other factors, keyed off escalating housing costs, which still continue to rise seemingly without regard to economic cycles. Housing cost increases have changed the distribution of household expenses, with the greatest impact on poor households who are forced to spend increasing proportions of their income for housing, without being entitled to any subsidy to offset their outlays.

Among the more significant policy developments after the mid-1970s were: (1) the AFDC program (enacted in 1935 to provide aid to widows and their children and allow these widows to stay home and care for their young children), increased exponentially and by the 1960s consisted mainly of single women (divorced or never married) and their children; (2) gradual stagnation of federal government funding for anti-poverty programs and compensatory programs; (3) political and popular support for allowing poor women to stay home with their children deteriorated as more and more mothers in the general population were working; and (4) shifts in approaches to housing assistance from place-based (which included housing creation) to tenant-based.

These trends, among others, have produced increasing income and wealth inequalities over time, partly resulting from the growing disparity in education levels and the associated gap in wages based on education. A major accomplishment of the Great Society policies was that the “face” of U.S. poverty changed—programs and benefits for aged or retired people (Medicare, Social Security, and subsidized public housing) practically eliminated poverty among the elderly, while children, especially those in female-headed households and ethnic minorities—became and remain the largest poor group.

Welfare Reform. Welfare reform policies in the US have occurred at various times since the enactment of the AFDC program in 1935. AFDC was an “entitlement” program, meaning any family that met the established criteria (mainly based on low income) received assistance. In the 1950s and 1960s, national welfare reforms federalized some eligibility criteria to make policies consistent across states, and the federal government assumed much of the cost of benefits and related social services. Reforms in the 1960s added both financial and non-financial incentives to encourage welfare recipients to work—education and training, child care services, and earned income incentives were implemented. The first work requirements were added in the 1970s (for mothers with no pre-school age children) as was the Earned Income Tax Credit was enacted as part of the nation’s income tax system. Both were intended to emphasize the importance of work and reward working. During the 1980s, led by the Ronald Reagan administration, work requirements and sanctions for not complying were strengthened, including provisions that allowed states for the first time to require welfare recipients to work in exchange for their welfare check (i.e., “workfare”).

The work and work requirement programs in the 1980s and early 1990s were precursors to the first major welfare reform legislation, enacted in 1996, that ended the 60 year old AFDC program and replaced it with the Temporary Assistance for Needy Families (TANF). Unlike AFDC, TANF is time-limited (five
years in a lifetime), meaning it is not a pure entitlement program, and it is a block grant, meaning the federal government funds are capped at the established block grant funding level (rather than the open-ended funds for pure entitlements as under AFDC). The changes introduced with TANF have had major effects on the social safety net: no longer are poor families with children guaranteed public assistance, and work—not welfare—is considered the core of the safety net. This emphasis and the practices established to support it raise anew many critical concerns about the changes in the industrial structure of the U.S. economy, the nature of work, balance of work and family responsibilities, and work-based employee benefits such as health insurance, education and tuition assistance, and retirement plans.

In a real sense, the policy deliberations regarding the U.S. social safety net at the beginning of the 21st century are focusing on work as a way out of poverty for those who can work, social services and income support for those who cannot work, and emergency and crisis intervention for those at risk of harm or victims of neglect and abuse. At the same time, housing assistance has not kept pace, either with past practice or growing need. Major recent changes are the focus of Session 3.

Historic perspective

a. The major means-tested programs, both entitlements and other


b. Evolution of the social contract in the U.S., from the New Deal to the War on Poverty to Reagan cuts to welfare reform


c. Political theories underlying policy, assumptions and ideological positions
   i. Role of and expectations for working
   ii. Suspicion of poor, deserving and undeserving poor
   iii. Horatio Alger and low investment in poor children’s education and life chances
   iv. Concern about fraud and abuse


d. Other factors influencing changing policy
   i. Changing role of women, participation in workforce

   ii. Race, Concentration of Poor, Urban Underclass


iii. Abandonment of minimum wage as reasonable percentage of working class wages


iv. Immigration

v. Marriage, Families & Fathers
2. Poverty

Among the primary objectives of social safety net policy in the United States are alleviating poverty, assisting individuals who are in poverty, and compensating for disadvantages that result from poverty. Therefore, this session provides an introduction to understanding poverty in the United States, including the various definitions of poverty, poverty measures, and key trends in recent years. Of particular importance are (1) childhood poverty and the feminization of poverty, (2) issues related to the working poor, and (3) spatial poverty patterns (including concentrated poverty, urban poverty and the underclass).

**Poverty rates and measures.** The official poverty measure in the US uses a definition of poverty developed in the 1960s. It assumes, based on studies conducted in the early 1960s, that food purchases account for about one-third of household expenditures, and calculates the cost of a “hypothetical,” very basic, basket of food for a month for a typical family of a certain size. It then multiplies this cost by three to determine the poverty level. The income threshold varies by age, number of persons in the household, and number of children. For example, the 2002 poverty income threshold for a family of four that includes two children was $18,244. There are several alternative measures that analysts use, and dialogue continues about the tradeoffs of different measures and whether the official measure should be redefined. Two primary difficulties with the official way of calculating poverty are the inappropriateness of the “one-third of income goes to food” assumption in the face of rising housing and child care costs, and the reality that households continue to experience economic hardship (having to make tradeoffs between paying for housing, food, medications, and health care) until their income reaches about 150 percent of poverty or higher.

In September each year, the federal Bureau of the Census within the U.S. Department of Commerce releases updated official poverty statistics for the prior year. In the 1950s about 25 percent of the U. S. population lived in households with income below the official poverty income threshold. The poverty rate dropped steadily through the 1960s, due in significant measure to the effects on poverty among the elderly brought about by changes in Social Security payments and the creation of Medicare and Medicaid. By the mid-1970s the poverty rate was about 11.5 percent, then rose through the 1980s to about 14 percent and stayed there and early 1990s , when due to economic boom times it declined steadily until 2001 (to about 11.7 percent). The economic downturn of the past few years is, showing up in poverty statistics, as might be expected; the just-released poverty rate for 2002 was up by 0.5 percent, to 12.1 percent.

Among the more important poverty trends are those related to women, children, and minorities. In all recent years, poverty rates for children and for ethnic minorities have been higher than for adults and whites. With the upward trend in single parent households, the poverty rate for children in female-headed families is particularly high. The term feminization of poverty refers to this socio-demographic trend.

**Concentrated Poverty.** Another important trend relates to the increase in the number of persons living in blocks or neighborhoods with high concentrations of persistent (i.e., long term) poverty. The term “underclass” has been used by some sociologists to convey the fact that areas with high concentrations of persistent poverty also have high rates of other related factors, including welfare receipt, children living in single-parent (largely female-headed) families, unemployment, crime, school dropout, and decaying housing and infrastructure, coupled with low employment growth. Underclass areas exist in both urban and rural areas.

Much research has focused on the relationship between the economy and poverty, especially by geographic area and for particular population subgroups. As the economic structure of the U. S. economy shifted from manufacturing to services plus high tech, many of the former well-paying opportunities for workers without post-secondary education or training began to disappear. Inner city urban areas were particularly affected. In the post-World War II era, there had been
extensive migration from rural areas and states, especially in the South, to urban industrial areas, mainly in the Northeast and Midwest. The migration of African-Americans to industrial urban areas was particularly heavy, attracted in part by the prospects of fairly well-paying, and often unionized, jobs for non-college-educated workers. The shift away from industrial production since the mid-1970s has contributed to very high nonparticipation in the legitimate labor market among African American men with limited education. This decline in male employment within certain sectors of the population, coupled with the increase in the number of single mothers and their reliance on welfare, is referred to by some as a component of a "culture of poverty."

Working Poor. Another important poverty trend relates to employment and the “working poor.” In each year recently, estimates are that about two million individuals in the United States live in poverty even though someone in their household works full-time and year round. In addition, millions more are underemployed, that is, working less than full time even though they would prefer full-time work. During most of the 1960s and 1970s, one full-time year-round worker making minimum wage could have raised a family of three just above poverty level. In 1980, policies changed with respect to maintaining the federally set minimum wage as a reasonable standard of above-poverty income. Between 1980 and 1988, the minimum wage lost about 23 percent of its purchasing power, compared to just 3 percent between 1970 and 1980. At the end of the Reagan administration, the real purchasing power of the minimum wage was lower than at any time since the 1950s. It also fell as a share of average wages, from around 50 percent in the 1950s and 1960s and over 45 percent in the 1970s to just 39 percent by 1985. Now it takes two full-time year-round workers at minimum wage to come close to raising a family of three out of poverty. The Earned Income Tax Credit, which in some ways is a more efficient way than the minimum wage to raise the income of poor working families, did not really come into its own until recent years.

Policy Implications. There are many policy implications of the poverty trends among children, families, women, workers, minority men, and the geographic concentration of persistent poverty. Many public programs have been developed or modified to address the trends, which we address in the next session of this course. Among the key implications to consider are: (1) increases in housing instability and concentrations of persons in neighborhoods with inadequate housing; (2) issues related to the well-being of children growing up in poverty, (3) physical and mental health issues related to living in poverty (including nutrition deficits and their effects on school participation and learning, effects of inadequate health care, domestic violence, post-traumatic stress disorder, alcohol and drug abuse, and major depression and other mental health problems); (4) crime and delinquency including juvenile crime; and (5) limited employment opportunities in certain areas with declining industries.

Poverty

a. “Poverty” is the key eligibility criterion for most US safety net programs. How many ways is “poverty” defined in the US, which definitions are used for what purposes, relation to major safety net programs.


b. Income & Poverty trends, changes in concentration of poverty, female-headed household poverty


c. Housing cost trends, changes on where people live, in what; changes in housing affordability


d. Economic trends

i. Workforce changes, shift from manufacturing to service economy

ii. Value of high school education, increasing income inequality, 1973 as watershed year


3. **Major Recent Changes in the U.S. Safety Net**

Major changes have occurred in some U.S. safety net programs within the past decade, while others have experienced more incremental changes. Assistance to needy families with children has changed most drastically. It has been transformed from an entitlement program (AFDC) with no time limits and fairly controlling federally imposed rules to a program (TANF) for which states receive a fixed sum as a block grant, have great flexibility in how they can use the funds, and recipients are limited to 60 months of federal benefit receipt in their lifetime and are under steady pressure to work and leave the program. Recipient rolls have been cut approximately in half over the first five years of TANF implementation. In the program’s early years, states concentrated on promoting work among those who had the greatest likelihood of succeeding. More recently, many states have recognized the multiplicity of barriers present in the families that have not been able to make the transition to work, including mental health and substance abuse problems, domestic violence, parenting problems, skills deficits, learning disabilities, and other issues. States have increasingly developed programs and strategies beyond their initial arsenal of child care and job search assistance, to promote work among these hard-to-employ households. Case workers may be empowered to arrange for treatment for certain problems, including parenting and household management skills development, compensation for educational and work skills deficits, job development and post-employment supports to help people retain jobs, and “other assistance as required.” Some states have also established state-only cash assistance programs for households that have reached or are nearing their five year time limit on federally-funded assistance without making significant progress toward achieving self-sufficiency despite receiving a lot of help.

At the same time that TANF roles were shrinking, some U.S. safety net programs were moving in the opposite direction, *expanding* rather than contracting access and receipt of benefits). This has occurred in publicly funded health care coverage, through Medicaid for families and, since 1997, for children through a new program, the State Children’s Health Insurance Program (SCHIP). Under SCHIP, states have been encouraged to expand coverage to include older children (from 5 or younger up to 12 and even 17 or younger) and children in households with higher (but still not high) incomes (from about one-third of the poverty level, on average, at the time that AFDC ended up to several times the poverty level). Many states have also invested their own resources and taken advantage of federal waivers to expand health coverage to parents in households with covered children, and to childless adults. Because the application process for Medicaid had been so closely connected with that of applying for AFDC, Medicaid enrollment dropped off sharply when that program changed to TANF. Efforts to increase enrollment in Medicaid and SCHIP in recent years have partially reversed this trend.

Within our federal system, a certain amount of unequal treatment always prevails from state to state for households with equal incomes and who are otherwise in equal circumstances. However, since 1996, state flexibility under TANF, Medicaid, and SCHIP has resulted in increased inequality. Eligibility differences under AFDC were on the order of two—households in the most restrictive states ceased being eligible for benefits at an income level that was half the cutoff level in the most generous states, and the benefit levels in the most restrictive states were even less than half the benefit levels in the most generous states. Those eligibility differences are now on the order of four—this means that where you live in the United States really makes a huge difference in the types and amounts of help you can get, if you happen to be poor.

Other safety net programs have changed by degree in recent years. Workforce development services (formerly referred to as employment and training, or E&T) have consolidated access through development of one-stop centers and eliminated income restrictions on who can use the services. But funding limitations (the services are not an entitlement) still mean that job search and training services are focused on low-income people and funding streams remain categorical and complex.
Housing assistance, like workforce development services, has never been an entitlement. The last decade has seen a continuation of earlier trends—fewer and fewer additional households served, shorter duration of subsidies, ever higher proportions of annual commitments going just to renew existing subsidies, and policy priorities on homeownership rather than rental housing. In the face of ever-escalating housing costs and decreases in affordable units, increasing numbers of households face what are known as “worst-case” housing needs. Although these include situations without heat, plumbing, or with holes in walls, floors, and/or ceilings, the vast majority of worst-case housing needs are households paying 50 percent or more of their income for housing.

The Food Stamp Program is the only major means-tested program in the United States that covers nearly all types of low-income households, and the only one that does so as an entitlement and with standard criteria nationwide. Further, its benefit levels are higher the poorer the household, thus filling an income gap in a way that only housing subsidies do (if one has one). As such, it has been and remains the pre-eminent safety net program. This remains true even though legislation continuously manipulates eligibility and benefit levels at the margin, and many administrative requirements discourage households with earnings from maintaining their enrollment. Recent legislation (i.e., the “Farm Bill”) provides states many options to simplify administrative requirements in order to promote participation among the eligible population.

When all else fails and people face crises they cannot handle, protective and emergency services are the last resort. We briefly look at two such services—child welfare and homeless assistance. Federally funded child welfare services are among the oldest U.S. safety programs—the Children’s Bureau was created before 1910. The “modern era” of child welfare legislation began in 1974 with passage of the Child Abuse Prevention and Treatment Act. This Act provided federal funding to states to run child protective services programs, including prevention, assessment, investigation, prosecution, and treatment activities. Since 1980, Title IV-E of the Social Security Act commits federal funding for states to provide out-of-home placement of children in foster care or other settings when children cannot remain in their own home due to abuse or neglect. IV-E funding was and still is open-ended, meaning that federal funding will pay for as many foster care placements as state and local child welfare agencies make. This arrangement sometimes creates perverse incentives when in-home services (that states would have to provide with their own resources) might be as or more appropriate or effective. Despite a good deal of rhetoric about how important children are and how much the state owes them protection as a last resort, child welfare services are perpetually underfunded and among the first to be cut when state and local budgets are strained. What flexes is not funding, but the severity of situations that get attention. The less money, the more severe a child’s situation has to be to qualify for services.

Homelessness first became a publicly recognized problem in the United States in the early 1980s, initially as a response to the 1981-82 recession. At that time virtually all response to homelessness was private, and concentrated in missions and feeding programs serving single men in run-down areas of cities. As the problem grew (and continues to grow), first local government and then federal attention turned to what to do. Emergency shelters were the first answer, presuming that the situation was an emergency and would go away. It hasn’t. Major federal legislation investing in the development of homeless assistance services began in 1987 and has grown since, to the point where federal funds now total a bit over $1 billion annually and state, local, and private funding accounts for at least that much again, and probably much more. In part because the crisis in affordable housing has only worsened since the early 1980s, and in part because homeless assistance programs were the only growth area for poverty-related public funding since 1980, homeless assistance programs have proliferated and so has homelessness. Recent efforts, recognizing that the investment to date has not slowed movement into homelessness despite the numbers of households helped back into housing, has begun to analyze what it would take to end homelessness and the arduous task of redirecting resources toward that goal.
a. AFDC to TANF, what TANF looks like, at beginning and now (hard to serve issue, growth of state-only programs, dealing with the time limits)


b. From JTPA to WIA and one-stops


c. Medicaid expansions, especially for children (SCHIP)


d. Public housing to project-based to vouchers in housing programs, along with cuts


e. Food stamps—a relative constant, but with its own ups and downs. Only “uncategorical” federal program, in that both singles and families are eligible


f. Emergency & Protective Services

i. Child welfare

ii. Emergency shelter and food services, and extended aspects of the homeless assistance network
iii. Even more fragmented, unaccountable, isolated, messed-up than the major programs, even less “entitled,” controlled by budgets even when supposed to be controlled by need

**summary is part of intro to this session (3). See also Dennis, Cocozza and Steadman, first reading for Session 5.**
From the early to the late 1990s, caseloads fell dramatically in many safety net programs. Declines in AFDC/TANF caseloads began early in the decade, even before implementation of welfare reform starting in 1997. Between 1994 and 1999, these caseloads fell by half. Some of this decline may be attributed to significant changes in program rules and requirements for beneficiaries, including the major shifts as the result of PRWORA and the variations that 30 states implemented under waivers of AFDC rules during the several years before 1996. Many studies have examined the probable influences on these declines; all agree that the burgeoning economy of the mid- and late-1990s gets the bulk of the credit. Results are more mixed with respect to the effects of welfare policy changes, but studies that include TANF changes as well as the pre-TANF changes under waivers indicate that changes in policy and practice also contributed to caseload declines.

Receiving AFDC made a family eligible for Medicaid (referred to as categorical eligibility because anyone in the AFDC “category” was eligible), and almost certainly eligible for food stamps by reason of low income. Before TANF, most states and localities had simplified the process for AFDC recipients of applying for Medicaid and food stamps, with many jurisdictions operating an integrated application process to save both themselves and their clients extra paperwork. This integrated application process (now also including SCHIP) still exists, and works to help households applying for TANF obtain the related “package” of food stamps and health insurance. However, at least initially, changes in TANF caseloads had fairly devastating effects on household receipt of food stamps and participation in Medicaid. Caseloads in these two programs also fell dramatically, although not quite as precipitately as for TANF. For instance, only half of very poor households (those at 50 percent of poverty or lower) that left welfare retained their food stamps despite continued eligibility and reasonably large potential benefits. Analysts usually attribute these declines among those who continue to be eligible to the administrative burden and hassle of maintaining one’s participation. New applications may be required, food stamp procedures are more onerous for people with earned income, and administrators may not have a strong focus on helping to maintain receipt of food and health benefits for people leaving welfare.

In response to concern over the low Food Stamp Program participation rates, especially among working families, the reauthorization of the Food Stamp Program in the Farm Security and Rural Investment Act of 2002 (P.L. 107-171), more commonly known as the Farm Bill, added almost $7 billion in resources to the program, and significantly strengthened the program in a variety of ways that were designed to improve access to and ongoing enrollment in the Food Stamp Program. To that end, provisions in the “Farm Bill” included restoring benefits to many (although not all) legal immigrants who were made ineligible for food stamps under the 1996 welfare law, based on the number of years they have been in the country, improving benefit adequacy by raising the standard deduction for larger households and adjusting benefit amounts annually to reflect inflation, simplifying the program and streamlining benefit delivery in ways that should make the program much less burdensome and stressful for families to use, and reforming the quality control system. Food stamp caseloads are currently on the rise but are still lower than their level before enactment of federal welfare reform in 1996.

Medicaid rolls experienced similar declines early in the TANF implementation process, but some evidence exists of turnaround by 1999, especially because of increased outreach, a strong focus on enrolling children in SCHIP that was accompanied by a relaxed application and eligibility determination process, and state interest in having the federal government share the burden of health care costs, as it does under Medicaid and SCHIP.
Caseload changes have also been affected by provisions in PRWORA that made certain groups ineligible for many safety net programs. Non-citizens who are legally residing in the U.S. are chief among these, especially those arriving after August 22, 1996. Hispanics and other immigrants have low food stamp participation rates even when they are eligible.

Another component of caseload declines is the phenomenon of “staying away” or nonparticipation among households that would be eligible for benefits. The shift from AFDC to TANF, and TANF requirements in certain states, have created conditions that may discourage certain households from even applying, or may divert other households before they ever get on the cash assistance rolls. For example, many states have introduced a number of new application processes and activities as a result of welfare reform such as pre-application screening interviews, employability assessments, applicant job search requirements, or required meetings with other staff and other agencies. Some states have also introduced additional measures to reduce potential fraud, such as requiring all applicants to be fingerprinted or be subject to a home visit before TANF benefits can be approved. A family’s decision not to approach the welfare agency for cash assistance usually also results in their failure to apply for food stamps and/or Medicaid, even though they are likely to be eligible and to need the assistance.

Non-entitlement Programs
Several U. S. safety net programs are not entitlements, as explained in Session 1. Among these, the most important one we are looking at for this course is housing assistance. Some states and localities have their own rental assistance programs, but these wax and wane with state and local budgetary capacity, and do not cover nearly as many households as do federal programs. Major federal programs are public housing (where the public housing authority actually owns and operates the housing) and rental assistance in various forms. Eligibility for either type of federal housing assistance is means-tested (limited to households with low income), and is also categorical—people age 60 and older, people with disabilities, and households with children are eligible. Note that the only way a single, childless person could get federal housing assistance is to be disabled, or old. Coverage (the proportion of an eligible category that has housing assistance) varies greatly by category. About half of eligible elderly households receive housing assistance, compared to about one-third (at most) of eligible households with children, and even fewer disabled people.

To obtain housing assistance, households apply through public housing authorities and are usually placed on waiting lists, many of which may be years long. Most housing assistance is federally funded, but distribution across jurisdictions is not based on any type of formula related to need. The assertiveness and creativity of public housing authorities is the main variable affecting how much funding an authority receives; as public housing authorities vary greatly on these traits, access is very inequitably distributed for otherwise similar households, based on the jurisdiction in which they live.

Implementation 1—targeting and means-testing, benefits & services

a. Who is served by these programs--caseloads, caseload changes, and client characteristics for all programs – who is being served, and who isn’t


b. How do people get into the systems

i. Eligibility determination—means-testing, what it looks like, how done, how frequently monitored, etc.

ii. Other targeting issues—

1. Creaming

2. Categorical by identity (households with children, disabled, elderly, etc.)


iii. Outreach, finding the people who really need the program, but who aren’t enrolled – seesaw policy, trying to understand reasons for nonenrollment


For people with single, simple, problems, service delivery is relatively straightforward and may be handled by a single agency. However, many people coming to safety net programs or depending on them for long-term support have a complex array of problems or issues. Single-focus agencies often work only on the single problem they know how to handle, often failing because the client’s other problems interfere. Nor is it usually possible to send people with an array of problems to other agencies to “fix” interfering problems before returning to an agency to let it address its single focus. Thus, people with complex problems often fall through the cracks and never receive the full range of services they need. For those who enroll in safety net programs that are basically set up to maintain them on the rolls, they can continue to receive a specific benefit for years but never receive assistance that actually helps them pull their lives together. There are, however, some indications that this narrowly focused or “silo” system of service delivery is beginning to change.

As safety net programs have increasingly accepted the complexity of their clients’ needs and the need to help “the whole person” for those with multiple needs, they have taken steps to make themselves better able to work with clients on several issues simultaneously. They must develop various mechanisms to do this, which have included coordinated or merged application processes, case management with smaller and/or specialized caseloads, better communication among relevant agencies, shared databases to facilitate referral and service tracking, co-location to facilitate referral and potential teaming for case management, contracting to provide certain services among several agencies that did not previously have clear working relationships, and various levels of services and systems integration. The readings in this section describe examples of each of these mechanisms or techniques, as well as others.

Issues Related to People Who Usually Either Fall Through the Cracks or Are Ignored

Safety net programs sometimes do not serve certain people because they have too many problems—they connect with one or more service systems, but as none are set up to help them on multiple fronts, they fall through the cracks. Several readings in this section address service delivery issues for the people who have been left behind – the “hard to serve” in welfare terms, the “chronically homeless” in homeless assistance circles, “high-risk” kids in youth services, and so on—as programs focus on those with more readily solvable problems (i.e., sometimes referred to as “creaming”). Other groups of people operate outside of or are ignored by the system, sometimes not ever approaching it and other times never getting past the front door. Often a single barrier prevents an individual in need from getting assistance because that barrier is a big one—for example, they don’t speak English, or they have a serious disability. They may have many other skills, talents, and motivation, but service systems are not set up to help them successfully navigate the system’s initial requirements (i.e., the intake and application process).

Other times a group of people may be defined as “the problem,” as often happens with poor noncustodial fathers who are expected to pay child support but lack the employment skills and earnings to do so. This is an example of a group that is largely ignored by the safety net system and in fact often sees the system as an entity that wants something from them rather than one that is prepared to engage them in ways that may yield positive outcomes for both the fathers and their children. Some of the service innovations described in readings for this section focus specifically on program strategies to include and assist these often-excluded groups (e.g., people with disabilities, poor non-custodial fathers, immigrants).

System-level Perspectives

Some methods of coordinating service delivery are “ordained” by government fiat (e.g., the shift to one-stops in the workforce development area), while others are developed on the ground as agencies pursue the sometimes-painful process of trying to make paper commitments work in practice. Regardless of the impetus for improving service coordination to benefit people with
multiple issues, very little changes in real world service delivery without a lot of effort and a lot of leadership.

With respect to the readings in this section that describe organizational approaches to service delivery, it will be useful to think about three levels of contact or working together, derived by combining several analytic schemes, that may occur between two or more agencies—communication, coordination, and collaboration. These levels are hierarchical—agencies cannot coordinate without communicating, and they cannot collaborate unless they both communicate and coordinate. The hierarchy reflects the extent to which agencies pay attention to other agencies, perhaps change their own ways, and make a joint effort to reach shared goals.

These hierarchical terms may be defined as follows

- **Communication.** Agencies have reached the level of communication if they have accurate knowledge of each other’s existence, service offerings, and eligible clientele. They will also know how to access each other’s services, and may refer clients to each other. They may have shared involvements through meetings, committees and task forces, but they do not have mechanisms in place to support each other’s work. We deliberately speak here of “agencies” communicating. For two agencies to be considered as “communicating,” it is not enough that one or two caseworkers in one agency know and talk with one or two caseworkers in another agency. Knowledge of each other’s offerings must be fairly widespread and should lead to significant levels of cross-agency referrals.

- **Coordination.** Agencies have reached the level of coordination if in addition to communicating they support each other’s efforts to obtain resources for clients. However, they do not deliberately work to develop shared goals and structure their operations to meet these goals. Co-location is one coordination mechanism, as are shared databases, shared application procedures, and other shared processes that nevertheless do not change either agency’s underlying goals or approaches.

- **Collaboration.** Agencies have reached the level of collaboration if they work with each other to articulate shared goals, analyze their operations to determine how they may achieve those goals, and make changes dictated by this analysis to improve their ability to serve their joint clients optimally. They may also share mission statements, do joint funding proposals, and work together in other ways.

Of course agencies may never reach the first level of our hierarchy—communication. That is, they are unfamiliar with the other agency and its offerings, they do not interact in any way or, alternatively, interact negatively and/or hold inaccurate views of each other. In most communities at most times, most agencies operate toward each other at the level of communication or below this level. Form many agencies, operating in a service delivery environment where communication, coordination and collaboration is largely absent represents “business as usual”—and it takes work to get beyond it.

Collaboration may mean that agency staff members fulfill new roles or restructured roles; co-locate, team or otherwise work together with staff of other agencies; merge money, issue joint requests for proposals, apply together for new money to operate new programs in new ways; actively support each others’ work; have mutual feedback mechanisms to assure continued appropriate service and program delivery; and/or other mechanisms and activities that reflect a purposeful, well-thought-out commitment to work together to reach common goals. Collaboration can occur between two agencies, or among several agencies. When it extends to include all or most agencies in a community focused on the same population with the same goals, we may call it a strong community-wide level of organization, or a coordinated community response.

**Implementation 2—benefits delivery mechanisms and innovations**
a. Systems & Services Integration


b. Reaching/helping the hard-to-serve, hard-to-employ, multiple barriers people


   i. Demonstration Efforts
      http://www.urban.org/url.cfm?id=410523

   ii. Father Programs-child support & re-entry

   iii. Limited English Speakers

c. One-stop shops and how they work
6. Implementation 3 - Administration and Institutions

An additional dimension of implementation concerns the distribution of responsibilities for the U.S. social safety net among different levels of government and between the public sector and the nongovernmental sector, especially the nonprofit sector.

**Intergovernmental Framework.** The political framework of the United States as a federalist democracy has been important since the founding of the nation in the 1700s. The U.S. Constitution specifies and limits the role of the national government, generally reserving many rights for the states. A major responsibility of the national government, in addition to national security, is to preserve the public welfare. In the area of social and economic policy, the role of the national government has shifted periodically around how broadly “public welfare” is defined. Especially in the 1960s and 1970s, the public welfare role was defined quite broadly to ensure equal opportunity and, to some extent, equalization across states in poor people’s access to benefits. The national government assumed a major leadership and funding role in social policy beginning in 1935 when Congress passed the Social Security Act, and peaking in the 1960s and 1970s with the expansion of programs authorized during the War on Poverty and the Great Society.

**Fiscal Federalism and Financing Strategies.** Two main types of intergovernmental financing strategies are used for social programs: (1) matching grants, where states (or localities) must provide a specified share of funding to receive the federal funding (e.g., 25% match means every $100 in federal funds requires $25 of state or local funds); and (2) block grants, which generally require no state or local match. Block and formula grants have a capped amount of funds. Matching grants may be either capped or open-ended. Open-ended funds are usually “entitlement” in nature, meaning that the federal government agrees to provide the funds necessary to support all the people who meet certain eligibility criteria.

Several important safety net programs are open-ended, means-tested entitlement programs that are purely federal in funding and administration. Chief among these are food stamps and Supplemental Security Income (cash assistance for very poor people who are aged, blind, or disabled). Social Security (cash payments) and Medicare health coverage, both federally operated and funded, are usually not considered to be “safety net” programs. Benefits provided through these two programs are commonly perceived as “earned” or as insurance paid for by worker investments (through payroll deductions) that are made during the working life of retirees. However, over their lifetimes most beneficiaries receive several times the value of their investments, even given the appreciation of those investments. Therefore, there are real “safety net” aspects of these programs and they have, in fact, helped to reduce poverty among elderly Americans from well above to well below the national average poverty rate.

Until recently, two federal programs, Medicaid and Aid to Dependent Families (AFDC), were joint federal-state funded programs run by states under federal supervision. They were entitlements for anyone meeting income and some other criteria. Medicaid, created in 1965, still operates under these rules. Until 1996, the AFDC program, created in 1935, was also an open-ended entitlement program that required a state match, the exact percentage of which varied by state according to a prescribed formula but which averaged about 50-50. The 1996 welfare reform law changed the financing to a straight block grant, in keeping with a federal intent to “devolve” federal social programs.

One important feature of the TANF block grant was that the amount of each state’s initial annual grant (set for a six year period), was considerably higher than any state actually required to pay welfare benefits. This occurred in large part because the formula on which the new block grant allocations were to be based did not anticipate the dramatic decline in TANF caseloads that occurred in the years following the enactment of federal welfare reform. In other words,
compared to earlier AFDC financing rules, every state experienced a TANF “surplus” of funding, at least during the first five years after TANF replaced AFDC.

Performance Accountability. At the same time, though (and unlike a simple block grant), the TANF legislation added complexity that actually minimized the effects of devolution. For example, states are required to maintain their welfare-related spending at its 1995 level. This type of “maintenance of effort” provision is intended to minimize the likelihood that states will use the federal block grant as a substitute for state spending. The maintenance of effort rules are used to avoid intergovernmental fiscal substitution, but they also minimize the amount of real devolution. Other provisions in welfare reform also diminish the amount of “true” devolution that has occurred. For example, the 1996 law includes state participation rates, where states must have a certain percentage of their TANF recipients in work activities specified in the law. These and other performance monitoring provisions increasingly characterize federal programs, consistent with a trend that began in the 1980s to “reinvent government” and improve efficiency and accountability.

Decentralization. There is general political support for decentralization, presumably to allow program services to be developed and delivered at the local level closest to the target population and in keeping with local economic and cultural conditions. At the same time, though, there is an ongoing tradeoff between allowing maximum local control and ensuring accountability for federal funds. The tradeoff has resulted in a “patchwork” of programs that shift between decentralized authority and centralized authority. In welfare, for example, some states have devolved responsibility for TANF down to the local level, while other states have retained centralized welfare policy at the state level as they have had for many years. In other related areas, there has been more shifting over the years. For example, employment and training policy had been primarily locally-administered since the 1960s, but Congressional legislation in the 1980s and 1990s led to more state centralization.

Contracting. Most programs in the social policy area contract out to some extent for various services and service delivery. State and local public agencies increasingly contract out for services with other public agencies, nongovernmental nonprofit agencies, and (especially since the mid-1990s) with the for-profit business sector. Among the more important developments over the years is the role of the nonprofit nongovernmental sector. In the 1960s and 1970s, nonprofit organizations were primary deliverers of social services. Beginning in the 1980s, with dramatic budget reductions at the national level in all domestic programs, nonprofit agencies’ role diminished considerably, although many did continue to operate in their specialized areas (e.g., child care, employment and training, homeless services, emergency services, mental health treatment). An important development since the 1996 welfare reform law is that the role of nonprofit agencies and faith-based religious organizations has increased, in part because (1) the national government began to emphasize the importance of allowing individuals to choose to receive services through faith-based providers—this is referred to as “charitable choice”; and (2) national welfare reform’s emphasis on employment and employability development encouraged state TANF agencies to use more of their block grant “surplus” funds for employment and training, child care, and other supportive social services.

Implementation 3—administration and institutions
a. Decentralization, role of states and federal government


i. Re money--block grants and cost sharing, relationship of federal tax cuts to state fiscal health

Peterson, George E. and Demetra Smith Nightingale “What Do We Know About Block Grants?” Washington, D.C.: The Urban Institute
http://www.urban.org/url.cfm?ID=405512

ii. Re rules and regs—FS (and housing, SSI) vs. TANF, Medicaid. Most local is WIA “thousand flowers” or inequality. (back to policy—pendulum swings between centralization and decentralization)


b. Relationship of state and local government agencies to actual delivery systems


i. Doing it themselves

ii. Contracting out/privatization – issues in contracting

1. What is contracted for, what does and does not seem to work well contracted

2. Incentives, performance indicators, getting only what you pay for

iii. Mixed approaches

c. Non-Governmental Organizations


7. Measuring Performance and Evaluating Programs

Because they are spending public money, safety net programs are subject to frequent demands that they "work," that they reduce the problems they were set up to address, and that they do this in an efficient and hopefully cost-effective manner. Legislation creating public programs often builds in some varieties of performance monitoring and reporting, and some agencies invest considerable effort to run a tight ship. When legislation actually creates demonstration programs, evaluation to determine their effectiveness is almost always included. In addition, foundations and other stakeholders sometimes pay for evaluations as they seek innovative and effective solutions to social problems.

The readings for this session cover various aspects of monitoring and evaluation, including creating logic models or program “theories of action” to guide monitoring and evaluation activities, performance measurement, implementation analysis, and impact evaluation.

Logic Models
Anyone can walk into a program, pick some activities and outcomes out of a hat (or on the basis of legislatively mandated things to measure), and design a program monitoring or evaluation plan that pays scant attention to how the program operates on the ground or what, ultimately, it is trying to accomplish. But the researcher, or policy analyst, who wants to measure things that make sense in terms of program operations is well advised to start with some detailed and careful discussions with many stakeholders to learn what each thinks the program is trying to do, what each thinks the program actions are that will accomplish those goals, who the program serves, and what practical and contextual factors may pose barriers or open avenues to success. These discussions will help the researcher understand the program on the ground, be able to depict its theory of action, and get confirmation that “yes, you understand us, this is our program” from various stakeholders. This groundwork will provide a firm base for designing any evaluation, from the simplest to the most complex.

Performance Measurement
One reading in this section defines performance measurement as “measurement on a regular basis of the results (outcomes) and efficiency of services or programs. Performance measurement helps managers (of anything, including publicly funded programs) manage for results—see what they are accomplishing, troubleshoot if performance does not meet expectations, make corrections and remeasure, and come increasingly close to optimal performance. But it is essential to think through what one wants to measure and to assure that one is actually measuring outcomes and not just process, or the process can have a way of taking over and shaping organizational behavior toward the measured process without assuring that the activity actually brings the organization closer to its goals. If the wrong things are measured, or even if the right things are measured but measured badly, wrong decisions may be taken as a result. We provide three articles on performance measurement that lay out the key issues and challenges.

Implementation Analysis/Process Evaluation
Implementation analysis is an umbrella term referring to a range of research activities that address the ways public policies are developed and implemented, from the early stages of formulating legislation to the actual delivery of services to real clients, and all administrative, political, and operational stages in between (see Holcomb and Nightingale reading). It tries to explain and describe how closely actual implementation resembles a policy’s original intention, why discrepancies or modifications occur (and they always do), and what (if any) effect implementation has on subsequent policy decisions. Implementation analyses may ask and seek answers to one or more of the following questions.

- What are the policy’s underlying goals and assumptions?
• What is the organizational and service delivery structure and context in which the policy is operationalized?
• How are key management functions carried out, and what difference do they make?
• What is the sequence and timing of client activities and involvement in the policy?
• What role do contextual factors play in shaping program operations and client outcomes?

Multi-site application of research to answer these questions can lead to a variety of analytic objectives for implementation analysis, including developing typologies of program approaches; generalizing the conditions or experiences from the sites observed to the larger universe of program sites; and suggesting best or promising practices that innovative sites are using, that might be of interest to other communities.

Impact Evaluation

Impact evaluations can be fairly “classic,” in the best hard-science tradition of random assignment, treatment and control conditions, rigidly structured interventions that are (in theory) the same everywhere they are tried, and so on. Many demonstration programs are evaluated in this fashion. However, unlike hard science, it is extremely difficult to get the real-world circumstances of multi-year demonstration programs to “hold still” long enough so that a known, unchanging “program” can be measured, and the environment and context afforded by different communities in which a demonstration may have sites, necessarily also introduces differences that may affect the outcomes. Years of experience with social program evaluations has taught many in the field that the best evaluations combine both “hard” outcome data and “soft” information about program operations, community context, economic factors, etc. to yield a complex understanding of what the program accomplished and what allowed it to do so.

In addition to the classic program evaluation, policy analysts are often interested in understanding the effects of changes in public policy that affect all parts of a state or a nation simultaneously. In these circumstances there is no “control,” there are just infinite variations—the “thousand flowers” approach of a major federal policy change in vital programs such as cash assistance to families (welfare) or public health insurance coverage. Ways of studying the impact of such changes are many, and all contribute a piece of the picture of ultimate impact. Ongoing national surveys capture pieces of the picture such as changes in levels and sources of household income, insurance coverage, health status, labor force participation, and who is minding the children. Implementation analysis documents the different ways that different states and communities have responded to the policy change, both initially and over time. Administrative data show changes in caseloads, program outlays, and services used. In-depth interviews with households affected by the policy change help us understand the personal consequences of the change. All of these analysis modes taken together tell the whole complex history and impact of a policy change.

Yet another variety of impact has lately become of greater importance as policy makers come to accept the ecological view of people and what makes them change—that everyone exists in the context of concentric circles of influence from individual to family to friends to community. Social change efforts based on the premise that to change individuals it is necessary to change the community pose the twin challenges of how one actually makes communities change and how one measures those changes and their effects on families and individuals. See, for instance, a variety of examples related to community building and research documenting related changes and outcomes, at http://www.cyfc.umn.edu/communities/research, most particularly the Aspen Institute Roundtable on Community Initiatives and the Chapin Hall Community Building Projects (in Chicago).

Monitoring and evaluation:

a. Performance Management – performance measures & client tracking


b. Process and Implementation Analysis


c. Impact Evaluation


8. Future Directions and Challenges

In this final session, we will synthesize the information covered in the previous seven sessions, consider appropriate policy directions for the future in the United States, and discuss how the U. S. situation and policies may relate to conditions and options in other countries. The intent is to consider a range of policy options based on the readings, including:

- How might U. S. anti-poverty policies evolve in the post-welfare reform era based on work?
- What types of policies might have to complement work if the intent is to ensure that individuals and families move out of poverty?
- How can the U. S. address the growing fiscal constraints expected over the next twenty years as entitlement programs for the elderly consume more of the nation’s budget?
- What safety net policies are needed for the most vulnerable populations?
- How can local service and community capacity be expanded to meet the increasing safety net demands placed on localities, especially localities with high concentration of persistent poverty?
- What, if any, shifts might be expected in fiscal federalism as governments grapple with budgetary constraints on one hand and the ongoing needs of the poor and vulnerable without welfare entitlements?
- What is the responsibility of central government for inequalities caused by federalism?

Future directions and challenges
- Safety net after welfare reform
- Community capacity—small jurisdictions getting responsibilities dumped on them without the experience, institutions, or resources to fulfill them
- Fiscal constraints
- Federalism issues
References:

Overview, Philosophical Underpinnings, Practical Issues, and Programs in the United States:

Chapter 1: Historic Perspective
Chapter 2: Poverty
Chapter 3: Major Recent Changes in the U.S.: “Safety Net” Today
Chapter 4: Implementation 1 – targeting and means-testing, benefits and services
Chapter 5: Implementation 2 – benefits delivery mechanisms and innovations
Chapter 6: Implementation 3 – administration and institutions
Chapter 7: Monitoring and Evaluation
Chapter 8: Future Directions and Challenges

1. Historic Perspective
   a. The major means-tested programs, both entitlements and other—covering TANF, WIA, food stamps, Medicaid/SCHIP, and housing programs


      ** p. 892 – 903 Eligibility

      **p. 931 – 935 Eligibility


   b. Evolution of the social contract in the U.S., from the New Deal to the War on Poverty to Reagan cuts to welfare reform
c. Political theories underlying policy, assumptions and ideological positions
(Eisinger, 1998)

i. Role of and expectations for working 
ii. Suspicion of poor, deserving and undeserving poor 
iii. Horatio Alger and low investment in poor children’s education and life chances 
iv. Concern about fraud and abuse 

http://www.hup.harvard.edu/reviews/RAWTHR_R.html

http://www.hup.harvard.edu/reviews/RAWTHR_R.html


d. Other factors influencing changing policy
   i. Changing role of women, participation in workforce
   ii. Race, Concentration of Poor, Urban Underclass


iii. Abandonment of minimum wage as reasonable percentage of working class wages


iv. Immigration


v. Marriage, Families & Fathers


2. Poverty

a. “Poverty” is the key eligibility criterion for most US safety net programs. How many ways is “poverty” defined in the US, which definitions are used for what purposes, relation to major safety net programs


b. Income & Poverty trends, changes in concentration of poverty, female-headed household poverty


c. Housing cost trends, changes on where people live, in what; changes in housing affordability
   http://www.temple.edu/tempress/titles/947_reg.html

   http://www.temple.edu/tempress/titles/947_reg.html

   http://www.nlihc.org/oor2002/index.htm

d. Economic trends
   i. Workforce changes, shift from manufacturing to service economy
   ii. Value of high school education, increasing income inequality, 1973 as watershed year


   http://www.uipress.org/Template.cfm?Section=Bookstore&Template=/Ecommerce/ProductDisplay.cfm&ProductID=2602

   http://www.uipress.org/Template.cfm?Section=Bookstore&Template=/Ecommerce/ProductDisplay.cfm&ProductID=2769

a. AFDC to TANF, what TANF looks like, at beginning and now (hard to serve issue, growth of state-only programs, dealing with the time limits)


b. From JTPA to WIA and one-stops

“Demetra’s article, “From Employment and Training to Workforce Development”


c. Medicaid expansions, especially for children (SCHIP)


Kenney, Genevieve M., Jennifer M. Haley, and Alexandra Tebay “Children’s Insurance Coverage and Service Use Improve” http://www.urban.org/url.cfm?ID=310816

d. Public housing to project-based to vouchers in housing programs, along with cuts


e. Food stamps—a relative constant, but with its own ups and downs. Only “uncategorical” federal program, in that both singles and families are eligible


f. Emergency & Protective Services
   ** Marti will write a page
      i. Child welfare
      ii. Emergency shelter and food services, and extended aspects of the homeless assistance network
      iii. Even more fragmented, unaccountable, isolated, messed-up than the major programs, even less “entitled,” controlled by budgets even when supposed to be controlled by need

For the three implementation sessions (#4, 5, and 6), blend together facts and tools—what are the tools, how did they evolve, how are they used, what are the challenges, what works and what doesn’t, or under what circumstances.

4. Implementation 1—targeting and means-testing, benefits & services

   a. Who is served by these programs—caseloads, caseload changes, and client characteristics for all programs – who is being served, and who isn’t


   b. How do people get into the systems
      i. Eligibility determination—means-testing, what it looks like, how done, how frequently monitored, etc.
      ii. Other targeting issues—
1. Creaming
2. Categorical by identity (households with children, disabled, elderly, etc.)


iii. Outreach, finding the people who really need the program, but who aren’t enrolled – seesaw policy, trying to understand reasons for nonenrollment


5. Implementation 2—benefits delivery mechanisms and innovations

a. Systems & Services Integration


b. Reaching/helping the hard-to-serve, hard-to-employ, multiple barriers people


Holcomb, Pamela A. and Terri S. Thompson. Section 4 “Service Strategies and Delivery Arrangements for Helping TANF Recipients with Disabilities”

**“Outreach and Recruitment in Welfare to Work”, Demetra Nightingale & Lynn Fender

i. Demonstration Efforts


ii. Father Programs-child support & re-entry

iii. Limited English Speakers

iv. Disabilities

c. One-stop shops and how they work


6. Implementation 3—administration and institutions

a. Decentralization, role of states and federal government


i. Re money—block grants and cost sharing, relationship of federal tax cuts to state fiscal health


ii. Re rules and regs—FS (and housing, SSI) vs. TANF, Medicaid. Most local is WIA

iii. “thousand flowers” or inequality. (back to policy—pendulum swings between centralization and decentralization)

b. Relationship of state and local government agencies to actual delivery systems
   i. Doing it themselves
   ii. Contracting out/privatization – issues in contracting
      1. What is contracted for, what does and does not seem to work well contracted
      2. Incentives, performance indicators, getting only what you pay for
   iii. Mixed approaches


http://www.urban.org/pubs/npag/

c. Non-Governmental Organizations

http://www.urban.org/pubs/npag/

http://www.urban.org/url.cfm?ID=410093


7. Monitoring and Evaluation

Chapter 2 “Developing and Using a Logic Model”

a. Performance Management – performance measures & client tracking


b. Process and Implementation Analysis

http://www.urban.org/url.cfm?ID=310551

http://www.urban.org/pubs/policy/contents.html

c. Impact Evaluation

8. Future Directions and Challenge

a. Safety net after welfare reform
b. Community capacity—small jurisdictions getting responsibilities dumped on them without the experience, institutions, or resources to fulfill them
c. Fiscal constraints
d. Federalism issues