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COMMITTEE PRINT

REPORTS ON THE WORK INCENTIVE
PROGRAM

PREPARED BY THE
DEPARTMENT OF LABOR
AND THE
DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE

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PART ONE

**REPORT OF THE DEPARTMENT OF LABOR
ON THE WORK INCENTIVE PROGRAM**

U. S. DEPARTMENT OF LABOR
OFFICE OF THE SECRETARY
WASHINGTON

JUL 14 1970

The President of the Senate

The Speaker of the House

Dear Sirs:

I am transmitting the first annual report to the Congress on the Work Incentive Program (WIN), as required by the Social Security Act.

This report covers what was a start-up period for an important manpower program. It describes, with candor, the kinds of problems that were encountered, along with improvements we have made and the solid successes we believe we have achieved. While these problems were substantial, and not all of them have been entirely eliminated, the WIN program is now firmly established, and is producing results.

So far, it has enrolled 153,000 people, more than any other manpower program in a comparable period of time. Out of the actual experience of installing this training program, we have been able to identify the need for changes in the authorizing legislation that will greatly increase its effectiveness. These changes have been proposed in the Family Assistance Act, passed by the House of Representatives and now before the Senate.

The proposed changes will enable us to surmount the problems of providing adequate child-care facilities, gain increased participation on the part of the States by relieving them of more of the financial burden, increase the economic incentives to enter the training program, make the work and training requirement more equitable, clarify the lines of responsibility between the Labor Department and the Department

of Health, Education and Welfare on the responsibility for referral of clients to the manpower program, and correct the problems that have prevented the Special Work Project feature of the WIN program from being implemented.

With these changes made, and a solid base now in being, I am confident we can expand the training effort and contribute materially to reducing dependency and the financial burden of welfare on the American people.

Sincerely,

Secretary of Labor

THE WORK INCENTIVE PROGRAM

**First Annual Report of the
Department of Labor
to the Congress
on Training and Employment
Under Title IV of the Social Security Act**

**U. S. Department of Labor
June, 1970**

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PART I - PROGRAM PURPOSE AND ORIGIN

Purpose and Administrative Arrangements

The Work Incentive Program (WIN) is designed to provide all the services and opportunities necessary to move recipients of Aid to Families with Dependent Children (AFDC) from dependency to stable employment at a living wage. WIN provides a comprehensive program of training, education, work experience, child care, and other supportive assistance.

The program is administered jointly by the Department of Health, Education and Welfare and the Department of Labor. In each State, and in Puerto Rico, Guam, the Virgin Islands and the District of Columbia, the State Employment Service is the prime manpower sponsor for WIN. The local community employment service offices are the project sponsors, providing manpower services and, in some instances, contracting with both public and private agencies for services and training. It is the responsibility of State and local public welfare agencies to refer all appropriate AFDC recipients to the local employment service office for manpower services and to provide essential social supportive services, including child care.

Origin

The Work Incentive program was authorized by the 1967 amendments to the Social Security Act, under Part C, Title IV. WIN was an outgrowth of several earlier efforts to introduce the concept of occupational rehabilitation as a solution to the problems of welfare recipients. These earlier programs began with the passage of the 1962 amendments to the Social Security Act which established a Community Work and Training Program for AFDC recipients 18 years of age or older. Title V of the Economic Opportunity Act of 1964 expanded the concept and made it a part of the poverty program under the Work Experience and Training Program. Eligibility for this program was extended beyond welfare recipients to unemployed fathers in States that did not have an assistance program for families with unemployed fathers. In addition to these specially targeted programs conducted by the Department of Health, Education and Welfare, the regular manpower programs of the Department of Labor began to enroll an increasing proportion of welfare recipients.

Experience with these early efforts and the Department of Labor programs indicated that delivering effective manpower assistance to welfare recipients would require a much greater

effort than was possible under existing programs. The result was the adoption of the 1967 amendments to the Social Security Act establishing the WIN program. The Secretary of Labor was to establish work incentive programs by July 1, 1968, in each political subdivision in each State in which he determined that there were significant numbers of individuals 16 years or older receiving AFDC. All appropriate persons in the AFDC caseload were to be referred to WIN with unemployed fathers required to be referred within 30 days of receipt of public assistance. The 1967 amendments also provided for phasing out Community Work and Training projects by July 1, 1968, and Title V projects by July 1, 1969.

Major Features

WIN combines social services, child care services, and manpower training services for potentially employable persons to equip them to get and hold a job, using a combination of on-the-job training, institutional training, work experience, and counseling. During training, an incentive payment of \$30 a month is provided. Social services necessary to the successful completion of training are also provided through local welfare agencies. Welfare agencies continue to give assistance payments to recipients in training and furnish

funds for carfare and out-of-pocket training expenses. Public assistance policy permits recipients who become employed to retain the first \$30 of their monthly earnings plus 1/3 of the remainder and gives consideration to the expenses incurred in going to work (unemployed fathers who get jobs have these benefits only if they are not fully employed). The welfare agencies may continue to cover the expenses of child care until the mother is able to carry the cost.

The concept of enrollment in the WIN program is somewhat different than in most manpower programs. WIN enrollees are counted as enrolled from the time they are accepted for employability development until they have been employed for several months. This is a contrast to the MDTA, for example, where an individual is enrolled only during the period of time in which he is actively in training.

Manpower services are provided within the employment service by a team of specialists including a counselor, manpower training specialist, job developer, and a coach. Enrollees are assigned to a specific team, which oversees their progress throughout their enrollment. A plan is prepared for each enrollee that usually includes several components of service; such as orientation, basic education, institutional

skill training, general educational development, and job follow-up. The plan may be altered as the individual progresses through the program by the counselor and team to which the enrollee is assigned. As a result, the pattern of participation in components may be mixed. For example, the enrollee may be assigned to high school equivalency training after completing skill training instead of before. The individual is an enrollee of WIN throughout his employability plan, even during inactive periods between components. Consequently, some individuals are classified in "holding" status and counted in enrollment figures. A WIN participant remains enrolled for 90 to 180 days after being placed in employment, subject to follow-up and appropriate supporting services.

Probably the three most important and distinctive tools or techniques of WIN are the employability development plan, the team concept, and program flexibility.

The employability development plan is the "blueprint" which guides the activities of program components and supportive services in assisting enrollees to develop their occupational potential. A plan is developed for each individual who is not immediately referred to permanent

placement. The initial plan developed during the original enrollment period is based on such items as evaluation of enrollee needs and testing of aptitudes, labor market conditions, and available resources for education and training. The initial plan is progressively amended as the enrollee's interests and aptitudes become better known to the WIN team.

The WIN employability team usually consists of a counselor, training specialist, job developer, job coach, and a clerk. These five persons work very closely with the enrollee, applying their specialized service as a team to each enrollee's problems. The team is "home base" for the enrollee from initial enrollment to termination from the program. The WIN team concept has been found to be particularly effective in working with the multi-faceted problems of welfare recipients; the enrollee is made aware of all the services available and each team member is able to expedite and coordinate his particular services to the enrollee with those of other team members.

The flexibility of the WIN concept is the program's third unique feature. In other manpower programs where services are usually provided in distinct packages a trainee may or may not obtain supportive services depending on the

particular program. Should the particular type of training be inappropriate or should the enrollee experience difficulties, there are few alternatives available. Under WIN, however, the enrollee may recycle or switch to other components if the counselor decides the course is not "working." Enrollment is continuous, even when the enrollee is in holding between components; it also extends beyond placement for 90 to 180 days to insure the stability and permanence of placement. Because WIN deals with a client group that is already provided income maintenance, the employability team has time to develop the appropriate education and training.

The WIN concept provides in a unified package the complete range of manpower services available separately in other manpower programs. The following material describes the variety of manpower services that might be made available to an enrollee. However, an average enrollee would not participate in all of them. For instance, some might enter employment and follow-up directly from orientation, others after institutional training, etc.

Intake and Assessment Phase -

During the initial enrollment process, the enrollee is evaluated to determine his particular needs. He is

interviewed by the WIN team, which uses evaluative techniques including testing and work sampling. During this period the initial employability plan is developed which details the steps the individual will follow in his progress through the WIN program.

A period of "holding" during the intake phase may occur after enrollment and assessment, when training courses have not begun, or training opportunities or other services are not immediately available. Although the enrollee may not be actively in training during this time, he is still enrolled and is placed in the appropriate step of his employability plan as the opportunity arises.

Orientation - This component includes all activity related to introducing the enrollee to WIN. It may include a description of the nature of WIN and the types of training available, an explanation of the sponsor's rules, information about the enrollee's status while in WIN, and introduction to WIN staff. The employability portion of the orientation may include such subjects as motivation, job interviewing techniques, application writing, what to expect from employers, and other job-related subjects.

Education - Educational services are provided to those recipients lacking the minimum education necessary to obtain a job or participate in further training. Major types of academic training are basic education and General Education Development leading to a high school equivalency diploma.

Institutional Training - This component consists of classroom vocational education in clerical, service, and semi-skilled to skilled occupations. Training may be provided by public or private agencies. Courses may be developed specifically for groups of WIN enrollees, or the enrollee may be referred on an individual basis to a particular course.

On-the-Job Training - This component is based on skill training provided by a public or private industry employer. The individual receives wages paid by the employer. The employer is reimbursed for some or all the training costs incurred. The enrollee may continue to receive an adjusted welfare payment depending on his or her earnings and welfare standards in the particular State. During on-the-job training, supportive services may continue.

Special Work Projects - WIN legislation authorizes employment by public or private non-profit agencies of persons for whom jobs in the regular economy cannot be

found. Such persons receive a wage which is made up of their welfare benefit and a partial payment by the employer. For a number of reasons, discussed later, this component has not been used extensively.

Component Holding - Holding occurs when enrollees are between training phases or steps in their employability development plan. For instance, enrollees who have completed orientation and basic education may be waiting for a particular institutional skill training class to start. Component holding also includes those who have completed training and are awaiting job placement. During the component holding period, enrollees are counselled, may have interviews, and receive other services. Those in component holding are considered as enrollees.

Follow-up - For a period of 90 to 180 days after an enrollee has been placed in a permanent job, he remains enrolled and may be provided supportive services to assure stability of placement and the adjustment of the enrollee. Should the placement prove unsatisfactory, the enrollee may be re-cycled through additional services.

Work Internship - This technique permits enrollees to sample a variety of occupations and work situations during

a 10-week period. It also allows the team to find out more about the enrollees' interests and aptitudes.

Relocation Assistance - The WIN program provides for relocation assistance where definite job offers have been obtained. WIN staff makes sure that adequate pay, appropriate housing, and schools for children are available.

Vestibule Training - This component is an attempt to utilize the expertise of ongoing "company schools" in the WIN program. WIN participants are placed in the company training program, but are not employed by the company. In some cases, this vestibule training would be followed by on-the-job training, but not necessarily with the same company. In many areas such training is preferable to ordinary vocational education, and in some instances company schools may be the only facilities available.

Para-professional Training - This component offers classroom vocational education and practical work experience geared to entry-level jobs in public service. Training is provided by public and private nonprofit agencies and in most cases will be coupled with remedial education and general educational development. Para-professional training emphasizes upward mobility through career ladders preceded

by extensive job development and job engineering efforts.

Suspense - WIN participants are designated "in suspense" when they are enrolled in other manpower programs as a part of their employability plan. For example, the WIN team may decide that a particular enrollee could become a fine upholsterer. If MDTA upholstery classes are about to begin, he will be placed in suspense while he attends MDTA skill training.

Program Development

The WIN program has been in operation for just over a year and a half. Initial funding of projects began in mid-July of 1968, with significant enrollments and program operations beginning the following October.

Early development of the program was hindered by legal barriers in State laws relating to public assistance and legislative requirements to obtain matching funds. Between July and October 30, 1968, WIN programs were funded in 37 States and jurisdictions, but legal barriers delayed participation by other States. Through May of 1969 only 38 States were participating. In June 1969 an additional 14 States were funded, leaving only New Hampshire and Nevada outside the program. As of June 1, 1970, only New Hampshire was not funded due to a contractual problem. However, three other

States only recently became operational and had not reported enrollment activity as of April 30, 1970.

Appendix Table A-1 shows new entrants, end of month enrollment and number of States reporting enrollments for each month since the start of the program through April 1970. New entrants to the program seem to have stabilized in recent months in the range of 7,000 to 8,000. The net increase in end-of-month enrollment has been approximately 2,000 to 3,000 per month.

PART II - CURRENT STATUS

Funds

Total Federal amounts obligated to April 30, 1970, for manpower activities under WIN have been \$151,277,287. Of this amount, \$140,789,345 went to the States running WIN programs. Evaluation of early results and research accounted for an additional \$2,394,153. Federal expenses for administration of manpower aspects were \$5,343,018, including a start-up period prior to actual operation of WIN in the States. Of the 227 Federal positions required for manpower activities, 166 were located in regional and other field offices.

WIN financial resources were allocated among the States on the basis of two criteria: need and capacity. Work Incentive Program allocations of manyear slots for program operations in FY 1969 (the program's initial year of operation) were based on each State's AFDC caseload, and the size of the Title V (EOA) and Community Work and Training programs to be replaced by WIN. Each State received money on the basis of training opportunities and costs experienced in previous training programs. FY 1970 allocations used the AFDC caseload but also took into account the State's WIN performance

record and its capacity to expand operations. A limiting factor in the entire allocation process has been the requirement that State welfare agencies provide non-Federal funds or in-kind service amounting to 20% of the Federal allotment. Some State legislatures did not allocate enough to permit a Federal payment to the level they should have received under the above procedures. The lack of State matching funds severely restricts and limits WIN's capability to allocate program resources to areas of greatest need.

Authorized enrollment opportunities exceed enrollment, as of April 30, 1970 by 30,000 (Appendix Table A-3). This seeming discrepancy is due to the time lag between authorization and actual creation of courses, referrals, and enrollments, during a period of rapid build-up. Six States have entered the program since September 1969, and by April these States were still experiencing the start-up problems that the majority of States had in late 1969.

Persons Served in WIN

There have been about 153,000 first time enrollments in WIN from its inception in August 1968 to the end of April 1970. Because the program began to reach substantial operating levels only recently, a large proportion of these enrollees (56%) are

still actively in the program. A WIN enrollee is counted in the program until he has been through the entire individual employability development plan prepared for him, including a follow-up counseling period of 90 to 180 days after he has gotten a job. Of the 155,000^{1/} who have entered the program, about 71,000 are still in WIN training^{2/} 27,000 are at work under a variety of arrangements, and over 53,000 have left the program prior to completing their employability plan. A number of these have undoubtedly obtained jobs through their own efforts.

A majority of those who are working are still being assisted by WIN programs. They are either in on-the-job training (about 650), or in regular jobs but receiving follow-up counseling by WIN staff (12,300). About 1000 persons are working in subsidized jobs in WIN Special Work Projects. Another 13,000 persons have been employed through the follow-up period and are "on their own" now. Some specific data on these WIN graduates will be presented in a later section. Altogether, the 27,000 persons at work represent a WIN achievement; these workers--former welfare dependents--

^{1/} About 2,600 persons left the program and subsequently re-enrolled.

^{2/} Approximately 4,500 additional persons are enrolled in other manpower programs and are in "suspense" status.

have been brought to the level of a wage receiving, work situation.

About 85,000^{1/} persons were in WIN program components as of April 30, 1970. As described above, 14,000 of these were people who were working in some type of work-training or follow-up situation. The other 71,000 were receiving various mixtures of academic and skill training, or were awaiting entry to the next class or program component. Each enrollee is helped by a team including counselors and job developers, to plan a program which will equip him to get and keep a job. This may include some elementary education or high school preparation--about 19,000 enrollees were receiving some academic training in April. Nearly all WIN enrollees need some type of vocational training, and most require institutional skills training. Some, because of earlier experience or particular aptitudes, may be placed in job situations to polish their skill in an actual work situation. This work-training grades off into work-with-counseling, after which the WIN enrollee continues working on his own. Table 1 indicates how many WIN enrollees were in each of these stages in April 1970.

^{1/} Approximately 4,500 additional persons are enrolled in other manpower programs and are in "suspense" status.

TABLE 1
Enrollment by Major Program Component
as of April 30, 1970

<u>COMPONENT</u>	<u>ENROLLMENT</u>
Total	89,445
Intake and Assessment Phase	7,096
Orientation	5,890
Exploration by Job Try-outs and Work Sample Methods	627
Basic Education and General Educational Development	19,450
Other Pre-Vocational Training	3,986
WIN - Institutional Training	17,899
In Other Manpower Training Programs	4,523
Other Vocational Training	1,002
Holding Between Program Components	15,053
WIN - On-the-Job Training	661
Special Work Program	976
At Work and Receiving Intensive Follow-Up Services	1,872
At Work and Receiving Regular Follow-Up Services	10,410

Some newly-enrolled WIN participants are still being assessed or are planning their programs. It is in this initial stage that a first employability plan is drawn up for each enrollee, charting his self-improvement course. Usually, the enrollee can move directly into orientation or training from here, although there may be a wait of a few days or weeks for another class to begin, especially if the course scheduled is institutional skills training. For successfully employed WIN "graduates," the initial planning and waiting stage was usually between one and four weeks.

As the WIN participants move through the self-development program, which may take seven to nine months, they may experience some waiting periods between courses, or counseling periods before OJT or placement. These "holding periods" result from coordination and scheduling problems. Median between-component waiting time for successful WIN graduates was about 6 weeks; for drop-outs, it was 13 weeks. Action to reduce holding time is discussed in another section.

A tabulation of the number of program components in which working WIN graduates participated indicates that about 40% benefited from two components; 27%, three components; and 26% went through four or more program services. Only 7%

need minimal, one-component assistance.

Kinds of People Served

Data for fiscal year 1970 (to April 1970) indicate that the majority of WIN enrollees are women (71 percent). There has been considerable State variation, with the following States having a majority of male enrollees: California (the largest State program), West Virginia, Colorado, Utah, and Hawaii. Since this may be due to the male priority clause in WIN legislation, it may only be temporary. Even in the first year of operation, the balance of the State programs have had heavy concentrations of women enrollees.

Some what more than half the enrollees are white (54 percent); 40 percent are Negro, and 6 percent members of other minority groups. Such Western States as Montana, the Dakotas, Utah, Wyoming, and Washington, with their significant American Indian populations, have relatively high percentages in the category of "other races." There are heavy Negro enrollments in such States as Louisiana, Alabama, Maryland, Virginia, Mississippi, Tennessee, and the District of Columbia (all with relatively large Negro populations). Such industrial States as New York, New Jersey, Michigan, Illinois, and Ohio also have a majority of Negro enrollees.

The typical WIN enrollee is a school drop-out, with 25 percent having completed eight or less grades of schooling and another 43 percent not having completed high school. About three-fourths of all enrollees are in the prime working years, between ages 22 and 44; 6 percent are 45 and over; and 22 percent are under 22. This pattern is different from the one found in MDTA and CEP programs, where typically from 35 to 40 percent of the enrollees are youth under age 22 and just over half the enrollees are between 22 and 44. The most striking State variation from the national pattern is in West Virginia, where more than a quarter of WIN participants are age 45 and over, and a lower proportion are under 22 than in any other State.

Twenty-two percent of the enrollees have Spanish surnames. Concentrations are in such States as New York, with a large Puerto Rican population; and Utah, Wyoming, Arizona, and California, with large Mexican-American populations.

Comparing 1969 and 1970 characteristics (Table 2) highlights the effect of the initial legislative priority given to male heads of household. The great majority of AFDC recipient families are female-headed and women are now dominating the WIN program to an appreciably greater extent, comprising more than seven-tenths of this year's enrolled total in contrast to

TABLE 2

Selected Characteristics of WIN Enrollees

Enrollee Characteristic	FY 1970 ^{1/} (percent)	FY 1969 (percent)
TOTAL	<u>100</u>	<u>100</u>
<u>Sex</u>		
Male	29	40
Female	71	60
<u>Race</u>		
White	54	56
Negro	40	40
Other	6	4
<u>Education</u>		
8th grade or less	25	31
9th thru 11th	43	41
12th and over	32	28
<u>Age</u>		
Under 22	22	16
22-44	72	74
45 and over	6	10
Head of household	86	91
Income below poverty level	95	89
Spanish surname	22	18

^{1/} To April 30, 1970

60 percent in fiscal 1969. Severely undereducated enrollees--i.e., persons with no more than eighth grade education--currently account for only one-fourth of the enrollee total compared to 31 percent in fiscal 1969. This trend appears to reflect the generally higher level of educational attainment found among female WIN participants than among males.

Participation of youthful enrollees has increased, with those under 22 now accounting for 22 percent of the enrollee total compared with 16 percent in fiscal 1969.

Program Results (as of April 30, 1970)

WIN has placed about 25,000 people in regular jobs,^{1/} primarily in private industry, since the program began. Some 12,000 of these workers have been placed only in the last 3 to 6 months, and are still receiving check up calls once a week or so. Another 13,000 have completed this phase, and are successfully "terminated" from the program.^{2/}

A sample study of the small number of early terminations indicates that over half of those placed in jobs with WIN

^{1/} Excludes about 2,000 OJT and Special Work Project placements.

^{2/} The analysis which follows is based on several different partial counts of WIN "terminations." There is no reason to suspect the presence of major bias in the selection of files for tabulation.

assistance were able to leave welfare entirely. Other employed graduates were able to support their families partially, so welfare payments were reduced. In these cases, the welfare family may have been so large that a job at the lower end of the pay scale was not sufficient to provide for all the children. (Compare Table A-5 in Appendix.)

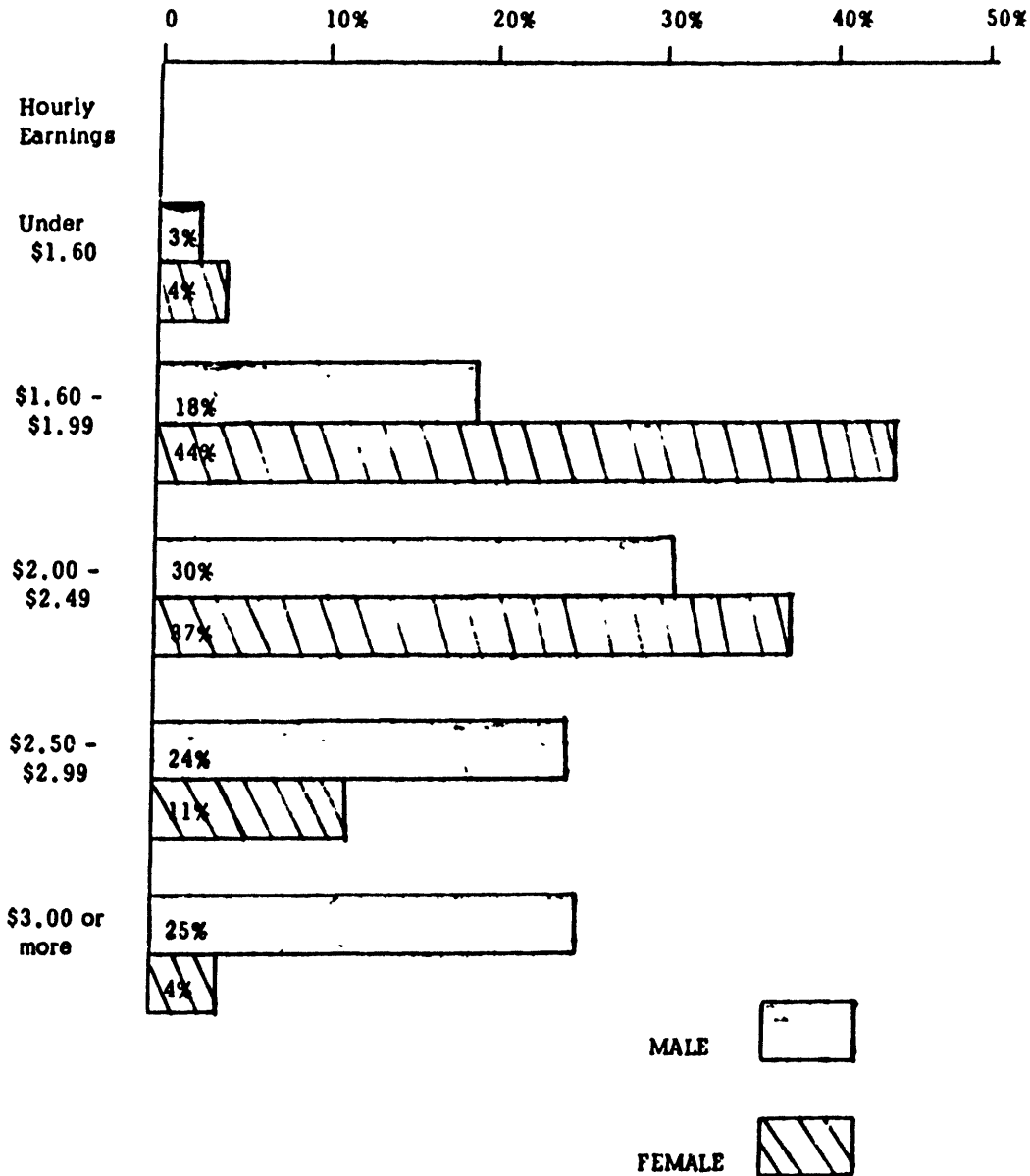
Average wages of WIN graduates, when they have been working three to six months, are \$2.29 an hour (see Table A-4 in Appendix). The who obtained construction work were able to get the highest average hourly pay, but they also may be subject to variable work weeks and periods of layoff. Some industrial jobs average \$2.50 an hour, and may have full work weeks. The clerical positions obtained by welfare mothers all average over \$2.00 an hour. High school equivalency is required for many clerical jobs, and the WIN program was able to provide this training. In addition, women WIN enrollees have a higher educational attainment than men enrollees, so less remedial education is required.

There is a large differential between wages obtained by men and by women at time of placement (see Chart A). Nearly half of the men start at wages of \$2.50 an hour or above. In contrast, 48% of the women make less than \$2.00 an hour.

The data suggest that many welfare mothers, after training and employment, will not be able to make enough wages to

CHART A

Male and Female WIN Graduates¹ by Hourly Earnings
Six Selected States, December 31, 1969



¹/Based on 5,263 graduates in follow-up status in the States of California, Colorado, Illinois, New York, Pennsylvania, and Washington.

bring their families entirely out of poverty. If they must pay for day care, or even after-school and summer care, out of these wages, there may be little incentive under the current AFDC legislation for leaving welfare to work. The WIN program provides day care payments to participants during training and the first three to six months of employment, but after this, day care costs may come out of wages.^{1/} There are no data on how many mothers left employment after day care support was terminated. However, when welfare mothers entered the WIN program they were asked for the reasons why they weren't working. Fifteen percent of the reasons given by this group related to child care problems. (See Table 3)

The WIN program model provides for a participant to remain enrolled in the program until he completes his employability plan. By this definition, anyone who completes the program will be employed. About 53,000 persons, however, have left WIN without completing their employability plans. Very little information is available on the current status of these persons but studies are in process. The recorded reasons for leaving the program given in early results of one study of a

^{1/} See page 54 for a description of how the proposed Family Assistance Act will alleviate this problem.

TABLE 3

Reasons Given for Their Unemployment by WIN Applicants
July 1, 1969 - March 31, 1970, by Sex and Color

Barriers to Employment	Total	Male	Female	White	Negro
Total: Percent	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Lack of education, skill, etc.	66	63	68	63	69
Health Problems	5	10	3	6	4
Personal Problems	3	4	2	3	1
Transportation Problems	9	8	9	10	8
Child Care	11	1	15	10	14
Prison Record	2	7	<u>1/</u>	3	1
Other	4	8	3	4	3

Note: Individual items may not add to totals due to rounding.

1/ 0.3 percent

sample of about 11,000 of these persons are shown in Table 4 below. These were the explanations given by WIN enrollees when they failed to appear for a scheduled program service, or when they informed WIN staff beforehand of their decision to quit. The material is therefore highly subjective. Moreover, there is some likelihood that multiple problems occur, and the enrollee may select a reason which requires least explanation or which is thought to be most "acceptable" to WIN staff. With all of these drawbacks, a conservative interpretation must be made.

It is likely that many of the 30 percent who cannot be located or gave "other" reasons have managed to find employment through their own efforts. On the other hand about 20 percent refused to continue or were separated, which may indicate that these participants did not view the expected results of their employability plans with much anticipation. Much more detail would be necessary to yield an authoritative explanation of why they lost interest, or had little interest from the beginning.

A high proportion of ill enrollees suggests the need for timely physical examinations and appropriate health care follow-up. The proportion of participants who left for child care and for pregnancy will probably rise as the program completes

TABLE 4

**Percent of Enrollees Leaving Before Completion,
By Reason for Leaving
August 1968 - March 1970**

<u>Reasons for Leaving</u>	<u>Percent</u>
TOTAL	<u>100</u>
Illness -----	14.8
Pregnancy -----	4.1
Death -----	.4
Institutionalized-----	1.4
Refused to continue -----	15.5
Separated by administrative decision -----	3.1
Moved from area -----	10.8
Cannot locate -----	6.5
Child care needs -----	9.6
Transportation difficulties -----	1.7
Referred in error -----	7.9
Entered Armed Services -----	.5
Became full-time student -----	.7
Other -----	23.0

its work with the backlog of welfare fathers, and takes in a higher proportion of welfare mother heads-of-household.

Nearly 12 percent left because of problems with child care or transportation; a situation which can be corrected with improved program design.

PART III - PROBLEMS

A new national program designed to overcome a growing social and economic problem--dependency--is certain to have start-up problems, many of which are administrative. It also is going to face problems which will be chronic, because they reflect either the basic causes of dependency, or the social and economic "traditions" which have become barriers to independence. The administrative task is to operate a program, within the legal authorization, which provides the most effective and economical vehicle to economic independence for the employable of the welfare population. The WIN program concentrates on improving the competitive position of poor individuals in the labor market, but it does not alter conditions in the labor market (except for providing a limited number of jobs in Special Work Projects for those unable to obtain competitive employment).

The most noticeable problems at the beginning of a program are mechanical--establishing an operating structure, coordinating with other structures, staffing, timing, instructing, and so forth. As these start-up problems are overcome, the difficult "chronic" problems become more evident because the program, now beginning to function more smoothly, has come up against the real causes of dependency. This is the stage that the WIN program has now reached

This section covers the problems which were encountered during the early phases of the program and which, in a number of cases, are still being encountered. The next section covers how most of these problems have been resolved or are in process of resolution. Part V describes how many of the legislative constraints which have tended to restrict the full achievement of WIN objectives will be ameliorated or completely resolved by the Family Assistance Program.

The problems normally expected in implementing a program of the size and complexity of WIN were aggravated by several features of the WIN concept itself. There was, first, the re-

quirement for close coordination between agencies, not only at the Federal level but also between the Federal agencies and their State counterparts, between State agencies, and between local agencies. Second, the comprehensive nature of WIN required balancing components and a degree of sophistication in scheduling not readily attainable. This scheduling required precision in the movement of individuals between training components and also in arrangements for supportive services supplied by welfare agencies. Third, the emphasis on developing individual employability plans required much more time per individual than simple enrollment.

Because these problems were anticipated, evaluation studies were initiated at the beginning of the program. The results of these studies have proven beneficial in designing and installing administrative modifications and improvements, thus overcoming fairly quickly some of the early problems.

Most of the early problems of the program were basically administrative rather than a result of the concept or design of the program. A difference in interpretation of the law between welfare and employment agencies during the start up period sometimes hindered the development of a smooth, efficient enrollment process.

The time required to develop educational and vocational training components was often underestimated, resulting in bottlenecks between components. Another major cause of start-up difficulties was the absence of pre-existing administrative relationships. For example, differences in interpretation of WIN guidelines at the State level by Welfare agencies and the Employment Service created early administrative problems. However, in those areas where Title V projects had previously existed or where such relationships were established informally between caseworkers and WIN staff, evaluation studies found that transition was smoother and the project benefited substantially.

Other issues which required considerable staff attention during the start-up period were: procedures for payment of enrollee transportation costs; clarification of case worker responsibilities for insuring that those referred to WIN report to the enrollment interview; problems of the welfare department in working out child care arrangements--and other services--after a WIN graduate has been successfully employed; staffing problems in the welfare departments and above all, guidance on building effective relationships between agencies to remove bureaucratic obstacles to the enrollment process.

"Holding"

"Holding" occurs when a WIN enrollee is not actively participating in a training or educational component. He may be receiving some counseling, and if he is placed in holding just after enrolling he may be undergoing tests or planning his training program. However, in some cases, excessive length of stay in holding is an indication of timing problems or the lack of adequate and appropriate component "slots." It may also indicate an inability to place a trained enrollee in a job.

As WIN began, time was required to develop suitable training and educational components and many programs had long periods of holding. Scheduling training components presents a formidable timing problem. It is difficult to schedule an institutional course to correspond with enrollees' needs and even more difficult to develop OJT components by matching employer needs with enrollee availability. Though procedures for developing institutional training are now adequate in most areas, not all courses are designed for the special requirements of welfare clients. Programs for both Basic Education and High School Equivalency have been largely "standard" packages, which

may fail to meet the needs of welfare recipients. On-the-job training has been unavailable in many areas because of competition with other programs and complicated procedures for contracting with employers. As unemployment rates have risen, fewer employers seem to be interested in setting up OJT projects.

These administrative problems resulted in several program difficulties during the early period, which were reflected in the number of enrollees in the intake and assessment phase and the number and appropriateness of referrals to WIN.

One difficulty created by "holding" is sustaining the enrollee's motivation. "Holding" means disrupting his program and delaying the achievement of the goals towards which he is working. Long periods of delay discourage and disillusion the enrollee and make caseworkers reluctant to refer clients to WIN.

In the early months of the program, the intake phase accounted for as much as 35 percent of total monthly enrollment (Jan. 1969), suggesting lengthy stays in this phase. One study of persons dropping out of the program during 1969 indicates a median total of 7 weeks "holding" in the intake phase. The

delays involved in extended periods of waiting for training were judged an important factor in drop-outs, and created difficulties in maintaining adequate child care arrangements.

Referral-Enrollment Problems

A second major problem during the start-up period was the referral-enrollment process. At least part of the reason for the large build up in the applicant holding component was the delayed development of arrangements for referral between Welfare and the Employment Service. Evaluation studies indicate that arrangements varied markedly from one area to another, with the most effective system in those areas where close, informal working relationships had been established. The existence of these relationships was judged to be more important than the existence of formal guidelines and administrative procedures. In those areas where cooperation was evident, adjustments for training capacity were readily made and the case-worker's familiarity with the applicant's background contributed to a better employability plan.

Another part of the referral problem was the wide difference between States in the proportion of persons found appropriate for referral. On a cumulative basis, through December of 1969,

20.5 percent of recipients assessed by State welfare agencies were found appropriate for referral to WIN. However, the proportion varied widely between States, ranging from 5 to 100 percent. For example, New York referred only 6.9 percent of those assessed as compared to 36.1 percent in California.

From the start of the program through December of 1969, a total of 210,486 persons were referred to WIN. In the same period 120,843 persons were enrolled. The discrepancy is due to a number of factors: Training opportunities cannot always be developed as fast as referrals; some recipients leave welfare while awaiting enrollment, not all persons referred actually report to the employment service; some of those referred are found to be unsuitable for enrollment and are returned to Welfare; some require medical and other supportive services that are not immediately available.

Problems of Inflexible Funding

Since the beginning of WIN, the 20 percent State matching requirement has been the most restrictive fiscal feature of the program. This has especially been true in attempts to repro-

gram funds. In some of the smaller States, the legislatures meet only biennially so that funds cannot be moved rapidly from one program to another, or increased in a timely way.

During fiscal year 1970 an effort was made to reprogram WIN resources both within States and between States. Results were generally meager and shifting resources from one State to another proved nearly impossible. In order to effect a transfer between States, the receiving State must provide 20 percent State matching funds for the additional Federal resources. In States having county-administered welfare programs, the county itself must provide the matching funds. This situation affects not only shifting resources between States but also within States.

Child Care for Welfare Mothers:

HEW through the State welfare agencies is responsible for providing child care for working mothers in the WIN program. So far, this responsibility has been largely unmet, primarily because the legislation requires State welfare agencies to provide 25% of funds and also because no Federal funds

for the acquisition or construction of facilities were provided.

Medical Problems:

Many of the poor are too ill to work steadily and too poor to afford the care necessary for rehabilitation. WIN case records show the following reasons for not working: alcoholism, obesity, dizziness, hernias, chronic exhaustion, back trouble, and frequent headaches. Information on psychological problems is more difficult to obtain and assess, but welfare workers feel that many persons on the AFDC rolls cannot be employed until their emotional and psychological problems are mitigated. Among the emotional problems of recipients mentioned by case workers are feelings of personal inadequacy, despondency, withdrawal, and general difficulty in relating to others.

Though the program calls for medical examinations prior to referral, these are difficult to arrange and medical resources are lacking in many areas. In many projects, even where examinations are adequate, there are no provisions for correcting the medical problems that are barriers to

employment. One reason is that while the Federal Regulations urged States to make use of funds under Title XIX of the Social Security Act, requirements for State matching have limited their use.

Civil Service Problems:

Staffing WIN projects was hampered by civil service procedures in many States. Seniority provisions in State merit systems often required that persons in the employment service agencies with seniority be given preference for positions needed to staff the new programs, even though they might be poorly suited to work with welfare recipients. This problem was particularly acute at the management supervisory levels.

Existing job descriptions, lists, and qualifications indices did not facilitate recruitment of the kind of staff who could work with disadvantaged persons. Where the selection criteria were not changed, the new employees were not what the program really needed. For example, qualifications for counselor positions in most States require a college degree with credits in a behavioral science. Such academic background, however, does not insure that the graduate will be able to handle vocational problems, work with disadvantaged minority group applicants, and understand

the lifestyle and outlook of the poor. In addition, turnover is encouraged by low salary levels, particularly among counselors with a few years' experience who can find more lucrative positions elsewhere.

Problems of Communication with Client Groups

One problem in developing WIN manpower programs has been to obtain feedback from participants on manpower problems encountered by WIN enrollees and to establish communications between participants and program administrators.

In attempting to do this, DOL contracted with the National Self-Help Corporation, a subsidiary of the National Welfare Right Organization. The contract covered the period from December, 1968 to June, 1970. The contract will not be renewed.

It was hoped that this contract would make the opinions and suggestions of WIN clients known to the Department. However, it was found that this approach did not produce the desired results. The information provided to the Department tended to focus largely on welfare rather than manpower problems and, for the most part, could not be translated into WIN program improvements. Efforts to develop a satisfactory method of communicating with WIN participants are still continuing.

Job Development and Placement

The criterion of success for WIN is the amount of reduction in welfare expenditures which are attributable to WIN activity (discounted by program costs). This simple definition of "result" is, however, difficult to measure.

One of the major considerations in measuring it is to obtain data over a sufficient time period to see if the program has had a lasting effect on the enrollee's employment. (Another, of course, is to measure the employment experience of non-enrollee welfare clients, over the same time period, to see what difference in outcome they have experienced, if any.)

This kind of followup data is not available yet. Until it is, job placement must be used as a surrogate measure. The entire activity of WIN, from the enrollment through followup, is focused on finally placing the enrollee in a steady job, and giving him the skill and advice which will enable him to keep it. In this sense, job development is critical, and should be a controlling program component. Where the labor market is so poor that job development is meager, alternative kinds of employment ("Special Work Programs") must be created,

or persons must be afforded the opportunity to relocate to stronger job markets.

Job Development and placement activities have varied widely in quality. There is a wide variety among welfare recipients, and their placement potential should be recognized on an individual basis, at the beginning of employability planning. This kind of forethought is going to be even more important as the program enrolls more women and as the process of enrolling the most employable first exhausts the supply of relatively better-equipped persons on welfare rolls.

Special Work Projects

The Special Work Projects component of WIN authorizes agreements with public and private non-profit agencies to employ those for whom jobs cannot be found in the regular economy or who cannot benefit from training. Participants in special work projects are paid a wage rather than their regular assistance grants.

The plan for financing special work projects is extremely complex. The basic idea is that participants will receive a wage made up in part of their welfare benefits and in part by

payments by employers. The employment service sets up an account into which welfare pays the total amount of the recipient's grant or 80% of the recipient's gross earnings, whichever is less. From this account the employment service reimburses public and private non-profit employers for a portion of the wages paid participants.

Several factors which have limited the development of special work projects are:

1. Many State laws forbid transferring funds from one public agency to another. This prohibits the welfare agency from transferring funds to the employment service to reimburse employers.
2. Deficits in the Special Works Project account would have to be made up from State funds and establishing procedures and fiscal safeguards has proved difficult and time consuming.
3. The amount that welfare agencies can transfer to the employment service is limited to 80% of the wage or the welfare grant, whichever is less. This means that in States with low benefit levels the employment service could reimburse employers for only a small percentage of participant wages.

4. Most State public agencies which would be potential Special Work Project employers are experiencing fiscal crises which prohibit their paying a share of participant wages or hiring staff to supervise participants.
5. Special Work Project participants must, by law, receive at least the amount of their regular assistance grant plus 20% of their gross earnings. Welfare agencies must make supplemental payments if the special work project fails to yield this amount. When these supplemental payments are added to child care cost it may cost the welfare agency more for persons participating in Special Work Projects than regular assistance payments would cost. Most State welfare agencies already face a fiscal crisis and are unable to incur additional costs.
6. Special Work Projects are designed to provide employment for individuals for whom a job cannot be found or who cannot benefit from training. Initially, most States have concentrated their efforts on developing programs for individuals who were employable or trainable.

**PART IV - REMEDIAL EFFORTS AND
PROGRAM PLANS FOR FY 1971**

In the initial operating period, the first priority in the WIN program has been to initiate and organize programs in all States. Staff efforts has been devoted to coping with start-up problems which have been primarily administrative. Now, with basic programs established in all but one State, attention can be given to designing components more appropriate to the need, and to improving the timing and coordination of the WIN process.

Increase in Size

There will be a major increase in the size of the program. The goal is an increase of over 50 percent in enrollment, from less than 100,000 at present to 150,000 by June 30, 1971.

In FY 1971, the Department of Labor is requesting \$92.8 million for the WIN program. Together with carryover from appropriations in earlier years, this amount will support an average enrollment of 125,000 individuals over the year, an increase of 45,000 over the estimated FY 1970 average enroll-

ment.

Increases are planned for all components of the WIN program in FY 1971 with major expansions in the institutional training, employability planning, job development, and follow-up components. Other components of WIN will also expand but to a lesser degree.

Reducing Holding and Improving Referral

Reducing applicant holding was a major goal during fiscal year 1970. A joint task force of HEW and DOL personnel was created to work on this and other major operating problems. It began with the major symptom: too slow an increase in enrollment and coordination problems in the referral process. The task force scheduled visits to 27 States whose enrollment levels were substantially lower than projected goals. It met with State and local operating officials to identify those operational and procedural problems which were restricting the efficient use of program resources. In the initial series of visits to the States, conducted from October 1969 to February 1970, the task force emphasized to regional and State officials the need to increase WIN enrollments and improve the program performance. The following recurring problems were discovered

to be handicapping WIN referrals:

- lack of adequate welfare case worker orientation to and training in WIN
- lack of child care facilities
- difficulties in procuring medical examinations
- lack of adequate welfare staff to conduct the assessment and referral process.

The States indicated they would take the following actions:

- develop a training and orientation plan for welfare case workers to include employment service resources and for employment service staff to familiarize themselves with welfare.
- use various medical resources such as public health services, medical schools, and the enrollee's physician and systematize procedures to obtain medical examinations
- set up frequent, regular meetings between local welfare and employment service staff
- develop a WIN publicity program to solicit community support and to motivate welfare staff and make the client population aware of opportunities in the WIN program.

Early in 1970, the task force began to analyze program operations in key projects to determine which of these seemed to require interdepartmental technical assistance. From this analysis,

twenty-one projects were selected for task force visits. In these areas the task force is helping local and State officials solve such problems as child care, referral and enrollment procedures, subcontracting procedures, and component development.

Because WIN is based on the individualized approach through the development of individual employability plans, all training cannot be predetermined. This limits the possibility of prior contracting for all services. Since the task force visits, however, the States have made significant progress in simplifying training procurement guidelines. Negotiation and approval of OJT and Work Experience training contracts are being delegated to the local operating officials in many States.

The HEW-Labor task force decided to visit States and cities in which holding was extensive and visited many projects to improve welfare-employment service coordination of the referral-enrollment process. Improvements in the enrollment process were achieved through more efficient use of the WIN team concept. Finally, improvement came from stabilizing new enrollments and

resolving start-up problems as almost all States completed their initial organization period. Applicant holding has been steadily dropping as a percent of current enrollment as shown in Table 5. By April 1970 less than 9 percent of enrollments were in this category. The number in applicant holding is now less than the number of new enrollments indicating that most enrollees stay in this component less than a month. While attempts to lower the length of this stay will continue, the requirements for counseling, development of the employability plan, and arrangement for supportive services, will probably continue to require an average stay of at least several weeks. The task force will now concentrate on reducing the size of the component holding phase which currently accounts for 18 percent of enrollment.

Improvements in the WIN referral-enrollment process are now being achieved by the interagency task force, which is clarifying the standards for referral and promoting closer relationships between welfare and employment agencies. Some welfare agencies have created "WIN/WEL" units with caseworkers assigned exclusively to work with potential and actual enrollees.

TABLE 5

**Holding During Intake and Assessment Phase as Percent of
End of Month Enrollment, by Month
August 1968 - April 1970**

Month and Year	End of Month Enrollment	Intake Phase	Intake Phase as Percent of EOM Enrollment
<u>1968</u>			
August	387	-	-
September	2,191	457	20.9
October	6,186	2,050	33.1
November	13,410	3,828	28.6
December	19,035	5,795	30.4
<u>1969</u>			
January	33,804	11,980	35.4
February	42,092	12,763	30.3
March	49,968	13,625	27.3
April	56,224	13,527	24.1
May	60,496	12,419	20.5
June	61,847	10,551	17.1
July	62,733	9,466	15.1
August	63,727	9,055	14.2
September	65,031	7,833	12.1
October	66,997	7,557	11.3
November	69,578	7,975	11.4
December	74,225	8,826	12.0
<u>1970</u>			
January	77,729	8,463	10.9
February	79,830	7,645	9.6
March	83,202	7,478	9.0
April	84,922	7,096	8.4

The twenty-seven States visited by the task force accounted for an enrollment increase of 14,763 or 38.1 percent from September 30, 1969, to February 28, 1970.

Improved Coordination with Welfare

DOL and D/HEW have made continuous efforts to improve communications and coordination. A continuous dialogue was established to consider the issuance of policy guidance on problems as they arose. The DOL established the mechanism of a Training and Employment Service Program Letter to transmit policy interpretations of new procedures on the WIN program to its Regional staff and State employment service agencies. When these impinge on welfare responsibilities in relation to WIN, they are developed jointly with the Self-Support Programs Division in D/HEW. Then both labor and welfare issue the Program Letters to their respective constituents in the field. This same procedure is applied to issuance of new DOL Handbook material. In this way, differences are reconciled at the Federal level and one instruction goes out to the field.

The Department of Labor will cooperate closely with the Department of Health, Education and Welfare in expanding

supportive services to enrollees. HEW's expanded child care program is expected to produce significant improvements in training program operations. Availability of better and more reliable child care should reduce the number of trainees who drop out because of loss of child care arrangements and increase the number of mothers who can participate. Improved arrangements to provide child care to working mothers who have completed training until they can make other arrangements will also greatly assist job development and placement efforts.

Shifting Program Resources

Shifts of resources both within and between States are presently underway in FY 1971 State WIN planning and budgeting. For example, West Virginia had 7,400 enrollment opportunities available during FY 1970, but has never been able to sustain its high enrollment of 4,914 as of June 30, 1969. Enrollment as of March 31, 1970, was 3,450. Thus the West Virginia WIN FY 1971 planning allocation only provides 5,000 enrollment opportunities. Maryland will reprogram enrollment opportunities and resources from the Eastern Shore and Southern Maryland to Baltimore where the program is near full enrollment. Missouri has recently shifted resources from St. Louis to Kansas City. Other States are planning similar reprogramming.

Job Development and Placement

As administrative problems have been resolved, WIN staff and resources have been freed to improve program operations. Technical assistance will be provided to States and areas to help improve the various components. With large numbers of trainees completing their training in the coming year, placement and job development will be critical. Feedback from this effort will be used to improve the effectiveness and appropriateness of the training courses.

In January, the WIN program was linked with the Job Opportunities in the Business Sector (JOBS) program to improve WIN's placement ability. In those areas where the Concentrated Employment Program operates, a forty-eight hour priority (two working days) has been given the CEP for the recruitment of disadvantaged persons to fill the JOBS employment and training opportunities. This forty-eight hour priority for CEP was extended to WIN trainees in January. JOBS contract openings are to be included in the Job Banks, where they are operational, with the notation that WIN and CEP enrollees are to have forty-eight hour referral priority.

Coupling WIN and JOBS may increase the chances of job retention. The JOBS program provides for special counseling and on-the-job training, and may also provide for coaching, job related education, initial counseling (orientation), transportation assistance, and child-care assistance. (WIN, through welfare-supplied services, may provide for child-care and give consideration to transportation expenses.)

Increased participation of private employers in the WIN program will be a primary goal of job development activity in FY 1971. Efforts to create public sector jobs will intensify. Full use of the 56 new Job Banks to be operating by December 1970 is expected to be a good source of information on job openings for trainees.

Expanding Special Work Projects

In Fiscal Year 1969, West Virginia was the only State that instituted a special work project. As of April 30, 1970, six additional States had this component, although it is still very small in size (from 1 to 60 persons in each project). The FY 1970 budget instructions to State Employment Service agencies

requests them to submit a plan for implementing special work projects, with the provision that any unused special work project opportunities may be used in other components. The budget instruction also suggests that the employment service agencies persuade other public agencies to request funds for employing and supervising work project participants.

Because of the problems in establishing special work projects, particularly State laws forbidding transfer of funds between public agencies, only a limited expansion is projected for special work projects. In the coming year, the Department of Labor will study the experience gained in this area to determine the potential for increases.

Improving the Data Systems and Evaluation

In the start-up period, the importance of data on services performed and results achieved was recognized. A joint effort by data systems technicians and program managers produced a system aimed at providing periodic reports on the number of persons served by each program component, number on holding, number of persons removed from welfare and the employment of enrollees.

Operational experience indicated the need for additional detail and more rapid access to project information. As a result, modifications to the system were introduced and were implemented effective in May 1970. Five major improvements were made. Reporting has been simplified by grouping related program components into single categories. The system will now yield outcome data on all referrals from welfare and identify the reasons for holding. It will also produce characteristics of terminees by type of termination. The output from the new systems will be the basis for determining evaluation and technical assistance priorities and should result in a more effectively administered program.

Evaluation will be increased substantially in the coming year. Every project will be monitored quarterly to check program management, effective use of resources, and coordination of supportive services. Research results on particular aspects of WIN will become available early in fiscal year 1971 and may indicate how program design can be improved.

Other Remedial Efforts

Other specific steps being taken to improve the WIN program in FY 1971 are:

1. Contracts will be let to provide augmented technical assistance in seven of the larger States.
2. New emphasis will be placed on using relocation techniques, particularly in rural areas offering few job opportunities.
3. The WIN program will be given priority in the allocation of Federal staff resources during FY 1971.

Through the steps outlined above, the Department of Labor expects to achieve substantial increases in placements of welfare recipients in the coming year.

**PART V - HOW THE PROPOSED FAMILY ASSISTANCE PLAN
WOULD IMPROVE UPON WIN**

Many of the problems encountered in the operation of the WIN program can be corrected by changes in the authorizing legislation. On the basis of the kind of experience described in this report, the Administration's Family Assistance Act is designed to strengthen the capacity of Labor and HEW to maintain an effective training program, and increase the flow of welfare recipients to jobs.

The problem of child care is frequently mentioned in this report. It has been a major barrier to entry into programs, completing them, and then staying in a job once it has been obtained. A major reason for the shortage of child care arrangements has been the requirement that the State welfare agencies supply 25 percent of the funds. Under Family Assistance, the Federal government would pay 100%, and this should break the child care bottleneck.

In addition there are other significant improvements that would be made in the provision of child care. The Secretary of Health, Education and Welfare would be free to make grants to any public

or non-profit agency to provide child care, or to contract with a profit-making enterprise. While child care terminates under WIN shortly after employment commences, it could continue under the Family Assistance Act, thus eliminating the possibility that the training investment would be lost as a result of the mother being unable to retain her job due to lack of child care arrangements. Finally, the proposed Act would authorize expenditures for the construction or remodeling of child care facilities, if other facilities cannot be found.

As pointed out in this report, the requirement that the State provide 20% of the training funds has slowed the program, and also made it difficult to shift Federal resources among the States. The proposed Act would lower State matching requirements to 10% of training funds. Since the States are authorized to make up their share of the cost with payments in-kind, it is expected that States will not have to appropriate special funds for training programs.

The financial burden on the States would be further lightened by the fact that the Family Assistance Act reduces the State contribution for all supportive welfare services from 25% to 10%.

The problems described in developing Special Work Projects stem directly from the complex financing arrangements under which these special work projects must operate. The proposed Family Assistance Act provides flexible authority, authorizing the Secretary of Labor to enter into contracts with public or nonprofit private agencies to provide employment "in the public interest". This is the kind of flexible authority under which other such public employment programs operate in Labor Department. With this change, it would be possible to mount a significant public employment component.

A vexing problem in the WIN program has been the widely varying policies pursued by State welfare agencies on referrals of "appropriate" persons to the WIN program. This wide variation was described earlier in this report. The proposed Family Assistance Act eliminates this situation. It would not be left to the discretion of welfare officials to determine who is "appropriate" for referral. This is done explicitly in the law itself. All adults must register with the Employment Service except those who are specifically exempted by the law. This is much more equitable from the standpoint of the client, since people are treated alike in all States. Also, it assures the Employment

Service of a steady flow of clients.

More generally, the lines of responsibility are much more carefully drawn between Labor and HEW in the proposed Law. Those who apply for benefits must go the Employment Service. HEW is required to furnish child care facilities as needed. The Department of Labor is responsible for training, and would receive its appropriations directly from the Congress. Even with this helpful clarification, a considerable amount of coordination will still be required between the two Departments. This is now being planned by joint committees of the two Departments.

Another improvement that could contribute to the success of training is that in most States, the present \$30 incentive payment would be raised, thus increasing the incentive to enter training programs. Instead of a flat \$30 per month, the trainee would get the difference between his Family Assistance allowance and what is provided under the Manpower Development and Training Act. The Department of Labor would also be authorized to reimburse trainees for the expense of training, such as transportation and supplies. This must now be provided through the State welfare agencies.

While the initial WIN operation experienced many problems, that phase is largely completed. Enrollments are steadily growing, as is the number placed in jobs. One by one, these problems are being overcome through close liaison between the two Departments, both in the field and in Washington.

WIN has the most sophisticated design of any of our manpower programs. In WIN, the program is tailored to the needs of the individual, through the employability teams, supplying these services that are prescribed by the employability plans. WIN does not try to fit multi-problem humans into single-technique programs.

The present WIN program offers an experience base for the enlarged manpower programs of the Family Assistance Act. With the momentum now building up, and with the more flexible legislative base provided in the proposed Family Assistance Act, there is reason for optimism that manpower programs can be effective in accomplishing what is an objective of both the Congress and the Executive Branch -- the lowering of welfare dependency through employment.

TABLE A-1

New Entrants, Enrollments, and Number of States^{1/}
Reporting Enrollments, by Month
August 1968 - April 1970

Month and Year	New Entrants	End of Month Enrollment ^{2/}	Number of States Reporting Enrollees
<u>1968</u>			
August	387	387	2
September	1,920	2,191	12
October	3,975	6,186	24
November	7,929	13,410	30
December	5,964	19,035	35
<u>1969</u>			
January	16,195	33,804	35
February	10,211	42,092	37
March	10,343	49,968	37
April	9,603	56,224	37
May	8,019	60,496	37
June	6,061	61,847	37
July	5,593	62,733	44
August	5,712	63,727	44
September	6,644	65,031	47
October	6,616	66,997	47
November	6,592	69,578	48
December	9,079	74,225	49
<u>1970</u>			
January	8,156	77,729	50
February	7,532	79,830	50
March	8,779	83,202	50
April ^{3/}	7,523	84,922	50

^{1/} Including District of Columbia, Puerto Rico, Guam and the Virgin Islands.

^{2/} Excludes participants assigned to other manpower programs. In April 1970, approximately 4,500 were in this status.

^{3/} Three additional States Indiana, Nevada, and Nebraska were operational but had not submitted data on enrollment. New Hampshire is not yet participating.

TABLE A-2

Current Enrollment by Major Program Component, and by State,
the District of Columbia, and U. S. Possessions, as of April 30, 1970

State, DC, or U.S. Possession	Total Current Enroll.	Major Program Components												
		Intake & Assess- ment phase (1)	Orien- tation (2)	Exploration by job try- out & work sample methods (3)	Pre-voca- tional trng. workshop (4)	Other pre- vocational training (5)	Basic edu- cation & general edu- cational development (6)	Institu- tional vocational training (7)	In other manpower training programs (8)	Holding between program components (9)	OJT (10)	Public sector employ- ment (11)	At work & receiving intensive follow-up services (12)	At work & receiving regular follow-up services (13)
TOTAL	89,445	7,096	5,890	627	1,002	3,986	19,450	17,899	4,523	15,053	661	976	1,872	10,410
Alabama	750	110	60	0	0	6	140	22	65	254	0	0	9	84
Alaska	340	30	8	0	21	2	91	23	40	58	0	0	0	67
Arizona	962	94	45	15	4	21	179	196	42	162	27	0	29	148
Arkansas	482	0	69	0	24	42	154	81	31	35	11	0	0	35
California	16,713	1,625	636	13	62	817	3,243	3,792	964	2,780	114	5	1,166	1,496
Colorado	2,040	7	147	22	16	501	512	359	72	137	2	0	19	246
Connecticut	1,211	148	12	0	19	34	96	252	151	97	10	0	1	391
Delaware	251	0	26	0	0	10	68	90	5	23	0	0	0	29
Dist. of Col.	1,123	0	57	0	72	81	294	226	17	186	0	0	0	190
Florida	1,384	10	163	35	41	8	473	399	82	101	3	1	9	60
Georgia	862	26	96	51	4	107	327	89	59	47	10	0	2	44
Guam	60	0	7	13	4	0	0	0	6	5	0	0	16	9
Hawaii	264	26	7	1	0	0	29	19	42	14	19	0	32	75
Idaho	544	16	41	2	0	26	147	187	15	67	0	0	0	43
Illinois	2,366	21	302	8	23	3	535	358	153	672	12	0	0	279
Iowa	815	11	33	0	2	73	137	377	44	26	0	0	3	109
Kansas	610	32	12	26	5	38	93	203	20	74	0	0	0	107
Kentucky	1,950	196	78	20	2	14	430	251	27	734	0	0	8	190
Louisiana	1,035	12	48	0	0	138	442	158	35	100	24	0	0	78
Maine	339	6	20	0	0	1	61	99	62	12	11	0	0	67

State, DC, or U. S. Possession	Total Current Enrollment	Major Program Components												
		Intake & Assess. Phase	Orien- tation	Exploration by job try- out & work sample methods	Pre-voca- tional trng workshop	Other pre- vocational training	Basic edu- cation & general edu- cational development	Institu- tional vocational training	In other manpower training programs	Holding between program components	OJT	Public sector employ- ment	At work & receiving intensive follow-up services	At work & receiving regular follow-up services
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Maryland	2,319	463	335	0	74	43	580	218	72	182	19	3	7	323
Massachusetts	2,871	409	103	14	17	51	262	1,054	181	311	7	0	3	458
Michigan**	4,639	574	572	0	66	309	562	915	119	1,009	6	2	2	503
Minnesota	993	3	112	0	25	131	159	384	27	47	2	0	0	103
Mississippi	218	0	32	0	9	24	77	1	14	24	4	0	0	33
Missouri	1,150	25	34	9	6	312	198	204	61	89	0	0	66	146
Montana	383	13	1	5	0	12	46	130	18	55	9	0	0	94
New Jersey	2,481	358	112	0	20	90	838	295	89	276	2	0	0	401
New Mexico	358	0	10	0	43	25	125	83	2	40	2	0	0	28
New York	10,615	439	744	68	37	119	2,775	1,402	266	3,481	29	0	181	1,074
N. Carolina	380	20	31	12	0	0	125	82	25	60	0	0	0	25
N. Dakota	277	12	20	13	0	34	51	88	6	10	0	0	0	43
Ohio	3,400	246	411	60	14	145	635	375	262	664	7	0	47	534
Oklahoma	308	8	63	15	30	0	80	30	11	39	5	0	0	27
Oregon	1,976	295	30	13	25	104	210	569	53	398	17	0	37	228
Pennsylvania	5,857	895	303	84	166	63	892	737	718	962	4	0	63	970
Puerto Rico	3,223	281	110	37	50	51	1,496	788	162	102	43	0	0	103
Rhode Island	601	75	24	0	0	2	60	237	25	57	0	0	0	121
S. Carolina	113	0	14	0	0	0	65	0	1	23	0	0	0	10
S. Dakota	453	0	26	3	1	106	90	116	2	24	10	0	22	53
Tennessee	1,411	10	301	13	49	63	465	235	80	82	6	0	0	107
Texas	373	4	65	6	0	0	194	21	40	24	3	0	1	15
Utah	1,804	8	133	1	5	74	376	743	42	173	1	0	3	248
Vermont	295	41	11	0	2	3	76	19	24	20	9	0	0	90
Virginia	952	32	100	31	0	14	398	151	37	130	2	0	0	57
Virgin Islands	39	0	0	0	2	6	21	3	2	5	0	0	0	0
Washington	2,509	182	161	2	0	141	323	987	98	292	6	0	143	174
W. Virginia	3,382	292	64	20	7	83	549	298	96	440	203	926	0	404
Wisconsin	1,827	30	86	14	54	43	250	523	44	443	22	39	0	279
Wyoming	137	11	16	1	1	16	21	30	14	7	0	0	3	17

*Three States, Indiana, Nebraska, and Nevada, are in the early stages of their WIN program and have not reported enrollment data as yet, and New Hampshire does not have a WIN program.

**Current enrollment through February. April data not available.

TABLE A-3

Cumulative Federal Dollar Amounts Obligated
 (For the Period July 1, 1968 through April 30, 1970)
 and Authorized Slot Levels by State as of April 30, 1970

State or Possession	Amount (In Dollars)	Authorized Slot Levels
TOTAL	<u>151,277,287</u>	<u>120,019</u>
Alabama	1,629,415	1,200
Alaska	582,540	360
Arizona	2,705,857	1,680
Arkansas	744,582	950
California	20,857,240	16,800
Colorado	3,276,199	2,600
Connecticut	1,958,986	1,600
Delaware	362,143	310
District of Columbia	2,638,398*	1,440
Florida	2,198,815	2,640
Georgia	1,211,873	1,440
Guam	94,217	90
Hawaii	420,246	360
Idaho	551,417	480
Illinois	4,799,711	5,000
Indiana	902,998	1,000
Iowa	1,193,388	1,000
Kansas	1,295,037	700
Kentucky	3,511,810	2,400
Louisiana	1,335,405	1,500
Maine	507,903	500
Maryland	2,927,080	2,700
Massachusetts	4,788,441	4,950
Michigan	8,073,224	6,000
Minnesota	1,370,711	1,500
Mississippi	732,677	400
Missouri	3,068,872	1,800
Montana	588,857	410
Nebraska	450,152	480
Nevada	91,000	100

State or Possession	Amount (In Dollars)	Authorized Slot Levels
New Hampshire	0	0
New Jersey	6,229,179	3,000
New Mexico	433,009	450
New York	15,891,294	14,400
North Carolina	1,128,506	1,100
North Dakota	397,290	240
Ohio	5,058,587	4,600
Oklahoma	485,470	450
Oregon	1,544,151	1,350
Pennsylvania	7,663,067	6,720
Puerto Rico	3,464,783	4,300
Rhode Island	601,440	750
South Carolina	281,192	300
South Dakota	562,482	480
Tennessee	2,309,847	1,900
Texas	1,656,566	1,600
Utah	2,758,489	2,050
Vermont	240,228	300
Virginia	1,375,314	1,265
Virgin Islands	69,648	74
Washington	3,466,855	2,400
West Virginia	7,147,784	7,400
Wisconsin	2,989,562	2,280
Wyoming	165,409	220
TOTAL TO STATES	<u>140,789,346</u>	
Workmen's Compensation	2,750,770	
Research	1,365,199	
Evaluation	1,028,954	
Federal Salaries and Expenses (for manpower Activities)	5,343,018*	

* Authorized Federal positions as of April 30, 1970: 227

TABLE - A-4

Employed WIN Graduates, By
Average Hourly Wages and Average Hours Worked Per Week
By Major Occupational Category
January 1, 1969 to January 31, 1970 1/

Major Occupational Category and Principal Occupational Groups Within Categories 2/	Employed WIN Graduates Number: Percent	Average Hourly Wage 3/	Average Hours Per Week
Total	4,788 100.0	\$2.29	39.7
Professional, Technical, Managerial	295 6.2	2.53	39.2
Medical & Health	80 1.7	2.35	39.8
Social & Welfare Work	71 1.5	2.35	37.8
Clerical and Sales	999 20.9	2.14	39.3
Secretaries	32 .7	2.23	39.6
Typists	25 .5	2.11	39.3
Stenography, Typing, Filing, and Related Work	311 6.5	2.11	39.3
Bookkeepers	29 .6	2.10	38.6
Automatic Data Processing	57 1.2	2.21	39.4
Computing & Account Recording	154 3.2	2.06	39.3
Stock Clerks	33 .7	2.17	40.0
Telephone Operators	32 .7	2.09	39.3
Merchandising, Except Salesmen	29 .6	2.24	37.9
Service	923 19.3	1.89	39.0
Domestic	26 .5	2.24	34.7
Food Serving	62 1.3	1.76	38.9
Chefs & Cooks, Large Hotels and Restaurants	28 .6	1.96	41.2
Maids & Housemen, Hotel, Restaurants	27 .6	1.51	37.3
Beautician Services	60 1.3	1.75	37.6
Hospital, Morgue, Health Services, Attendants	268 5.6	1.77	39.6
Miscellaneous Personal Services	40 .8	1.82	34.1
Porters & Cleaners	119 2.5	2.20	38.8
Janitors	66 1.4	2.01	40.7

Major Occupational Category and Principal Occupational Groups Within Categories 2/	Employed WIN Graduates		Average Hourly Wage 3/	Average Hours Per Week
	Number:	Percent		
Farming, Fishing, Forestry	97	<u>2.0</u>	1.96	41.5
Gardening & Groundskeeping	42	.9	2.16	40.3
Processing	245	<u>5.1</u>	2.45	39.7
Metal Processing	65	1.4	2.56	40.3
Ore Refining & Foundry Work	27	.6	2.62	40.0
Processing Leather & Textiles	27	.6	2.09	40.0
Machine Trades	278	<u>5.8</u>	2.43	40.4
Metal Machining	37	.8	2.37	40.1
Motorized Vehicle & Engineering Equipment Repairing	48	1.0	2.30	41.5
Bench Work	357	<u>7.5</u>	2.10	39.3
Metal Unit Assembling & Adjusting	36	.8	2.55	40.0
Assembly & Repair of Electronic Components & Accessories	68	1.4	2.10	40.5
Machine Sewing, Nongarment	36	.8	1.71	38.1
Structural Work	664	<u>13.9</u>	2.74	40.3
Transportation Equipment Assembling	57	1.2	2.92	40.2
Arc Welders	52	1.1	3.04	40.3
Construction & Maintenance Painting	30	.6	3.38	40.5
Excavating, Grading	25	.5	2.70	40.7
Carpentry	52	1.1	2.90	40.0
Miscellaneous Construction	115	2.4	2.84	41.0
Miscellaneous Structural Work	67	1.4	2.39	39.8
Miscellaneous	670	<u>14.0</u>	2.53	40.3
Heavy Truck Driving	69	1.4	2.88	40.7
Light Truck Driving	65	1.4	2.43	40.7
Parking Lot Attendants	45	.9	2.09	40.9
Packaging	72	1.5	2.02	39.9
Materials Moving, Storing	66	1.4	2.40	40.2
Packaging & Materials Handling	133	2.8	2.44	40.1
Extraction of Minerals	65	1.4	3.16	40.1

Major Occupational Category and Principal Occupational Groups Within Categories 2/	Employed WIN Graduates		Average Hourly Wage 3/	Average Hours Per Week
	Number:	Percent		
Occupations Not Reported	260	5.0	2.15	40.1

1/ Based on available reports for 4,788 employed trainees processed as of February 26, 1970

2/ Data include occupational groups with 25 or more employed trainees.

3/ At "termination" (3-6 months after placement).

TABLE - A-5

State Welfare Standards and Earnings Levels Needed to
Remove Public Assistance Recipients from Welfare Rolls \sqrt
(family of four)

State	State Welfare Standards		Hourly Earnings Levels Required to Remove Public Assistance Re- cipients from Welfare Rolls \sqrt
	Monthly Earnings	Hourly Equivalent	
North Carolina	\$ 150.00	\$ 0.87	\$ 1.47
Arkansas	176.00	1.02	1.70
Ohio	193.00	1.12	1.84
Maryland.....	196.00	1.13	1.87
South Carolina	198.00	1.14	1.89
New Mexico	203.00	1.17	1.93
Louisiana	205.00	1.19	1.95
District of Columbia	208.00	1.20	1.97
Georgia	208.00	1.20	1.97
Kentucky	216.00	1.24	2.03
Tennessee	217.00	1.25	2.05
Oklahoma	218.00	1.26	2.06
Wisconsin	221.00	1.28	2.09
Florida	224.00	1.29	2.11
Alabama	230.00	1.33	2.16
Mississippi	232.00	1.34	2.18
Colorado	236.00	1.36	2.22
Delaware	236.00	1.36	2.21
Kansas	237.00	1.37	2.22
Texas	239.00	1.38	2.24
Idaho	240.00	1.38	2.25
Montana	250.00	1.44	2.34
California \sqrt	255.00	1.47	2.38
Virginia	255.00	1.47	2.38
Arizona	256.00	1.48	2.39
New Hampshire	257.00	1.48	2.40
South Dakota	257.00	1.48	2.40
Hawaii	261.00	1.51	2.43
Michigan	263.00	1.52	2.43
West Virginia	265.00	1.53	2.47

**State Welfare Standards and Earnings Levels Needed to
Remove Public Assistance Recipients from Welfare Rolls ^{1/}
(family of four)**

State	State Welfare Standards		Hourly Earnings Levels Required to Remove Public Assistance Re- cipients from Welfare Rolls ^{2/}
	Monthly Earnings	Hourly Equivalent	
Vermont	\$ 266.00	\$ 1.53	2.48
Illinois	269.00	1.55	2.50
Utah	271.00	1.56	2.52
Connecticut	274.00	1.58	2.54
Pennsylvania	276.00	1.59	2.56
Oregon	281.00	1.62	2.60
North Dakota	282.00	1.63	2.61
Indiana	287.00	1.66	2.65
Minnesota	289.00	1.67	2.67
Rhode Island	297.00	1.71	2.74
Iowa	300.00	1.73	2.77
Massachusetts	300.00	1.73	2.77
Washington	304.00	1.75	2.80
Wyoming	312.00	1.80	2.87
New York	313.00	1.81	2.88
Nevada	317.00	1.83	2.92
Missouri	325.00	1.88	2.99
Nebraska	330.00	1.91	3.02
New Jersey	347.00	2.01	3.18
Maine	349.00	2.01	3.19
Alaska	419.00	2.42	3.79

^{1/} Based on HEW data.

^{2/} Hourly earnings levels required to remove persons from welfare with consideration of WIN program incentives taken into account.

^{3/} Estimated average.

PART TWO
REPORT OF THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
ON SERVICES FOR AFDC FAMILIES
IN CONNECTION WITH THE
WORK INCENTIVE PROGRAM



✓
X
THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

ENTD JUL 21 1970

ACTING PRESIDENT PRO TEMPORE

Fin

The Vice President
United States Senate
Washington, D.C. 20510

Dear Mr. Vice President:

I have the honor to transmit the first annual report provided for in section 402(e) of the Social Security Act which was added by Public Law 90-248, the Social Security Amendments of 1967.

The report concerns itself with three aspects of planning for families with dependent children which are the subject of section 402(a)(15) of the Act. These are the efforts of State agencies in relation to the Work Incentive Program and other efforts to assist welfare recipients to secure employment, the provision of family planning services, and undertaking to reduce the incidence of births out-of-wedlock. The report is based on data obtained from the States regarding their efforts in these subject areas. While it indicates that much remains to be done, it also shows that significant gains have been made in each area.

Sincerely,

Edward R. Rosten

Secretary

Enclosure

SERVICES TO AFDC FAMILIES

**First Annual Report of the
Department of Health, Education, and Welfare
to the Congress
on Services to Families Receiving
Aid to Families with Dependent Children
Under Title IV of the Social Security Act**

**U.S. Department of
Health, Education, and Welfare
July, 1970**

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I. INTRODUCTION

The Social Security Amendments of 1967 set a new direction for the Aid to Families with Dependent Children (AFDC) program. The Amendments responded to Congressional concern about the continued growth in the number of families receiving AFDC. As House and Senate Committee reports stated:

"We are very deeply concerned that such a large number of families have not achieved and maintained independence and self-support, and are very greatly concerned over the rapidly increasing costs to the taxpayer. Moreover, we are aware that the growth in this program has received increasingly critical public attention."

The Amendments included a comprehensive and varied set of provisions touching many aspects of the AFDC program. They went considerably beyond the 1962 legislation in the direction of establishing and promoting services designed to restore more families to employment and self-support. A new Work Incentive Program was created under the Department of Labor (in cooperation with the Department of Health, Education, and Welfare) to furnish incentives, opportunities, and necessary services leading individuals toward employment and independence. Other major provisions reflecting concern about the expanding AFDC rolls required the development of programs to reduce the number of children born out-of-wedlock and to offer family planning services to appropriate AFDC recipients.

Clause (15) of Section 402 (a) sets forth the major service responsibilities of public welfare agencies to implement these legislative objectives. It required that State plans for aid and services to needy families with children must provide:

"(A) for the development of a program for each appropriate relative and dependent child receiving aid under the plan, and each appropriate individual (living in the same home as a relative and child receiving such aid) whose needs are taken into account in making the determination under clause (7), with the objective of--

(i) assuring, to the maximum extent possible, that such relative, child, and individual will enter the labor force and accept employment so that they will become self-sufficient, and

(ii) preventing or reducing the incidence of births out of wedlock and otherwise strengthening family life,

(B) for the implementation of such programs by--

(i) assuring that such relative, child, or individual who is referred to the Secretary of Labor pursuant to clause (19) is furnished child-care services and that in all appropriate cases family planning services are offered them, and

(ii) in appropriate cases, providing aid to families with dependent children in the form of payments of the types described in section 406 (b) (2), and

(C) that the acceptance by such child, relative, or individual of family planning services provided under the plan shall be voluntary on the part of such child, relative, or individual and shall not be a prerequisite to eligibility for or the receipt of any other service or aid under the plan,

(D) for such review of each such program as may be necessary (as frequently as may be necessary, but at least once a year) to insure that it is being effectively implemented,

(E) for furnishing the Secretary with such reports as he may specify showing the results of such programs, and

(F) to the extent that such programs under this clause or clause (14) are developed and implemented by services furnished by the staff of the State agency or the local agency administering the State plan in each of the political subdivisions of the State, for the establishing of a single organizational unit in such State or local agency, as the case may be, responsible for the furnishing of such services."

This is the first report to Congress, as required under Section 402 (c), on the implementation of the provisions of Clause (15). In the preparation of this report, the Department of Health, Education, and Welfare has utilized reports from State public welfare agencies on the development of social service programs under the 1967 Amendments, submitted in response to the Department's request of April 1970; program statistics and survey

data collected by the Department; evaluation and research reports conducted under contract or grant, particularly an evaluation of the Work Incentive Program (WIN) by the Auerbach Corporation and a survey of the status of family planning services for AFDC families conducted by the Center for Social Research of the City University of New York; and other sources.

Before reporting on developments under the 1967 Amendments, it is important to take note of a number of significant changes relating to the organization and administration of State and local public welfare agencies. These recent changes have had, and will continue to have, great impact on their capabilities of delivering services to families and individuals. The last two years have been marked by the beginnings of far-reaching change in the American public welfare system. Under the Family Assistance Plan now pending before the Congress and other proposals under consideration, this change will continue at an even more rapid rate.

One recent trend has been the separation of the administration of the assistance payment program from the delivery of social services. Reports received from 48 State welfare agencies indicate that 22 have completed or nearly completed the complex task of separating these functions and assigning them to separate staffs. Eight States report substantial progress in this direction, usually to the effect that most of their counties have instituted separation. Thirteen States report some progress, usually implementation of separation only in a few counties. Five States are in earlier stages of planning and testing. Many problems and difficulties have been confronted by the States in instituting separation but these are being overcome. Many States comment positively on separation as a move that will ensure better

services to people. The following statement from a midwestern State, based upon reports the State received from most of its counties that had experimented with separation, echoes similar observations made by other States:

"Among the benefits were seen: more efficient deployment of staff and better use of time; more uniform application of standards of eligibility for aid; more rapid determination of need and granting of aid; much more time available for social services; more readiness on the part of the client to accept service, and greater awareness on the part of workers of the need for service and involvement in efforts to help.

With the freeing of social workers from paper work resulting in availability for service, many counties see themselves as being able to provide additional services not offered before. These (some already functioning and others in the process of development) include: assistance in job training and job finding; counseling and financial management; marital counseling and family counseling; group services to recipients; adult services including development of foster care for adults; development of volunteer services; assessment of needs for mental health services and referral to appropriate resources. Increasingly the counties are seeing themselves as centers for referral. Many also reported improvement of the agencies' image and better acceptance on the part of the community at large. They also reported greater involvement in community organization activities and involvement in development of needed resources for people."

A second administrative development, one that was mandated under Clause (15), has been the establishment of single organizational units for AFDC services and child welfare services. The intent of this requirement was to bring together under unified direction family and child welfare programs that formerly were administered separately within many State and local public welfare agencies. Except for three States that were exempted from the legislative requirement, single organizational units have now been set up, both at State and local levels, in nearly all States. Of 48 State welfare agencies replying to the Department's inquiry of April 1970, 43 reported having units in being at the State level and one State was in process of setting it up, 3 States were exempted from the

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requirement, and 1 did not report this information. At the local level, 35 had units in being and 5 were in process or had instituted units in some counties only, 3 were exempt from the requirement, and 5 did not report on this item.

On the whole, unification of the two programs has been implemented chiefly at the level of policy development and program supervision. Complete unification down to the service delivery level is still in the future in many places. The process no doubt will be greatly advanced as States complete the task of separating service functions from assistance payment functions. The process will also require, as a number of States have pointed out, sufficient service staff to deliver services effectively both to the AFDC caseload and to the non-AFDC cases that represent the largest part of the child welfare service caseload. The States generally endorse the principle of unification as bringing the family and child welfare programs into a better relationship, and assuring equitable delivery of services to all families served by the public welfare agency, regardless of their economic status.

A third change, perhaps more far-reaching in its ultimate effects upon public welfare agencies than the others, is the emerging pattern of re-organization of governmental programs at the State level, consolidating, under a large administrative umbrella, a number of human service programs. This appears to be a growing trend, although there is no single dominant pattern and the newer agencies may combine two or more of such services as family and child welfare, vocational rehabilitation, health, mental health, youth services, delinquency and corrections, and employment. The objective, in general, is to bring into being a better integrated,

more efficient and effective delivery system of human services. Many public welfare agencies in the last few years have been participating in these significant organizational re-alignments.

The period since the enactment of the 1967 Amendments has not only been marked by these major organizational changes, but it has been a period of rapid growth in the national AFDC caseload. Between January 1968 and March 1970 the number of AFDC cases rose from 1,326,000 to 2,024,000, an extraordinary increase of 53 percent. The total number of AFDC recipients went up from 5,436,000 to 7,860,000, a 45 percent increase (Table 1). It scarcely needs saying that the increases in AFDC during the last two years placed a heavy burden on State and local public welfare agencies. It has increasingly become evident that a system for the delivery of services of high quality to families and individuals must be separate from the system that meets financial needs. Complete separation of the two systems is a key element of the social services reforms proposed under the Family Assistance Act.

II. PROGRAMS LEADING TOWARD EMPLOYMENT

The 1967 Amendments required the development of a program for each appropriate individual receiving AFDC to assure that as many recipients as possible enter the labor force and become self-supporting. Each appropriate individual was to be referred promptly, where the service was available, to the newly established Work Incentive (WIN) Program administered by the Department of Labor. To implement these requirements, the Department of Health, Education, and Welfare issued regulations in January 1969 (interim regulations had been issued earlier in July 1968) designating services "to assist all appropriate persons to achieve employment and self-sufficiency" as mandatory AFDC services. Detailed regulations set forth requirements applicable to the WIN program.

Before reviewing the progress of the State public welfare agencies in developing self-support services, a preliminary account of certain salient characteristics of the AFDC population will put in perspective the nature of the task faced by the public welfare and manpower services.

1. The AFDC Population

The AFDC adult population mainly is composed of mothers with young children who are heads of households. According to a national sample survey of AFDC cases conducted in 1969 by the Department of Health, Education, and Welfare, 92 percent of AFDC families had mothers in the home, but only 18 percent had fathers residing with the children and only 12 percent included two adult recipients. Fathers receiving AFDC are either incapacitated or unemployed. At the time of the survey,

1.5 million families had a mother in the home; 187,900 an incapacitated father; and 79,000 an unemployed father.

Although the "typical" AFDC family consisted of a mother and three children, 27 percent of the families had only one child recipient and 23 percent had two. Of the 1.6 million AFDC families at the time of the survey, 990,000 (61 percent) had at least one child under six years of age.

A substantial proportion of the AFDC population are members of minority groups. Among all AFDC families in the 50 States and the District of Columbia, 46 percent were Negro, one percent American Indian, and one percent "other races." In addition, according to a national survey conducted in 1967, 6 percent were Mexican American and 5 percent Puerto Rican (data exclude Puerto Rico and the Virgin Islands).

AFDC mothers and fathers generally are limited in education and lack occupational skills. Thirty-one percent of the mothers were reported to have completed eight or fewer grades of school, and only 19 percent had completed high school. The comparable percentages reported for incapacitated fathers were 62 percent and 8 percent, respectively. Unemployed fathers are relatively better educated than incapacitated fathers, 37 percent having completed eight or fewer grades of school and 16 percent having completed high school. Incapacitated fathers are considerably older than unemployed fathers, one-third being 55 years of age or older, as compared with six percent of the unemployed fathers and three percent of the mothers. While AFDC mothers range widely in age, they tend to be young, 56 percent being under age 35. Fourteen percent of the AFDC mothers in the home were reported to be incapacitated physically or mentally for employment.

The usual occupation of AFDC adults was not secured in the 1969 survey but had been reported in a comparable national survey conducted in 1967 (see Table 2). Over half of the fathers receiving AFDC (56 percent of the unemployed and 52 percent of the incapacitated fathers) were classified as unskilled laborers or farm laborers. Of the mothers in the home, 25 percent never held a job, 32 percent were private household or other service workers, and an additional 16 percent were other unskilled workers.

It is not always recognized that a significant fraction of AFDC mothers are employed. Of the mothers in the home in 1969, 14.5 percent were employed, close to 6 in 10 full time and 4 in 10 part time, their earnings not being large enough to obviate the need for financial assistance. This percentage varies widely among the States, ranging, as reported in 1967, from 2 to 42 percent employed, with 15 States reporting the level at 20 percent or higher. Of the mothers in 1969 who were not currently employed but had some previous employment, 37 percent had left their last job less than three years before the date of the Department's survey.

The AFDC population is a constantly changing population. Each year many families go off the assistance rolls as many others are added. Forty-two percent of the average monthly AFDC caseload in 1968 were closed during the year. Despite frequent limitations of education, occupation, or health, many mothers and fathers secure employment. Data reported for the first half of 1969 by 21 States show that 35 percent of the AFDC closings were due to employment or increased earnings of a person in the home. On the other hand, 38 percent of the openings were due to loss of, or reduction in, earnings of the AFDC caretaker, frequently because of illness or other impairment.

It will be evident from this brief description of the AFDC caseload that it is necessary to bring together a wide range of social, educational, health, rehabilitation, training, and employment services to assist many AFDC families in achieving employment and self-sufficiency. This is the objective of the WIN program and other employment-directed public welfare services.

2. The Work Incentive Program

Legislative Background

The Work Incentive (WIN) Program was authorized by Public Law 90-248 (1967 Amendments to the Social Security Act, Title IV, Part C). It replaces two employability programs administered by the Department of Health, Education and Welfare but continues the concept pioneered by these programs of tailoring manpower and supportive services to the individual needs of public assistance recipients to prepare them for, and place them in, jobs. The Community Work and Training Program, established by the 1962 Amendments to the Social Security Act, enabled welfare agencies to provide such services for recipients of AFDC. The Work Experience and Training Program, a demonstration authorized by Title V of the Economic Opportunity Act of 1964, expanded the clientele for the employability program by also serving, along with AFDC recipients, the needy heads of families who did not qualify technically for AFDC.

The Work Incentive Program became effective as of July 1, 1968, except in those States prevented by State statutes from complying by that date. The program was mandatory in all States and jurisdictions by July 1, 1969. Available to it immediately were public assistance recipients already engaged in the Community Work and Training Program in 12 States (this program terminated June 30, 1968), and recipients already participating in the Work Experience and Training Program in 38 States (this program was phased out to coincide with the beginning of WIN).

Public Welfare Agency Program Responsibilities

Under the WIN program, the comprehensive approach of the two former welfare-administered employability programs became a coordinated interdepartmental approach, with the Department of Labor responsible for the manpower services and the Department of Health, Education, and Welfare for the supportive services.

State public welfare agencies serve AFDC recipients before, during, and after their WIN experience. It is their responsibility to screen all AFDC recipients, provide pre-referral services, refer appropriate individuals to manpower agencies, sustain child care and supportive services (including financial aid) while the individuals are in WIN training, and provide certain services for them after they get jobs.

The legislation provides for prompt referral to the WIN manpower agency of each appropriate individual, age 16 or over, whose needs are taken into account in determining the AFDC assistance payment. The Department's regulations make it mandatory that States serving, under their AFDC plans, unemployed fathers and youth and "essential persons" 16 years of age or over who are not in school, at work, or in training, must refer promptly appropriate individuals from these groups to WIN manpower agencies. Appropriate unemployed fathers must be referred within 30 days of receipt of public assistance. In addition, States have the obligation of deciding which other groups of individuals, served under their AFDC plans, are to be mandatory referrals. Sixteen States plus Puerto Rico and the Virgin Islands have made mandatory the referral of AFDC mothers, according to criteria specified by each State. Twenty-four States that have an AFDC program covering unemployed fathers

refer these men on a mandatory basis. Thirty-nine States which provide AFDC benefits for out-of-school youth 16-18 years of age make mandatory referral of such youth. In addition, AFDC recipients who are not appropriate for referral under a State's criteria may volunteer for WIN and must be referred unless the State finds that their participation in WIN would be inimical to the welfare of these individuals or their families.

The law specifies that the following may not be referred to WIN:

(1) persons with illness, incapacity, or of advanced age; (2) persons so remote from any WIN program that they cannot participate effectively in it; (3) children attending school full-time; and (4) persons whose presence in the home on a substantially continuous basis is required because of the illness or incapacity of another member of the household. Also excluded from referral are mothers and/or relatives responsible for children for whom an adequate child care plan is not available. This situation could arise from the scarcity of adequate child care services or the unique needs of a particular child.

Welfare agencies screen their AFDC caseloads to identify individuals who have a potential for early referral to WIN, those who need more time so that barriers can be removed, and those who are more suitably referred to vocational rehabilitation. After the screening, an assessment is made of each individual and a service plan worked out. Staff from manpower and vocational rehabilitation agencies often form a team with welfare staff for the assessment.

A medical examination must be provided before referral to WIN to determine whether an individual is able to work or undertake training, or has any limitations that should be brought to the attention of the manpower

agency so that a realistic employability plan may be developed. This examination is mandatory unless an examination has been made within the last six months and information about it is available. The examination frequently identifies individuals who require corrective or prosthetic devices (eyeglasses, hearing aids, etc.) or who may need more extended medical care. The State's Title XIX program (Medicaid) is one source for restorative medical care; community resources are also sought and used. The medical examination may also identify individuals who should be referred to vocational rehabilitation.

A highly important and required pre-referral service is planning for child care as needed. Resources are explored and a tentative plan evolved that can be implemented at the proper time to coincide with involvement in WIN. Other services provided in the pre-referral period, or later, depend on the needs of the individual and his family: individual and family counseling, medical or dental remedial services, family planning, housing, assistance with home and financial management, legal services, and others.

An explanation of, and orientation to, the WIN program is given AFDC recipients individually or in groups. The purpose of the program is described--a combined effort by the welfare agency and the manpower agency to help recipients overcome barriers to successful employment. It is explained that the manpower agency will develop an individual employability plan tailored to their needs. There will be job placement for those ready for jobs or they will enter on-the-job training (priority 1). Those needing education, training, or work experience will go into priority 2

and will receive an incentive payment of \$30 a month from the manpower agency. Others for whom jobs cannot be found may be placed in a special work project (priority 3, but only a few such projects have been established to date) and will realize their full assistance payment plus a bonus for their work. Other program components provided by the manpower agency are described that will also be helpful in preparing recipients for the world of work. Recipients are told about the purpose of the pre-referral examination, how child care will be paid for, how they will receive the extra funds for work experience and training-related expenses (such as carfare, lunches, grooming, etc.). They learn about the referral procedure to WIN (and the possibility of a delay in being called if the training spaces are filled); they are informed of their right of appeal to the welfare agency if they do not think they are appropriate for referral; they are assured the welfare agency will help them keep their initial interview with the manpower agency if they need help. They will be told how the WIN program will affect their assistance payment (generally it continues but it may be altered depending on the WIN program component they are in) and there will be discussion of the continuing supportive services that will be available to them while they are in WIN and after they get a job.

Welfare agencies must continue to provide child care for WIN enrollees after they get a job until they can make their own arrangements. Federal policy mandates that AFDC recipients who secure jobs may disregard as income the first \$30 of their net monthly wages (after having deducted work-connected expenses and child care costs) plus one-third of the remainder. This applies to everyone except the unemployed father who gets a full-time job. He is not entitled to any disregards. In the

case of the others, it is possible for the State welfare agency to supplement a wage (after the disregards) that is less than the State standard of need for AFDC.

While an individual is enrolled in WIN, it is expected that manpower agency and welfare agency staffs will maintain communication with and about the enrollee so that he will receive necessary supportive services as problems arise.

The regular Federal-State AFDC matching formulas are used in the WIN program so that if a State lacks the financial capability to raise its share, it cannot then generate the Federal matching funds. State welfare agencies must also arrange for payment, in cash or in kind, of 20 percent of the costs incurred by the manpower agencies in operating WIN manpower activities.

Program Start-up

The program inaugurated by the congressional mandate of 1967 was scheduled to take effect on July 1, 1968. A few States were able to move almost immediately. Maryland and the District of Columbia were able to begin assessments and referrals to the WIN manpower agencies sufficiently speedily to get 337 enrollees into WIN during August. During September, 11 more States began operations, so that by the end of the first quarter just about one-fourth of the States were active. In October, 11 more States entered the program, and in November and December 11 more, making a total of 36 jurisdictions in operation by the end of the calendar year 1968.

Most of the remaining States encountered legal barriers of various kinds which could only be resolved by State legislative action, and which necessarily had to await the 1969 sessions of the legislatures. This explains the fact that only two States came into the program between January and June 30, 1969.

When action had been taken by the State legislatures in the spring of 1969 the way was open for the remaining 16 States to join in the program. So in effect July 1, 1969, was a new entry date for these States. The pattern of the last half of 1968 was repeated again in 1969. Seven States came into the program in July, three more in September, and three more by the end of the year. By that time a total of 51 jurisdictions were participating, leaving only three States still out. Except for one State in which a legal issue remains to be resolved, all States were participating by the spring of 1970 (Table 3).

Assessments, Referrals, and Enrollments

A comprehensive summary of the operation of the WIN program from its beginnings in 1968 through March 1970 is set forth in Table 4. This tabulation shows for each State and each of the Department's regions the cumulative number of assessments completed, the number found appropriate for referral, the number actually referred, and the number enrolled. Current enrollments are shown as a percentage of the training spaces approved for fiscal year 1970. (Also see Chart 1, "WIN at a Glance as of March 31, 1970" and Table 5 showing assessments and referrals month-by-month during calendar year 1969.)

Public welfare agencies had completed a total of 1,590,345 assessments of AFDC recipients by the end of March. One fifth of this number (330,500 recipients) were considered appropriate for referral and three-fourths of the latter group (254,301 recipients) were referred. Somewhat more than half of those referred (145,310 recipients) were enrolled by the WIN manpower agencies. The March 1970 enrollment is 87,655, about three-fourths of the 119,739 training spaces approved. There is a reasonable expectation that current enrollments reached the 100,000 level by June 30, 1970

Program operations vary widely among the States. Although 21 percent of the assessments nation-wide were considered appropriate for referral, the percentage ranges from a low of 9 to a high of 98 percent. Nearly half of all assessments completed were in New York. If that State is excluded, the national percentage found appropriate rises from 21 to 32 percent.

Similarly, the percentage of those considered appropriate who were actually referred to WIN ranges from 13 percent to referral of all recipients considered appropriate. The very low percentages are exceptional. Many States have referred all, or more than 90 percent, of those found appropriate. California alone accounts for 37 percent of the national total of referrals.

The enrollment percentage, 57 percent nation-wide, ranges from 34 percent of those found appropriate to total enrollment, and again most States fall toward the upper end of the range. California, with 35,665 cumulative enrollments leads all other States by a wide margin. Of particular significance are the statistics on current enrollments

as a percentage of the training spaces approved for the fiscal year. The percentages range from 19 percent to full utilization, but again the very low figures are exceptional. The Department is continuing to work particularly with States, many of them in the South, that lie well below the national average (73 percent).

Many factors account for the wide statistical variations among States, including the following:

States entered the program at different times.

Composition and characteristics of the AFDC caseload vary. Some, for example, have programs that include unemployed fathers (a mandatory referral category) but most do not.

Number of participants in the Title V program, many of whom were moved into WIN.

Number of training spaces available and differences in policies and practices among State manpower agencies.

The condition of the State's economy.

Differences in operating policies and practices among State public welfare agencies, a highly important factor. Some States, for example, quickly screened the entire AFDC caseload and made large numbers of referrals. Others instituted more thorough screening and selection procedures and some geared their operations in proportion to the training spaces available.

For these reasons, and no doubt others, it is a hazardous business to compare one State with another simply by looking at the statistics. WIN is a new program and the experience of the first year or two may well be atypical. Although a flat uniformity among State programs is hardly to be expected, a more stable and coherent statistical picture should emerge as the program matures and as State information systems are improved and better standardized.

Characteristics of Individuals Referred

During 1968, in the early stages of the WIN program, fathers constituted about half of the total referrals made by welfare agencies. Fathers were a mandatory referral class and received first attention. Throughout 1969, however, mothers have constituted over half of the referrals, their proportion reaching 58 percent during the last quarter of the year as compared with 36 percent for fathers. Referrals of adults other than mothers or fathers have been insignificant in number, usually less than one percent. The percentage of child recipients aged 16 or over who were referred has ranged from 3 to 8, and stood at 5 percent during the last quarter of 1969 (Table 6).

The individual States vary greatly in respect to the proportions of each type of referral. California, in particular, with its large number of referrals, heavily influences the national totals (Table 7). During the last quarter of 1969, more than half of the reporting States referred no fathers or only a handful. (Many States do not have an AFDC program for unemployed fathers.) On the other hand, States like California, Washington, and West Virginia referred more fathers than mothers. Similarly, many States referred few, if any child recipients. In some States a child aged 16 or over who is not attending school is no longer eligible to receive AFDC.

A substantial majority of the individuals referred to the WIN program were adult men and women in the age group 22-44 years. During the last quarter of 1969, 68 percent of the males referred, and 72 percent of the females, were in this age group (Table 8). About one-fifth of the males and females were 16-21 years of age. Relatively small proportions were

above age 44, 11 percent of the males and 6 percent of the females. Although there are a few States that stand out in contrast to the rest, age is one characteristic on which there was substantial uniformity among the States. The data available suggest that mothers and fathers referred to WIN include a smaller proportion of older persons than in the national AFDC adult population.

More than half (55 percent) of the individuals referred to the WIN program during the last quarter of 1969 were members of minority groups-- 38 percent Negro, 14 percent Spanish-surnamed individuals, 2 percent American Indian, and 1 percent other minorities. Members of minority groups constituted about the same percentage of the individuals for whom assessments were completed during the quarter and of those found to be appropriate for referral (Table 9).

Individuals Found Inappropriate for Referral or Referred Back

During the last quarter of 1969, three out of four of the individuals assessed were found to be inappropriate for referral to WIN manpower agencies. The major reasons for this determination, as reported by 43 States, are set forth in Table 10.

In one-fifth of the cases, the reason reported was the individual's illness, disability, or advanced age. In another fifth, the mother's presence in the home was required because of the age or number of children in the family. Related to this were situations in which the individual's presence in the home was required because of the illness or incapacity of another member of the household (4 percent). Full-time school attendance by a child aged 16-20 was reported in 12 percent of the cases. In ten

percent, lack of adequate child care arrangements precluded referral of mothers. In another five percent, the individual was currently receiving, or had been referred to, vocational rehabilitation, education, or other training. For two percent, remoteness from WIN projects was the reason. Finally, a miscellaneous group of reasons accounted for 28 percent of the cases.

Excluding New York, where the large number of assessments completed was atypical, the distribution of reasons given above was fairly stable during calendar year 1969. Individual States, of course, depart widely from the general pattern.

During the last quarter of 1969, a total of 12,454 individuals were referred back by WIN manpower agencies to the public welfare agencies, but half of these were in one State (California). Twelve percent of the individuals were referred back due to refusal without good cause to accept work or training, a very small proportion in relation to the large number of individuals referred to the WIN program. In a majority of the States few, if any, individuals were referred back without good cause (Table 11). There is reason to be concerned about the much larger number of individuals referred back for other reasons, mainly unspecified, and to take action to reduce the number to a minimum. Unfortunately, the basis for reporting these other reasons requires revision if we are to have an adequate picture of this aspect of WIN program operations. A revision is projected.

Child Care Services

For AFDC mothers, as for all other mothers with young children, child care is indispensable if they are to accept regular employment. One of the most significant provisions of the 1967 Amendments was the requirement

that child care services must be assured for mothers (or other adult caretakers) who needed these services in order to undertake training or employment. The Department's regulations provide that child care services meeting acceptable standards, including in-home and out-of-home services, must be available or provided to all persons referred to and enrolled in the WIN program, and to other persons for whom public welfare agencies have required training or employment. WIN child care expenditures are considered to be service costs rather than assistance costs, with \$3 of Federal funds available to match every \$1 of State and local funds expended. Once mothers are enrolled, public welfare agencies are expected to assure continuity of child care services throughout the period of enrollment in the WIN program and even afterwards, when employment has been secured, until it is feasible for mothers to meet the costs of child care or until they can make other satisfactory child care arrangements.

During the earlier stages of the WIN program, the number of children for whom child care payments were made was smaller than had been anticipated. In part this was due to the time required to get the program in operation in all of the States. In addition, priority was given in the earlier stages to fathers and to youth not attending school. Mothers initially enrolled often were transferred from Title V projects or other programs and had already made arrangements for child care, or they were volunteers who were selected in part because child care was readily available. Many welfare agencies did not assist mothers sufficiently in arranging child care due to lack of staff, inadequate training of staff in an area that was unfamiliar to many caseworkers, and because child care resources were

limited or unavailable. In more recent months, as Table 12 shows, the number of children for whom child care payments were made has been rising steadily, from 42,043 in July, 1969 to an estimated 78,000 in June, 1970. (Table 13 presents data by State as of December, 1969.) Federal expenditures for WIN child care amounted to \$4.5 million in fiscal year 1969 and are estimated to exceed \$15.4 million in fiscal year 1970.

The types of arrangements made for children whose mothers were enrolled in the WIN program on December 31, 1969 are shown in Table 14 which covers all children under 15 years of age, whether or not public welfare agencies paid for their care. Although the table is based upon reports received from only 37 States and lacks information for several of the largest States, it nevertheless provides a useful description of the general pattern of WIN child care arrangements.

On the average, mothers had 2.5 children under age 15 for whom arrangements were reported. About two-fifths of the children were under 6 years of age and three-fifths were 6 through 14 years. About half of the children were cared for in their own homes; one-tenth, in the home of a relative; slightly less than one-fifth in a day care facility; and slightly less than a fifth were in other arrangements.

Of the children cared for in their own homes, one-tenth were cared for by the father; almost half by a relative other than the father; two-fifths by a non-relative; and less than 2 percent by a homemaker service. Of the children in day care facilities, over three-fifths were in family day care homes, about one-third in day care centers, and less than 3 percent in group day care homes. Finally, of the children in other arrangements, 9 out of 10 of whom were of school age, half had a mother who worked or

or received training only during the child's school hours; about one-fifth looked after themselves; and the remainder were in some other type of arrangement.

A critical national shortage of day care facilities is among the most urgent problems of the WIN program and must be remedied if the program is to move forward rapidly in the future. This is not merely a problem for this program and the AFDC mothers it serves. According to a survey of the child care arrangements of the nation's working mothers conducted by the Children's Bureau and the Women's Bureau, only 10 percent of the children of working mothers are cared for in day care facilities and probably less than half of this percentage are cared for by licensed or approved child care services. A Department of Labor survey of persons not in the labor force suggests that perhaps half a million women desire work but are prevented from seeking it because of inability to arrange child care. Although the problem affects families of widely varying income levels, it is more acute for low-income mothers who cannot afford the cost of adequate child care.

Statistics of WIN program operations give evidence of the shortage. As previously stated, unavailability of child care accounted for 10 percent of the individuals who were found to be inappropriate for referral to WIN manpower agencies during the last quarter of 1969. Incomplete data for only 33 States as of December 31, 1969, indicate that 4,600 mothers (or other caretakers) could not be referred for the sole reason that child care was unavailable. This was also the reason given in 6 percent of the cases referred back to welfare agencies by manpower agencies during the last

quarter of 1969. The gaps and needs, moreover, are qualitative as well as quantitative. Child care arrangements made by mothers with neighbors or relatives are often fragile, and subject to frequent changes, interruptions, and breakdowns. Existing resources do not adequately meet the varied needs of children ranging in age from infancy to the older child of school age, nor the varied needs of mothers who may work on night shifts, during weekends, or other hours when child care is more difficult to arrange. Probably most serious of all are the cases in which the child care provided is inadequate or routine, lacking in opportunities for healthy child growth and development. In the end, the WIN program will be judged not only by the extent to which it enables mothers to obtain employment, but also by its performance as a program serving the welfare of children.

Among the barriers and problems in developing and providing child care services that have been identified by many State and local public welfare agencies are the following:

--Lack of State and local funds. Public welfare agencies have experienced great difficulty in raising the 25 percent share required to earn Federal funds.

--Lack of Federal funds for construction or major renovation of day care facilities. Current legislation bars the use of Title IV funds for these purposes.

--Inadequate levels of public welfare agency payments for child care. The level varies greatly over the country but is often too low to be competitive in local markets and can only

buy second-rate care. Some States do not pay for care provided by relatives.

--Shortage of staff in public welfare agencies, high rates of staff turnover, and inadequate training of staff. Many case-workers have little knowledge about child care and have had insufficient training in relation to the WIN program as a whole.

--Shortage of child care personnel. In many communities a major obstacle is the shortage of persons with training or experience in group child care programs. Child care staff are often in positions of low status and low salaries.

--Federal, State, and local standards are often believed to be unrealistic. Local building codes and fire and welfare ordinances often make development of day care centers difficult, especially in inner city areas where many AFDC mothers live. Often women who might become day care mothers are reluctant to meet licensing requirements. Some agencies believe the Federal Interagency Day Care Standards are unrealistic. These are now under review by the Department.

Despite these problems, progress has been made in providing child care for more children, using Title IV-A and IV-B funds, both for children whose mothers are in the WIN program and for other children. The number of licensed day care facilities has been growing, partly due to the strengthening of the licensing programs of public welfare agencies. In recent years agencies have substantially increased the number of staff giving full-time to licensing and to community planning and development of child care services. Some agencies have obtained matching funds from

third-party sources, such as the Model Cities program, school districts, or private contributions. More public agencies are operating day care centers and more are purchasing care on a contract basis covering groups of children rather than on an individual child basis. Some agencies are using subprofessionals, including AFDC mothers, to recruit day care homes or to serve as child care personnel. In at least one State, recent legislation making funds available for construction of day care facilities marked a significant breakthrough.

Major efforts are urgently needed, at Federal, State, and local levels, to alleviate the shortage of facilities and to develop the variety, quantity, and quality of services needed. The child care provisions of the proposed Family Assistance Act, now before the Congress, would go well beyond the capabilities of the WIN program toward assuring the availability of child care resources throughout the country. The Act eliminates or substantially reduces the burden of State matching, provides flexible authority as to who provides the service, and authorizes expenditures for construction of facilities.

The WIN Program: Early Development and Results

Most States have had no more than a year and a half's experience with the WIN program and many have had less. This has been a start-up phase. The Program has been established in all States but one. Although in most States WIN projects have been set up only in a few counties, these counties include heavy concentrations--frequently reported around 60 to 80 percent--of the States' AFDC recipients. As of the end of fiscal year 1970, the program was reaching a current enrollment level of 100,000, still far below the number of recipients who could benefit from the program.

Any new program must go through the usual difficulties of creating a viable series of operations and procedures and assembling the resources needed to do the job. In the case of WIN, the process has been more difficult than usual because WIN is a bi-agency program, requiring public welfare and manpower agencies to work together effectively at every level of government, local, State, and Federal. Many of the early difficulties, however, are being surmounted. At the local level, some agencies, particularly in the larger urban areas, have set up WIN teams to bring together the front-line workers of welfare and manpower agencies in selecting recipients for referral and delivering the services needed during the full period of enrollment. Some welfare agencies, whether or not they use the team approach, have assigned special workers to the WIN program, occasionally with reduced caseloads, to ensure better service to people and better communication with manpower agencies. Some use group meetings of AFDC recipients and other approaches to improve the selection and referral process. Joint training programs for welfare and manpower

staff have been arranged by some States. At the Federal level, a joint task force was established in October 1969 by the Departments of Labor and Health, Education, and Welfare to investigate and counteract a leveling trend in WIN enrollments. Task force teams met with State and local officials in 27 States to deal with operational and procedural problems that were restricting or precluding the efficient utilization of program resources. Early in 1970 a second series of visits to 17 projects were conducted to assist local and State officials in developing solutions to problems in areas such as child care, referral and enrollment procedures, subcontracting procedures, and development of manpower services.

Beyond operational and procedural problems, the start-up period brought to light other serious problems and limitations in the resources available for the WIN program, among them:

--Inadequate staffing and financing of public welfare agencies.

Unlike the manpower agencies, welfare agencies did not receive extra staff and yet were expected to carry out the increased workload produced by WIN. Welfare agencies not only experienced difficulty in securing State and local funds to meet the 25 percent requirement for supporting services and child care but also were expected to meet 20 percent of the cost of WIN manpower services.

--Lack of child care capacity

--Difficulties in procuring medical examinations prior to referral.

In many areas examinations have been delayed or have not been adequate to determine employability or work limitations of AFDC recipients. This has been due to the lack of medical resources or of adequate financing

of medical services.

--Lack of adequate transportation. This affects the enrollees' ability both to participate in the program and to secure employment. Although most acute in rural areas, transportation poses problems even in large cities.

--"Holding" problems. These were particularly serious in the earlier months of the program. "Holding" occurred whenever a WIN enrollee was not actively participating in a training or educational component. These delays discouraged the enrollees and made caseworkers reluctant to refer clients to WIN.

--Inadequate job development. This will be a problem of growing importance as the WIN program matures.

Whatever the start-up problems may have been, in all States a systematic process has begun of reviewing every AFDC case to identify individuals for whom employment is a reasonable goal. State agencies have substantially screened and assessed AFDC caseloads or are in the process of doing so. Assessments are being reviewed at least once a year and, in many individual situations, on a continuing basis as individual circumstances change. Some States report they are now assessing cases at intake, when the family comes on the assistance rolls, a practice that probably will grow. Except for mandatory referrals of fathers and youth not attending school, referrals generally have been voluntary. Even in States in which certain groups of mothers are in a "mandatory" class, it is reported that the number of volunteers exceeds the training spaces available. Child care services are being extended to more children and

increasingly efforts are being directed to develop additional resources. As the medical and social needs of recipients are uncovered, efforts are being made, when referral to WIN is not immediately appropriate, to refer recipients to vocational rehabilitation and other services with the possibility that a referral may be made later on when they are ready.

Cumulatively through December 31, 1969, public welfare agencies closed approximately 9,800 AFDC cases, including 47,000 recipients, following participation of a family member in the WIN program. A "closing" is defined as the discontinuance of the money payment because of employment or increased earnings within six months following participation of a family member in the program. (Table 15. Also Table 16 presents State data for the last quarter of 1969). Annual financial savings to public welfare agencies resulting from these closings are estimated at \$26,000,000, assuming the former recipients remained self-supporting for a year. Sixty percent of the closings were in the unemployed-father segment of the AFDC caseload and the balance in the basic program. The larger proportion of fathers than mothers probably reflects the priority assigned to them in the WIN program, but other causes may also be operating. Unemployed AFDC fathers generally have a better chance of getting a job, and a better-paying job, than mothers.

Data are not available on the number of AFDC cases in which money payments were reduced in amount due to employment or increased earnings of WIN participants. State reports suggest there are many such cases. Many State and local welfare agencies anticipate that, as the program matures, the proportion of cases resulting in a reduction of payment will exceed the proportion resulting in a case closing. These agencies believe that many AFDC mothers with several children are unlikely to earn enough to

entirely eliminate the need for financial assistance, especially in view of the very desirable work incentives built into the AFDC program, such as the disregard of the first \$30 of earned income and of one-third of the remainder, and the essential expenditures for child care and other work-related expenses. The agencies also observe that, even when the mother's income must continue to be supplemented, the WIN program has served to elevate the standard of living of the family and to reduce public costs.

There are other less tangible, but not less significant, criteria by which to judge the results of WIN, in addition to its success in obtaining jobs, closing cases, or saving public funds. Some research is underway on the longer-range impact of the program on AFDC families and children. Previous research on employment-oriented training programs for public assistance recipients indicated that, even when they do not result in employment, they tend to have favorable effects on self-esteem and family functioning. Surely it is too early for an evaluation-in-depth of a program just emerging from its start-up period. (Some case illustrations of employment-oriented services for AFDC families are presented in Appendix A).

By and large, available reports suggest that State and local public welfare agencies endorse the basic idea of the WIN program. Some have noted specifically the positive response of AFDC recipients, as indicated by the number who have volunteered. States report that the program's potential has not yet been seriously tapped and that it should be extended to serve more people and cover more counties. They point to the need to extend, wherever necessary, the full range of family and child welfare services, as well as services more directly related to the objective of employment, to families determined appropriate for referral to WIN. They

are concerned where program resources are inadequate or program operations overcomplicated. Some question, as one State said, whether the program "is realistic for rural America," and special problems do exist in rural areas. Perhaps most of all, public welfare agencies are concerned about the possibilities of employment, at adequate wage levels, for AFDC mothers, especially those who are apparently not qualified for the clerical or other better-paying jobs now available to women. The current problem of rising unemployment adds to this concern. Job development is one of the major unsolved problems facing the WIN program.

3. Other Programs Leading Toward Employment

Only a limited view of public welfare agency programs directed toward employment is given by the WIN program. As the 1967 Amendments required, State agencies have been examining the potentialities for employment of all appropriate individuals, whether they happen to live in a county served by the WIN program or not.

The Department's 1969 survey of AFDC cases provides some measures of the extent, but not of the depth or quality, of employment-directed services. During the year preceding the survey, 830,000 families (half of all families) received services classified as "counseling, guidance, or other diagnostic services related to employment or training for employment." No doubt the intensity of the service varied considerably, but the statistic suggests how frequently questions of employability and employment are considered by the recipient and by the agency caseworker. The survey further reported that one-fourth of the families (430,000) had some member who was referred for employment or work training. Ten percent (166,000 families) received vocational rehabilitation services,

although this may often have involved only counseling or referral rather than actual enrollment in, or completion of, a rehabilitation program. Ten percent received adult basic education or high school equivalency education, and the same percentage received vocational education. In one-tenth of the families, children had been helped to obtain summer employment or part-time employment during the school year. Day care services were reported for 6 percent of the families (93,000) largely, but not entirely, due to the mother's employment or participation in a training program. (These survey statistics are not mutually exclusive, since one family may receive several services).

Data are also available on the number of assessments completed and referrals made to manpower agencies in non-WIN counties (Table 17). Cumulatively through March 1970, reported assessments of AFDC recipients in counties without a WIN program in operation numbered 456,000. Of these, 79,000 (17 percent) were determined to be appropriate for referral and 49,000 (62 percent of the latter figure) were referred. Information is not available concerning the action taken by the manpower agencies on non-WIN referrals.

State welfare agency reports frequently indicate that one of the by-products of the WIN program has been to improve and reinforce employment-directed services in the non-WIN counties. Some States report they are providing the same welfare services, including manpower referrals, child care, medical services, etc., in non-WIN as in WIN areas, and are moving toward State-wide uniformity in policy and program. Other States lack the resources to do this. Some State agencies report, however, that manpower services are more limited in non-WIN counties, many of the smaller counties either lacking an employment service or

having available only minimum service. Some welfare agencies are working cooperatively with other agencies to develop and better coordinate all manpower resources at the State or local level.

Public welfare agencies have strengthened and improved relationships and agreements with other State agencies serving AFDC recipients, especially departments of education, vocational education and training, and vocational rehabilitation. Many recipients enroll in education programs ranging from basic literacy to college education, and many others receive vocational training. Some welfare agencies purchase these services.

The last two years have been marked by a growing effort at Federal and State levels to extend vocational rehabilitation services to public assistance recipients. The Department established the Social and Rehabilitation Service in 1967 to bring together the welfare and rehabilitation programs at the Federal level. By early 1970, nearly all State vocational rehabilitation and public welfare agencies had developed joint action plans to increase the number of disabled public assistance recipients rehabilitated. During fiscal year 1969, the number of rehabilitated clients who were receiving public assistance payments when accepted for rehabilitation services was 24,475, of whom about 6 out of 10 were members of AFDC families. The Department's objective for 1971 is to serve 115,000 disabled recipients and rehabilitate 35,000.

Although in short supply, child care services under Title IV-A are being extended to serve children in families not participating in the WIN program, and, in a few States only, to children in low income families not currently receiving public assistance in order to enable working mothers maintain their families independently of public assistance.

Many agencies provide employment-related services for youth and are the main source of referral of low income youth to summer employment programs. A number of State agencies have special projects going, usually in one or several counties, to explore in depth how employability of public assistance recipients can best be assessed, how intensive services can be provided to multiproblem families, and how various agencies can unite their efforts to deliver services most effectively.

In short, a broad range of efforts have been going forward to meet employment, education, and training needs in addition to the WIN program. The limitations of resources and services that affect WIN also affect non-WIN efforts. Less information is available on the outcomes of non-WIN than of WIN programs. While many, perhaps most, recipients who secure employment find jobs on their own, many others need and receive some help, and the financial assistance and services provided by public welfare agencies enable many to move toward independence. Not only employment-related services, but all services designed to maintain and strengthen family life and promote child and family welfare have a contribution to make in assuring personal independence for American families.

III. FAMILY PLANNING SERVICES

The 1967 Amendments required the offering of family planning services in all appropriate cases to AFDC recipients. The Amendments provided, however, that acceptance of these services must be voluntary and must not be a prerequisite to eligibility for, or the receipt of, any other service or aid under State AFDC programs.

To implement this requirement the Department of Health, Education, and Welfare issued regulations in January 1969 (interim regulations had been issued earlier in July 1968) designating family planning as a mandatory service under the AFDC program. The pertinent regulation follows:

"Family planning services must be offered and provided to those individuals wishing such services, specifically including medical contraceptive services (diagnosis, treatment, supplies, and followup), social services and educational services. Such services must be available without regard to marital status, age, or parenthood. Individuals must be assured choice of method and there must be arrangements with varied medical resources so that individuals can be assured choice of source of service. Acceptance of any services must be voluntary on the part of the individual and may not be a prerequisite or impediment to eligibility for the receipt of any other service or aid under the plan. Medical services must be provided in accordance with the standards of other State programs providing medical services for family planning (e.g., maternal and child health services)."

Although many State welfare agencies had provided some family planning services prior to the Amendments, the new requirements signalled a major shift of emphasis and gave a positive impetus to the development of these services. It would be difficult to exaggerate the change of attitude and approach to family planning that has taken place in recent years in State and local welfare agencies, as among other community agencies and groups. Not so long ago many welfare agencies rarely encouraged the discussion of family planning with clients. If the service was provided at all -- and often as a matter of law or policy it was not -- generally it was at the request and upon the initiative of the AFDC recipient. It was not a service to be discussed and offered openly and freely.

A significant indicator of change is that, with few exceptions, State welfare agencies recently have revised administrative policies relating to family planning and State legislatures have amended and updated State laws on this subject. Replying to a questionnaire sent to all State welfare agencies by the Center for Social Research of the City University of New York, 10 States reported the effective date of the most recent policy on family planning services was 1968, 27 States reported a 1969 date, and 6 States a 1970 date. Changes have been in the direction of liberalizing laws and policies affecting the provision of family planning services by welfare agencies in order to effectuate the intent of the 1967 Amendments. At least two States, however, still operate under State statutes that represent major barriers to the development of family planning services. One reports, for example, that under its law social workers may not specifically introduce the subject of family planning or refer persons to agencies for this purpose.

The great majority of States (38 States) now report that family planning policies are non-restrictive, permitting the offering of service without regard to marital status, parenthood, or age. Many have removed or substantially modified earlier policies limiting services to married persons, to women who have had at least one child, or to persons not defined as minors. Twelve States report some restrictions of this type, most often provisions restricting services to minors, a term whose definition varies widely among States. Quite commonly services for minors may be provided but require prior parental consent. Many States will accept the recommendation of responsible adults, such as physicians, clergymen, and social workers, when the securing of parental consent is problematic and perhaps not in the best interest of the young person involved.

The main types of family planning service provided by each of the States are presented in Table 18. All States (except those with legal barriers) provide information and referral services to AFDC recipients. Forty-two States provide counseling services that presumably go beyond the giving of information. Thirty-six State

welfare agencies pay for medical contraceptive services, including payments for physician or clinical services and medical supplies. The eleven States that specifically report not making such payments usually indicate that provision of medical services is considered the responsibility of State or local health agencies. Twenty-five States report providing transportation service to assist clients in getting to health facilities. Of 106 large local welfare agencies located in counties having a city of 100,000 population or more, 96 provide information and referral services, 83 provide counseling service, 58 pay for medical services, and 50 provide transportation.

Federal policies permit and encourage the States to extend services not only to current AFDC recipients but also to former recipients and to low-income families who are considered likely to become recipients of financial assistance. A majority of the States, however, have not availed themselves of this option. Twenty-one States report providing family planning information and referral services to such former or potential recipients, 15 provide counseling services, and very few (3 States) pay for medical contraceptive services or provide transportation services. Statistics are not available, however, as to the numbers of former or potential recipients actually receiving services in these States.

The States surveyed by questionnaire were asked to identify the major methods employed by the welfare agency to reach AFDC recipients who were possible users of family planning services. Nearly all of the States reported that the caseworker interview with the client is a major method. Half the States distribute printed material at welfare offices and about the same number also report that printed material is distributed by caseworkers. Five States reported mailing of printed material to clients as a major method, including some that occasionally placed such material in the monthly assistance payment mailed to recipients. In response to a further question as to how the voluntary nature of the service is communicated to clients, again oral communication by the caseworker was nearly always identified, with many States having staff able to communicate in a foreign language when necessary. Twenty States indicated that written materials also explained that acceptance of the service is voluntary.

Changes in the role of the caseworker in providing family planning services may be observed by a comparison of the results of the 1970 survey of State welfare agencies with an earlier survey conducted in July 1967 by Dr. Donald Harting and his associates. Both surveys asked the same question as to whether caseworkers were encouraged, discouraged, or "neither encouraged, nor discouraged" from making family planning information or referrals to recipients of public assistance. Thirteen States that had reported in 1967 that caseworkers were "neither encouraged nor discouraged" reported in 1970 that caseworkers now are encouraged to provide service. In addition, of 33 States reporting a policy of encouragement both in 1967 and 1970, one-third indicated that caseworkers now routinely make known to eligible women the availability of family planning services whereas in 1967 they initiated discussion only in selected cases with special problems. Six States that provided service in 1967 only on request of the client now report that caseworkers may take the initiative.

Statistical data from several sources yield some measure of the extent to which family planning services are provided to AFDC recipients. In a national sample survey of AFDC cases conducted in 1969 by the Department of Health, Education, and Welfare, State welfare agencies reported that during the year preceding the survey family planning information and counseling (without medical referral) was provided to 1 in 5 families and information and counseling (with medical referral) to 1 in 10. Altogether 26 percent of the families then receiving AFDC (426,000 families) were reported to have received some service. A similar Departmental survey in 1967 had indicated that 14 percent of AFDC families were reported to have received some service during the preceding year. Although the question was put differently in the two surveys, these results suggest a definite advance in service delivery.

In the 1970 survey conducted by the City University of New York, States were asked to provide a best estimate of the percentage of AFDC cases already receiving medical family planning services. Thirty-five States replied to the question, often noting that the reply was based upon opinion. Ten States estimated fewer than 10 percent, 15 between 10 and 19 percent,

and 10 States 20 percent or more. Not all AFDC cases, of course, include women potentially eligible for family planning services (17 percent of AFDC mothers are above 44 years of age; others have been surgically sterilized). On the other hand, other cases include more than one potential user.

Records of Planned Parenthood reveal that welfare recipients (not limited to AFDC but including other types of public assistance) have constituted 12 to 15 percent of that private organization's national caseload for several years. Similarly, statistics covering most of 1969 from clinics providing family planning services supported by the Children's Bureau and by the Office of Economic Opportunity show that 14 percent of the patients at these clinics were AFDC recipients. Not all of these recipients active with medical clinics necessarily were referred by welfare agencies. Doubtless many get there on their own or on referral by other sources.

It is significant that of the AFDC patients known to Children's Bureau and OEO clinics, 19 percent were under 20 years of age, 55 percent were between 20 and 29, and 26 percent were 30 years of age or older. These figures strongly imply that it is the younger AFDC mother (or other recipient) who is more likely to receive medical family planning services, an observation that can also be supported by other research. The long-range implications of these facts are encouraging, suggesting as they do that younger women with many years of potential childbearing ahead of them are more likely than older women to seek and use medical services.

As of March 1970, only nine State welfare agencies reported having a professional staff person at the State level giving full-time to the development of family planning services. Other States sometimes assign this responsibility as a part-time function of a designated employee.

Welfare agency experience under the 1967 Amendments clearly has demonstrated a great need for training programs to help staff offer and provide family planning services. Attitudes toward family planning among clients, staff, and the general community are widely variable. As recent Congressional hearings have shown, there is diversity of opinion even among professional groups concerning the safety and effectiveness of some

contraceptive methods and devices. The recent sharp shift in welfare policies in regard to family planning called for re-orientation and training programs and a frank approach to the attitudes of welfare staff on this issue. Staff have to be informed about family planning resources available in the community and trained in methods of offering service. Since most AFDC families are one-parent families, the initiation of service on a sensitive subject presented difficulties for many workers and made evident the need for training to assist them in providing service.

Twenty-five States surveyed in 1970 reported having state-wide family planning training programs for newly hired caseworkers, 19 of them reporting that this training is required. Twenty-four States have programs for workers already employed, 15 of which are required. Twenty-three States reported programs for supervisors, 14 of which are required. Other States probably provide some training, if not state-wide or well organized. Deficiencies in staff training programs are frequently cited by State and local welfare agencies as barriers to the delivery of family planning services.

A few States have commented upon the changes in staff attitudes. One State reports that family planning is now seen by most of its staff as "one of the most important services we can render to clients." Another reports finding that most of its workers want to encourage family planning services and are eager for more training, especially in the area of how to approach the topic with unmarried mothers, single persons, and teenagers. Some States have observed that younger workers often exhibit a more relaxed and positive attitude than do some older workers.

One of the encouraging and impressive programmatic developments during the last two years has been the joint involvement of public welfare agencies with other community agencies and groups, both at State and local levels, in promoting the development of family planning services. Ultimately, the effectiveness of welfare services in this area largely depends upon the availability and accessibility of medical family planning resources and educational programs. States, and areas within States, that have resources available are in a far better position to serve AFDC families than areas

lacking them. Many counties do not have local public health departments or other public health facilities, especially in rural areas. Some States and many counties must depend mainly upon the services of private physicians who are not always available, may have limited time, or may elect to serve only certain types of patients. Many State and local welfare agencies have been working together with departments of health, planning agencies, universities, OEO agencies, Planned Parenthood affiliates, and others to extend services in areas not currently served or inadequately served, to promote educational programs, and to assure the availability of services to AFDC recipients. Some agencies are cooperating in outreach efforts in low income neighborhoods. Some have joint training programs and utilize the expertise of other agencies to strengthen their own programs.

The great majority of State welfare agencies are unable to report their expenditures for family planning services, generally because outlays for this service are not identified separately in fiscal reports. Only 13 of the States surveyed in March 1970 were able to furnish any estimate of expenditures for medical family planning services, whether under Title IV, Part A (AFDC services) or under Title XIX (Medicaid). Of these only two or three reported any expenditures for medical services under Title IV. It is evident that Title IV has not been regarded by the States as a major source of financing medical family planning services for AFDC families. Instead, Title XIX is utilized far more commonly but State accounts under that program generally are not set up to segregate family planning expenditures. Expenditures under Title IV pay for information and referral services, counseling, transportation, training, community planning, and related activities. Again, these expenditures cannot be isolated since family planning is only one of many services provided by public welfare agencies and service expenditures generally are merged together.

The major developments in family planning under the 1967 Amendments have now been described. What can be said by way of a summing-up and general assessment?

The Amendments encouraged change and progress in the delivery of family planning services to AFDC recipients. Except for a few States that

wither have legal barriers or report little progress for other reasons, significant developments have been reported throughout the country. State laws and policies quite generally have been liberalized and older restrictions have been eliminated. Delivery of family planning services has been extended to more families. Medical services increasingly have been financed out of Title XIX funds. Public welfare agencies have cooperated actively in community efforts to develop family planning clinics and educational programs. Medical resources in many communities have been extended. Welfare staffs increasingly have been trained to offer family planning services and to take a positive approach. The voluntary nature of the service has been safeguarded.

Statistics reported in a few States suggest the possible impact of family planning services on AFDC families. One of the largest States reported that the number of children born during the mothers' receipt of AFDC (the rate of newborn children per 1,000 AFDC cases) dropped from 127.1 in 1965 to 119.4 in 1969. The number of children per AFDC family in this State was 3.70 in 1966 compared with 3.40 in 1969, a decrease of 8 percent. One of the nation's largest metropolitan communities in another State reported a substantial decline in the birth rate for public assistance families. From a peak of 173 births per 1,000 public assistance cases in 1964, the rate dropped by more than one-third to 115 per 1,000 in 1969. This community reported a 10 percent reduction in the rate between 1968 and 1969. Obviously many factors may account for such trends and they go back several years, but increasing knowledge and availability of community family planning services may well be involved.

Many problems, of course, remain. Medical services still are too limited, especially in rural areas but frequently in large urban areas as well. Replying to the question whether medical family planning programs currently available are adequate to meet the needs of eligible clients, 36 State welfare agencies answered in the negative in March 1970. Thirty-one cited geographic inaccessibility as a major problem. Many reported a shortage of health professionals and paraprofessionals and some reported that existing facilities are overcrowded. Even in the Nation's principal counties and cities where clinics are more likely to be found than in less

populous sections, 50 out of 106 local welfare agencies reported that currently available medical family planning programs are inadequate.

Looking at their own capability of providing family planning services, many State and local welfare agencies report a shortage of staff to provide services and to arrange for adequate follow-up. Training programs for staff have not been mounted on the scale required. Although Federal funds may be used to match \$3 for every \$1 spent from State funds for services, time and again agencies emphasize the difficulty of raising the 25 percent share at State and local levels. Generally, no special funds have been made available to develop family planning services, as indicated, for example, by the general absence of full-time staff leadership for this program. Expectations among some groups that Title IV funds would be available to reach substantial numbers of low-income families not currently receiving AFDC have not been realized. Here and there older attitudes toward family planning still inhibit agencies from freely developing this service and in some local communities, as one State reported, there remains "a deeply rooted view that family planning is primarily a medical rather than a social problem and consequently social welfare's role should be primarily a very limited referral service." Family planning is an excellent example of a service that should benefit greatly from the administrative separation of the social service from the financial assistance program. Past policies and practices in a number of States jeopardized the eligibility for financial assistance of AFDC mothers when there was a "man in the house." This type of administrative environment is hardly favorable to the provision of family planning and other services.

In a historic Message to Congress on Population in July 1969, President Nixon said:

"Most of an estimated five million low income women of childbearing age in this country do not have adequate access to family planning assistance, even though their wishes concerning family size are usually the same as those of parents of higher income groups.

"It is my view that no American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them. This we have the capacity to do."

It has been estimated that 15 percent of the five million women referred to by the President are members of public assistance families. Although some progress has been made by public welfare agencies in providing family planning services under the 1967 Amendments, the scope and pace of change must be greatly accelerated if national goals are to be achieved.

Other major sources of Federal support for family planning services are described in Appendix B.

IV. PREVENTION AND REDUCTION OF ILLEGITIMACY

The 1967 Amendments required State plans to provide for the development of a program for each appropriate individual receiving AFDC designed to prevent or reduce the incidence of births out-of-wedlock. To implement this requirement, the Department of Health, Education, and Welfare issued the following regulation in January 1969 (interim regulations had been issued earlier in July 1968):

"There must be a program to prevent or reduce the incidence of births out-of-wedlock and to otherwise strengthen family life. Services to prevent and reduce births out-of-wedlock must be extended progressively to all appropriate adults and youths, with initial priority for mothers who have had children born out-of-wedlock within the 2 preceding years or who are currently pregnant out-of-wedlock and for youths living in conditions immediately conducive to births out-of-wedlock. Services must be provided for fathers of such children."

There is no question about the importance of the problem of illegitimacy. A national sample survey of AFDC cases conducted in 1969 by the Department of Health, Education, and Welfare revealed that 31 percent of all child recipients were born out-of-wedlock. Forty-four percent of all AFDC families (721,600 families) included one or more children born out-of-wedlock. Contrary to some erroneous impressions, however, the great majority of AFDC families with illegitimate children do not have large numbers of such children. Nearly three-fourths of these families have no more than one or two illegitimate children. (See Table 19.)

There is no single approach to a social problem as complex as that of illegitimacy. A variety of methods and approaches must be tried if there is to be a reversal of the long-term upward trend in the extent of illegitimacy in the United States.

Since the enactment of the Amendments, public welfare agencies have pursued a number of approaches aimed at reducing illegitimacy. One of the major new developments has already been discussed--family planning services. About half of all illegitimate births in the United States are to teenagers under the age of 20, and another third are to young women aged 20-24. Programs designed to reduce illegitimacy, therefore, must preeminently be addressed to teenagers and to youth just above this age level. Efforts to make family planning services available to teenagers have progressed but, as has been noted, special problems are frequently encountered in reaching and serving minors.

By and large, the services that have advanced most are addressed to the teenager who is already pregnant or who has had an illegitimate child. Usually there is less question of requiring parental consent to offer service to these girls and many of them gain access to social and medical family planning services by virtue of being known to health, welfare, and educational agencies. That it is highly important to provide services for this group in order to prevent the occurrence of subsequent out-of-wedlock pregnancies is evident from the fact that 37 percent of all illegitimate births in 1968 were second or higher-order births. In the 1970 survey conducted by the City University of New York, 47 States reported they may provide family planning information and referral services to minors who have had an illegitimate child, 39 may provide counseling services, and 29 may pay for medical contraceptive services. About the same number of States may provide these services to any minor with parental consent. A smaller number do not necessarily require parental consent.

4.

Far more difficult of attainment is the goal of "primary prevention," the effort to reach young people early enough to prevent even the first out-of-wedlock pregnancy. Some States have attempted to make family planning services available to youth living in situations conducive to illegitimacy and defined to be "at risk." One State, for example, includes in this category youth living in homes where there are or have been out-of-wedlock pregnancies, those identified with groups or gangs among whom unmarried parenthood is prevalent, those on parole or discharge from mental hospitals or schools for the retarded, those with records of sex delinquency, and those in homes where incest has been charged or is suspected. Often services for youth at risk are initiated by providing counseling services to parents of such children and at times parents themselves take the initiative by requesting help in coping with their children. A more direct approach to teenagers usually is not attempted unless skilled staff is available or special training has been instituted. On the whole, the 1970 data suggest little special emphasis in welfare programs to make family planning services available to "high risk" youth.

Family planning service is only one approach to the problem of illegitimacy. One of the most encouraging national trends of recent years has been the growth of programs designed to provide comprehensive services for school-age pregnant girls and unwed mothers. These programs frequently include family planning as one component of a range of services addressed to the varied needs of the pregnant teenager. This

is a more natural, and perhaps more effective, way of reaching teenagers than an approach limited to family planning service alone. Multi-service programs differ one from another in auspices and program content, but may include educational programs to assure continuing education for the school-age girl, prenatal and postnatal health care, homemaking, child care, family planning, counseling and other social or psychological services, recreation, or other services. There are now perhaps 150 programs in 125 local communities that are known to include educational, health, and social service components. In addition, school systems more and more are turning away from the practice of insisting that pregnant girls drop out of school. Many multi-service programs have developed under State and local maternal and child health programs.

Operation of multi-service programs under public welfare agency auspices is rare. Usually, however, State or local agencies are active participants in community planning and development of these programs. Welfare agencies are an important source referring girls to the programs and may accept for financial assistance or services girls referred by the programs. In some cases, welfare service staff actively provide the social service component of the total program. In many communities, however, welfare agencies are viewed mainly as assistance payment systems rather than service systems. Since these agencies often lack sufficient qualified service staff, social services in many multi-service programs are provided by voluntary agencies, medical social service departments, or other community programs.

Experience has demonstrated the successful outcomes of multi-service programs. Among other gains, girls who otherwise would have dropped out of school have completed high school and gone on to vocational education or to college. Since education is the key to employment and future careers, these programs contribute to preventing economic dependency and very probably, although not enough research evidence is in, to preventing illegitimacy.

Another approach to the problem of illegitimacy becoming more in evidence is the development of group work services for unved mothers or adolescents receiving AFDC, reflecting the recognition that one-to-one casework must be supplemented by other methods. Some States report that larger numbers of local agencies have conducted, or plan to initiate, group services. Welfare agencies also refer adolescents or unved mothers to group programs sponsored by voluntary agencies, school systems, or other community agencies. Program content of group programs varies but often is wide-ranging and flexible, attempting to reflect the interests of young people. In some programs AFDC mothers have participated as group leaders. Group programs respond to genuine human needs, may continue for many weeks or months, and appear to be effective. For example, one program of family life education run by a voluntary agency originated when a department of welfare social worker identified a particular need to reach out to the large number of unmarried pregnant women and mothers living in a deteriorated neighborhood of a metropolitan community. Many of these women were without family ties, unfamiliar with the community in which they lived, and almost completely isolated socially. The program proved highly successful.

Public welfare agencies for many years have provided services for unmarried mothers and their children under the child welfare services program (Title IV, Part B). These services help young unmarried mothers confront their situation realistically, assist in their adjustment before and after the birth of the child, and help in planning for the future care or relinquishment of the child. They include counseling services, health care, educational and employment services, foster care and adoption, and other individual or group services. When competently given, they contribute to the prevention of subsequent out-of-wedlock pregnancies.

National statistics indicate that 63,000 unmarried girls and women were served under the public child welfare program in 47 reporting States during 1968, the latest year for which information is available. Although child welfare services are open community services not restricted to financially needy families, a significant fraction of those served are receiving AFDC. Under the AFDC services program (Title IV, Part A), according to the national sample survey of AFDC cases conducted in 1969 by the Department of Health, Education, and Welfare, 14 percent of the families (225,000 families) received services classified as "unmarried mother services" during the preceding year. (There may be some overlap between the above statistics.) As the single organizational units for administration of family and child welfare services become increasingly effective, programs for unmarried mothers will be unified and uniformly available to all who come to the attention of public welfare agencies.

These programs require competent staff. Many of the larger public welfare agencies in urban communities have specialized units of workers qualified to serve unmarried mothers and adolescents "at risk."

In at least four States, the public welfare agency must be notified of every birth out-of-wedlock and must offer service to the mother, unless another agency is already providing service. In these States public welfare agencies may serve three-fourths or more of all women having a child out-of-wedlock.

An extended network of public and private agencies and groups must be mobilized to develop programs designed to prevent and reduce illegitimacy--schools, health and welfare agencies, employment services, churches, volunteers, young people themselves. Illegitimacy is a community problem by no means confined to families receiving public assistance. Many State and local public welfare agencies accordingly are active in community planning and development, the scope and effectiveness of their efforts varying from well-organized approaches to inaction where needed staff and resources are lacking.

Perhaps the chief thing to be said about services to reduce illegitimacy is that the best services available today are found much too infrequently. Considering the extent of the problem, the best examples of multi-service programs, group services, counseling and other services for unmarried mothers by competent staff, services for adolescents, community planning and outreach, all need to be adopted more widely. There were an estimated 339,200 illegitimate births in

1968, nearly 10 percent of all live births. Of special concern to service programs must be the recent increases, after a period of relative stability, in the illegitimacy rate for teenagers.

Like other social problems, illegitimacy is due to many causes and often is associated with social ills such as poverty, discrimination, lack of educational opportunity, youth unemployment, inadequate housing, and community deterioration. Although necessary, services alone are insufficient to cope with a problem so deeply rooted.

APPENDIX A
CASE EXAMPLES OF SERVICES LEADING TOWARD EMPLOYMENT

Case A

Miss A. has been known to this agency off and on as a public assistance recipient since 1957, after the birth of her first child. She lived with her mother, step-father and four younger brothers and sisters on a tenant farm. Miss A. lost her right leg below the knee as a result of a school bus accident when she was ten years old, and since she could not perform farm labor, she was expected to stay at home and care for her younger brothers and sisters, as well as her own children. This seemed to be a satisfactory arrangement for the family until late 1968, when Miss A. and her three children moved into a low rental housing apartment in town. Miss A. began working as a domestic.

Miss A had a 10th grade education and wanted to complete high school to be self-supportive for her family. Her physical handicap and medical problems contributed to a relatively poor personality adjustment. She worked as a domestic, but tired easily because of the strain of standing up for long hours on her artificial leg. She felt she could not attend school and support her family. Miss A had little confidence that she would ever actually find full-time employment which would pay the minimum wage. She volunteered for the WIN Program. A thorough medical examination revealed she needed further treatment before she could perform full-time work. The joint VRS-DPS Project assisted Miss A in obtaining medical services and needed repairs and adjustments on her artificial limb. Miss A's sister was approved for payment for Related Home Care for Miss A's three children, ages 5, 6, and 12. Through the WIN Program, Miss A. completed work for her high school graduate equivalency and obtained a position on the production line in a company which manufactures parts and equipment for telephones. Company officials rated her as a good employee.

As Miss A. began to achieve success in school and on the job, she began to gain confidence in her own abilities and became much less dependent on her caseworker. Her personality problems became much less severe as she accepted her handicap. She became a much happier person and is more at ease with herself. This is reflected in the care she gives her children.

Miss A. continues to be eligible for a small ADC grant and continues to need the supportive casework help this agency offers. In the future, with greater success on the job and increase in salary, she may become independent of the agency, both financially and emotionally.

Case B

Mr. B., married and the father of two children, suffered from bronchial asthma and had lost his job because of this illness. He entered the WIN Program soon after applying for ADC. He received training in various types

Case B continued

of printing; and, upon completion six months later, he was employed in the printing department at the tractor works. Prior to his training he was referred to University Hospital for desensitization tests, and his local physician was able to prescribe medication. He was receiving an ADC grant of \$244 per month. This grant has now been canceled, and Mr. B's base pay is now \$477 per month.

Case C

Deserted by her husband and beset with multiple illness, Mrs. C. applied for Aid to Families with Dependent Children and was approved in August 1967. Prior to her application she was known to our Child Welfare Services for over a year.

Born into a middle class family, the second child in a family of seven children, Mrs. C completed the 11th grade and then ran away to marry. She married an emotional man of a considerably poorer family background and different life style, and they had a stormy marriage. Four children were born to this union in rather rapid succession. Furthermore, Mrs. C had been troubled by poor health almost all her life. She suffered with congestive heart failure and an unusual thyroid affliction.

At the time of her application, her marital problems, poor health, and very young children (especially the twins) had already taken their toll. Therefore, Mrs. C who had never worked was not even considered a feasible candidate for employment, let alone training. Her family continued to require services from many helping agencies in the city. Nevertheless, Mrs. C proved to be a woman with many strengths, one of which was her middle class standards. She regretted her early marriage which ended her education prematurely (several of her siblings had already completed college). She was determined to better herself, become self supporting and move her family out of the housing project.

On her own volition Mrs. C contacted a reputable, local cosmetology school. We have been able to support her in this endeavor through Title V, Vocational Rehabilitation, and the WIN Program. Mrs. C has nearly completed her training although it has taken her twice as long to complete this course as is generally necessary due to her poor health which flairs up at times (she was critically ill in 1967 and nearly died) and the children's health which primarily revolved around childhood diseases, broken legs, etc. Mrs. C had a natural propensity for cosmetology and, with training, this has developed into an exceptional talent (therefore the cosmetology school has been most understanding). In a few months, barring any new setbacks, Mrs. C will graduate.

Mrs. C has made good use of community resources and a neighborhood community and child care center has proven to be very instrumental in giving her some relief with her children, thus permitting her to enjoy them more and vice versa.

Case D

Mrs. D. a former go-go dancer, first came to our attention when she came into our office requesting training. At the time, the training available was New Careers at the State Hospital. She was reluctant at first, but WIN caseworker convinced her that many opportunities were ahead in the field of nursing. She enrolled at the hospital, successfully completed the program, and in the process gained her high school diploma. Her most severe problem was child care, and she was given help on many occasions with this. She then went into nurse's aide training at the hospital. More help with child care was offered. She was hired after successfully completing the program. She then proceeded to enroll in a practical nursing course through the Bureau of Employment Security at the city schools with our encouragement. Once again, help was given in the child care area. Mrs. D is about ready to graduate and has employment in a hospital upon completion of this training. The important element here is that Mrs. D had a grudge against the world but has now grown to adulthood and will be a responsible member of the community.

Case E

Client is a 38-year-old Spanish woman who has been receiving public assistance for herself and her five children since February 1961. When first interviewed at this Agency, she was described as a short, stocky woman with long, stringy hair. Throughout this period of dependency upon the Agency, client has been extremely apathetic in her attitudes. She had no desire to improve herself and had been content to sit at home and collect her monthly welfare checks, despite attempts on the part of various caseworkers to encourage her to seek employment. This woman can read, write, and speak both Spanish and English fluently.

In February 1968 client's caseworker spoke to her about the possibility of enrolling in the Work Experience Program in an attempt to improve her educational level beyond that of the 9th Grade. At this time client was reluctant to enter this Program. Appointments were scheduled for her to discuss work training; however, client failed to follow through with the Program, and she was never enrolled.

Following repeated attempts on the part of the caseworker to motivate client to enter some type of a training program, client was finally referred to the WIN Program in March 1969. Although hesitant about entering the Program, she was encouraged by her caseworker, a referral was made for child care service, and a physical examination was given.

The client was subsequently enrolled in the WIN Program, participated in orientation classes following which she was placed into the Adult Basic Educational component. Due to encouragement on the part of the WIN counselor at the Employment Service and her caseworker, client's attitudes greatly improved. Her caseworker noted that she seemed to enjoy attending classes and she now had "big plans" for the future. She expressed an interest in becoming a practical nurse. The Employment Service reports that her class

Case E continued

attendance was good. She was present at 14 out of 15 days in orientation classes and 52 out of 75 days in Adult Basic Education. After 4 months of participation in the Adult Basic Education component, client had progressed to a level where she was ready for employment. She was placed through WIN as a nurse's aide at \$2.80 per hour - 40 hours per week. Caseworker was pleased to report that client's appearance had improved remarkably. She lost weight, cut her hair, and was neatly attired in her uniform. In addition, her appearance was also improved with the extraction of teeth and the insertion of upper and lower plates. Client has become less dependent upon the Agency due to her participation in the WIN Program. Her monthly assistance grant has been reduced from \$347.00 to \$193.00. Just as important is the fact that client's attitudes have completely changed. She is now motivated to maintain employment in an attempt to eventually become self-sufficient.

Case F

Married at 14, mother of four children before 20, divorced at 21. This is Mrs. F.

One of WIN's graduates, Mrs. F now 22 is working as a cashier at a downtown department store. She hopes to eventually earn enough to get off the welfare rolls--a situation she finds "b hameful."

"No one in my family has ever been on welfare," said Mrs. F, a soft-spoken woman with Southern manners. "I put off asking for help as long as I could.

"Finally, last summer, I had to ask. I was so ashamed."

A 10th grade dropout, Mrs. F managed to take cashier training while married. Unable to afford a sitter or day care for her children, aged seven, five, four and two, she never worked.

One year after her husband abandoned his family, Mrs. F obtained a divorce with legal aid from the Economic Opportunity Program, Inc.

After a two-week orientation program, Mrs. F. found a job almost immediately. Her children are being cared for by a woman in her apartment building who is paid by the Division of Family Services.

Earning \$1.60 an hour, the minimum wage, Mrs. F tries to work more than 40 hours a week in order to earn overtime pay. Yet her take-home pay is not enough to completely support her family yet.

"I want to go back to school and get my diploma. I want to study to become a bookkeeper so I'll be able to earn more. And I want a larger apartment for my family."

Case G

Miss G, age 18, applied for AFDC for herself and one child, age 9 months. Miss G. resided with her mother who had been employed until recently when she suffered a heart attack and was forced to discontinue working. The only income in the home was a small social security grant based on the mother's disability.

Miss G. was approved for a small AFDC grant for herself and her child. The baby's father had previously acknowledged paternity and expressed willingness to contribute to the child's support. At present he was unemployed and unable to do so.

The social worker learned that Miss G had dropped out of high school in the 12th grade because of pregnancy. She was interested in returning to school but did not know if she would be allowed to re-enroll or how she would care for her child if she did so. The social worker helped Miss G to enroll in high school once again and arranged for the child's placement in family day care during the hours Miss G attended school. Miss G will graduate in May, and has been involved this past semester in a work-study plan. She attends classes one-half day and gains practical office experience during the afternoons. A full-time job is available for her upon graduation.

It appears that Miss G will be self-supporting within a short period of time. The Agency will continue to help her in the area of child care if she continues to need this service.

Case H

Mrs. H and her family represent the hard core AFDC family with one significant exception - WIN training has resulted in her being able to support her own family except for two grandchildren who continue on AFDC.

Mrs. H. entered WIN training in February 1969. She was not a likely candidate for success in training. Her family's personal problems and housing problems were frequently genuine causes for absenteeism. Housing problems centered about the change of ownership of her home and subsequent complete lack of upkeep. During her training the family was finally moved to a more adequate housing situation. Mrs. H has daughters 19, 17, 15, and 8. Two grandchildren have been included in Mrs. H's case because their mothers are both minors. These children continue to receive Public Assistance as they are not Mrs. H's own children. Mrs. H's sons are 13 and 10. The pressures created by these housing and personal problems affected Mrs. H's outlook adversely.

However, after numerous WIN team conferences, Mrs. H's training performance showed a marked change from Christmas 1969 on. Her physical appearance and emotional outlook showed this marked improvement. She

Case H continued

attended classes daily, completed the work for her High School Equivalency certificate, and passed her Civil Service and typing requirements. In February 1970 she was employed as a clerk-typist. Her current gross salary is \$83.85 weekly, with her take home pay being \$153.49 biweekly. The Public Assistance grant for her grandchildren is \$71.09 and there is \$5.00 monthly child support beyond that which is deducted from the grant each month. The family income monthly now is therefore \$408.65, compared to the \$346.11 Welfare check received while the case was open. Mrs. H, who has been on Welfare for over eight years, now has the opportunity of being able to support her own family by working in a job she likes and in which she is doing well.

Case I

Mrs. I. is a 32 year old Negro mother of 4 children-twins aged 10, and 7 and 3. She had completed high school in North Carolina and some commercial courses in typing in Evening School. Her employment history consisted of factory as well as part-time domestic work. She has been unemployed for 5 years and expressed an interest in keypunch and data processing. Child care was provided by her sister-in-law who lives in the same neighborhood. Our agency provided the necessary child care and transportation costs as needed. She took the State examination for keypunch operator while still attending training at the Skill Center where, having passed the Civil Service Examination, she was interviewed by a local State College and started work as a keypunch operator. She has been employed for over a year working 39 hours a week at an hourly rate of \$2.50. Due to the large size of her family, she has not been completely removed from Welfare. She is still receiving assistance, but her payment has been reduced at a saving of \$53.00 per month.

Case J

She had three hungry children of two marriage-promising fathers who married two other women. She was sinking in the quagmire of a \$2.50 a day, one-day-a-week domestic job. Most of all she considered herself a fool and the world an exploiter of the Black. She came to the office to surrender to welfare as a way of life. The social worker behind the desk saw her differently— an attractive, high school graduate with the potential to use those warring forces within her to fight back rather than to give up.

The Department's worker proved to Mrs. J. that she did have ability and leadership qualities by giving her responsibility for organizing groups of other mothers to learn what the Home Demonstration Agent had to offer each of them. She wanted to be a secretary and trained for it through MDTA, but there were no jobs. She wanted to sell, but only the theater would have her

Case J continued

at the pop corn counter during late hours. The employment commission misplaced her file. She was sinking again. Only the worker still believed in her and showed it by helping her get a better apartment, a tutor for her slow learning son, day care for the young ones. The social worker saw her job as being to prop Mrs. J on her leaning side. Finally, they found a hospital job beginning as a secretary with a chance to learn and move up. She began to take the worker's image of her seriously. Today she is maintaining a happy and attractive home for her children, is becoming indispensable to the hospital, and with another promotion will become self-supporting. The \$19 supplemental AFDC grant will be easy to give up. Now her self-confidence is being shored up so she will not need to be propped on her leaning side.

APPENDIX B

OTHER MAJOR SOURCES OF FEDERAL SUPPORT FOR FAMILY PLANNING SERVICES

Neither Title IV nor Title XIX of the Social Security Act has been the largest source of financial support for medical family planning services for the indigent. To date, Title V of the Social Security Act and the Economic Opportunity Act have been the major financing mechanisms for these services. The first Federal support for local family planning services was made available under the Title V maternal and child health formula grants to States established under the Social Security Act of 1935. Funds became available to the States in 1936. Authorizations for this program have been increased by the Congress from time to time, most recently in 1967.

Also, under Title V the Social Security Act Amendments of 1963 set up a 5-year program of project grants to pay up to 75 percent of the cost of comprehensive health care to mothers and infants in low-income areas where health hazards are higher. Family planning services are regarded as an essential ingredient of the comprehensive maternity and infant care projects. The authorization for the maternity and infant care project grants was extended by the 1967 amendments. Family planning

services were provided 53,439 women in 1966, the first year such services were reported, and 86,500 women in 1969, the most recent year for which figures are available. In 1963, the year in which the program was established, the infant mortality rate was 25.2 per thousand live births. In the most recent year for which figures are available, the infant mortality rate (provisional) was 20.7 per thousand live births, a reduction of almost 18 percent. Through maternity and infant care project grants and maternal and child health formula grants approximately 480,000 women received family planning services during fiscal year 1969. (See Tables 20 and 21.)

The Social Security Amendments of 1967 included for the first time specific statutory provision for family planning services. The Amendments to Title V also brought together several authorizations into a single authorization with statutory provision for the distribution of the funds among formula and project grants.

The amendments for 1967 authorized the Congress to appropriate for all Title V programs \$250 million for fiscal year 1969, \$275 million for fiscal year 1970, \$300 million for fiscal year 1971, \$325 million for fiscal year 1972, and \$350 million for fiscal year 1973 and each fiscal year thereafter.

The amendments specify that 50 percent of the appropriation for each of the fiscal years 1969-72 shall be for grants to the States for maternal and child health and crippled children's services, and 40 percent of the appropriation for each of the fiscal years 1969-72 shall be for grants for maternity and infant care projects, family planning projects, projects for health of school and preschool children, and projects for dental health of children. For fiscal year 1973 and each succeeding year, when States must assume responsibility for these projects, 90 percent of the appropriation shall be for grants to the States.

Ten percent of the appropriation for each year shall be for grants for training personnel for health care and services to mothers and children and research projects relating to maternal and child health and crippled children's services.

No less than 6 percent of the amount appropriated shall be available for family planning services from allotments under sections 503, 508, and 512.

Section 505 headed, "Approval of State Plans," was amended to include two additional conditions of State plan approval which refer to family planning, as follows:

Sec. 505(a) (12) provides for the development of demonstration services (with special attention to dental care for children and family planning services for mothers) in needy areas and among groups in special need.

Sec. 505(a) (14) provides that acceptance of family planning services provided under the plan shall be voluntary on the part of the individual to whom such services are offered and shall not be a prerequisite to eligibility for or the receipt of any service under the plan.

Sec. 506, the "Payments" section, was amended as follows:

(e) Notwithstanding the preceding provisions of this section, no payment shall be made to any State thereunder from the allotments under section 504 for any period after June 30, 1968, unless the State makes a satisfactory showing that it is extending the provision of services, including services for dental care for children and family planning for mothers, to which such State's plan applies in the State with a view to making such services available by July 1, 1975, to children and mothers in all parts of the State.

Sec. 508, "Special Project Grants for Maternity and Infant Care," originally authorized in 1963, was amended to add family planning projects to this section within the general purpose clause. This section now reads as follows:

Sec. 508(a) In order to help reduce the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and to help reduce infant and maternal mortality, the Secretary is authorized to make, from the sums available under clause (B) of paragraph (1) of section 502, grants to the State health agency of any State, and with the consent of such agency, to the health agency of any political subdivision of the State, and to any other public or nonprofit private agency, institution, or organization, to pay not to exceed 75 percent of the cost (exclusive of general agency overhead) of any project for the provision of--

(1) necessary health care to prospective mothers (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing or are in

circumstances which increase the hazards to the health of the mothers or their infants (including those which may cause physical or mental defects in the infants), or

(2) necessary health care to infants during their first year of life who have any condition or are in circumstances which increase the hazards to their health, or

(3) family planning services,

but only if the State or local agency determines the recipient will not otherwise receive such necessary health care or services because he is from a low-income family or for other reasons beyond his control. Acceptance of family planning services provided under a project under this section (and section 512) shall be voluntary on the part of the individual to whom such services are offered and shall not be a prerequisite to the eligibility for or the receipt of any service under such project.

(b) No grant may be made under this section for any project for any period after June 30, 1972.

The 1967 amendments provide for family planning services through the medium of the formula grant maternal and child health program and the project grant mechanism, the latter particularly useful in responding to the needs in areas with concentrations of low-income families. It is the legislative intent through the project grants and the formula grant program that the State must show that it is extending its services under its maternal and child health plan with specific inclusion of family planning services with a view to making

such services available by July 1, 1975, to eligible mothers in all parts of the State.

Funds became available under the 1967 amendments during FY '69 and by the conclusion of that fiscal year, 79 family planning service projects in 41 States had been approved with an obligation of almost \$12 million. During FY 1970, these projects were continued (one of the projects was split for administrative reasons) and 51 new projects were funded for a total of 131 projects in 43 States and 3 jurisdictions supported through an obligation of \$22.8 million, \$15.5 million for continuations and \$7.2 million for new projects. \$33.5 million has been requested for this family planning services project grant program for FY 1971. An additional \$17.8 million has been requested for family planning services for FY 1971 under the other Title V programs.

The National Center for Family Planning Services was established in October of 1969 to assume responsibility for the administration of the family planning services project grants under Title V of the Social Security Act. Its purpose is to support and make accessible voluntary family planning services for all American women who wish to control the number and

spacing of their children. The Center's immediate objective is to achieve the goal set by President Nixon in July, 1969 - the provision of adequate family planning services within the next five years to all those who want them but cannot afford them.

Projects funded by the Center are required to offer as a minimum, contraceptive supplies, physical examinations, basic medical tests, outreach facilities, counseling, and educational services. Addition of other medical services is encouraged as is coordination with other programs.

Under the Economic Opportunity Act of 1964 the first family planning project was funded in FY 1965. The 1967 amendments to the Economic Opportunity Act established family planning as a special emphasis program. During FY 1969 OEO expended \$13.8 million; has available in FY 1970 \$22.0 million; and has requested \$24.0 million for FY 1971 for family planning services projects. In FY 1969 there were 244 funded projects in 42 States and Puerto Rico designed to serve 350,000 women. In FY 1970 over 250 projects were supported.

A recent study financed by OEO indicated that 1,800 out of approximately 3,000 counties in the U.S. offered no family planning services whatsoever, and that 90% of approximately 4,000 non-profit general care hospitals in the U.S. in which most low-income mothers deliver babies, offer no family planning programs at all.

The Office of Management and Budget has assigned focal agent responsibility for Federal family planning services statistics to the DHEW Assistant Secretary for Health and Scientific Affairs. The Assistant Secretary has delegated the responsibility for developing and processing family planning services statistics to the National Center for Health Statistics (NCHS). Under this mandate, the NCHS has established a family planning statistics program designed to measure the availability and utilization of family planning resources in the country. Initially and in particular the NCHS is concerned with the statistics of federally funded family planning activities. As such, the NCHS will attempt to measure the extent and distribution of federally funded family planning services; the proportion of the estimated 5.3 million indigent women, especially those receiving AFDC, who are reached; the

types of services provided; and the characteristics and number of persons availing themselves of these federally funded services. The resultant data are needed for planning the organized expansion, improvement, and effective utilization of family planning services and facilities financed by the Federal Government.

In accomplishing these objectives the NCHS is developing a three-phased program. One phase is concerned with determining the number and characteristics of the universe, namely, the federally financed clinics providing family planning services. This will be accomplished by a continuing reporting and survey program. A second phase is involved with the collection and processing of data on individual patient visits to family planning clinics. A third phase deals with the special studies of particular aspects of the family planning program. As of April 1970, the NCHS was operating phase two of the above program and 259 of the 340 projects designated by Federal agencies were participating in the NCHS reporting system. These 259 projects contained 633 clinics. Since enrollment in the Provisional Reporting System beginning in May 1969 and continuing through

March 31, 1970 these projects had transmitted patient record data to NCHS covering 167,000 patients with a total 209,000 clinic visits. The number of patients and patient visits reported to and processed by the NCHS has been increasing sharply. The last three months showed more than a 100 percent increase over the previous nine in the number of patients covered by the system.

Indigent individuals can obtain family planning services through several other Federal programs, such as the Indian Health Service and the Comprehensive Health Program formula and project grants.

Appendix C
STATISTICAL TABLES AND CHARTS

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Table 1

Aid to families with dependent children: Number of families and recipients, by State, January 1968 and March 1970

State	Number of families			Number of recipients		
	January 1968	March 1970	Percentage increase	January 1968	March 1970	Percentage increase
United States	1,326,000	2,024,000	52.6	5,436,000	7,860,000	44.6
Alabama	18,400	31,700	72.3	76,100	130,000	70.8
Alaska	1,400	2,600	85.7	5,200	8,300	59.6
Arizona	10,300	12,900	25.2	43,500	52,800	21.4
Arkansas	9,400	12,100	28.7	39,100	47,300	21.0
California	200,000	335,000	67.5	790,000	1,236,000	56.5
Colorado	14,400	19,600	36.1	55,700	70,800	27.1
Connecticut	16,300	22,900	40.5	64,200	86,200	34.3
Delaware	4,100	5,400	31.7	17,500	20,700	18.3
Dist. of Col.	5,500	10,700	94.5	25,500	42,200	65.5
Florida	37,500	55,200	47.2	148,000	214,000	44.6
Georgia	27,200	56,800	108.8	107,000	210,000	96.3
Guam	180	360	100.0	880	1,800	104.5
Hawaii	4,800	6,600	37.5	20,200	26,200	29.7
Idaho	3,100	4,700	51.6	11,800	17,100	44.9
Illinois	60,600	90,100	48.7	280,000	384,000	37.1
Indiana	12,500	20,100	60.8	50,900	80,600	58.3
Iowa	12,500	17,900	43.2	48,600	66,200	36.2
Kansas	9,800	15,000	53.1	41,100	55,700	35.5
Kentucky	26,800	35,200	31.3	106,000	132,000	24.5
Louisiana	29,000	50,400	73.8	127,000	213,000	67.7
Maine	5,900	10,700	81.4	22,000	38,800	76.4
Maryland	27,500	35,900	30.8	111,000	137,000	23.4
Massachusetts	37,600	60,000	59.5	141,000	218,000	54.6
Michigan	45,200	69,700	54.2	188,000	272,000	44.7
Minnesota	16,700	24,100	44.3	60,900	79,800	31.0
Mississippi	24,300	29,800	22.6	101,000	117,000	15.8
Missouri	27,100	37,800	39.5	113,000	147,000	30.1
Montana	2,600	4,100	57.7	9,800	14,100	46.9
Nebraska	6,000	7,800	30.0	25,600	29,300	14.5
Nevada	2,000	3,600	80.0	7,700	12,600	63.6
New Hampshire	1,400	2,400	71.4	5,900	9,500	61.0
New Jersey	36,900	80,000	116.8	148,000	336,000	127.0
New Mexico	9,700	14,300	47.4	39,400	53,800	36.5

Table 1 continued

State	Number of families			Number of recipients		
	January 1968	March 1970	Percentage increase	January 1968	March 1970	Percentage increase
New York	203,000	281,000	38.4	813,000	1,078,000	32.5
North Carolina	26,200	34,500	31.7	107,000	133,000	24.3
North Dakota	2,400	3,000	25.0	9,600	11,100	15.6
Ohio	54,700	71,300	30.3	227,000	277,000	22.0
Oklahoma	23,000	26,700	16.1	89,700	98,200	9.5
Oregon	11,000	23,100	110.0	43,700	89,100	103.9
Pennsylvania	71,200	112,000	57.3	307,000	448,000	45.9
Puerto Rico	36,300	46,600	28.4	178,000	230,000	29.2
Rhode Island	7,700	10,200	32.5	30,100	38,700	28.4
South Carolina	7,200	14,100	95.8	28,500	56,700	98.9
South Dakota	3,600	4,600	27.8	13,500	16,700	23.7
Tennessee	24,300	35,600	46.5	97,000	135,000	39.2
Texas	27,800	55,100	98.2	127,000	238,000	87.4
Utah	7,200	9,900	37.5	29,300	34,500	17.7
Vermont	2,200	3,400	54.5	8,400	12,300	46.4
Virgin Islands	400	470	17.5	1,600	1,900	18.8
Virginia	14,000	23,900	70.7	58,700	93,700	59.6
Washington	18,900	34,800	84.1	74,000	125,000	68.9
West Virginia	20,900	23,400	12.0	95,800	98,100	2.4
Wisconsin	15,900	22,200	39.6	63,100	79,800	26.5
Wyoming	1,200	1,600	33.3	4,600	5,600	21.7

Table 2

Current or usual occupational class of
AFDC mothers in the home, unemployed
AFDC fathers, and incapacitated AFDC
fathers, 1967
(Percentage distribution)

Occupational class	AFDC mothers in the home	Unemployed AFDC fathers	Incapacitated AFDC fathers
Total	100.0	100.0	100.0
Professional, semi-professional, proprietors, managers, and officials	1.0	1.6	1.3
Clerical, sales, and kindred workers	9.4	3.1	2.1
Craftsmen, foremen, and kindred workers	.5	6.0	7.1
Farm owners and managers	.1	.0	2.0
Farm tenants, renters, and sharecroppers	.4	.4	5.3
Farm laborers	3.6	11.0	16.1
Operatives and kindred semi- skilled and skilled workers	7.2	23.3	18.2
Service workers, except private household	18.7	6.0	5.4
Private household service workers	13.5	.1	.2
Unskilled laborers	12.6	44.7	36.1
Never held employment	24.9	2.3	3.3
Unknown	8.0	1.4	2.8

Table 3

States Classified by Date of Initiation
of WIN Program

<u>1968</u>		
August	Maryland	District of Columbia
September	Arizona California Colorado Kansas Michigan Missouri	North Dakota Tennessee Utah Washington Wisconsin
October	Alaska Connecticut Illinois Maine Massachusetts Montana	Pennsylvania Rhode Island Vermont Virginia West Virginia
November	Hawaii Louisiana New Jersey	New York Ohio Puerto Rico
December	Alabama Iowa Kentucky	South Dakota Wyoming Virgin Islands
<u>1969</u>		
February	Mississippi	Guam
July	Arkansas Delaware Georgia Idaho	Minnesota New Mexico Oregon
September	North Carolina Oklahoma	South Carolina
November	Texas	Nebraska
December	Florida	
<u>1970</u>		
April	Nevada	
May	Indiana	

AFDC: Work Incentive Program - Numbers of recipients assessed for appropriateness for referral, found appropriate for referral, referred to enrollment, enrolled, and training spaces, with percentage comparisons by Region and State, through March 1970 (Preliminary, subject to revision) Table 4

Region and State	Number of recipients assessed			Recipients referred to WIN		Cumulative enrollment		Training spaces		
	Total	Appropriate for referral		Number	As percent of appropriate for referral	Number	As percent of referred	Training spaces approved for FY'70	Current enrollment	
		Number	As percent of total assessed						Number	As percent of training spaces approved
TOTALS	1,590,345	330,500	20.8	234,301	76.9	145,310	97.1	119,739	87,655	73.2
Region I	46,678	13,381	28.7	12,837	95.9	10,092	78.6	6,015	5,387	89.6
Conn.....	24,005	3,987	16.6	3,987	100.0	2,506	68.9	1,600	1,240	77.5
Maine.....	2,440	746	30.6	557	74.7	301	89.9	300	356	71.8
Mass.....	13,567	5,683	41.9	5,506	96.9	5,336	96.9	3,000	2,919	97.3
N.H.....	131	8	6.1	8	100.0	(1/)	--	0	(1/)	--
R.I.....	4,103	2,059	50.2	2,055	99.8	1,246	60.6	600	586	97.7
Vt.....	2,432	898	36.9	724	80.6	503	69.5	315	286	90.8
Region II	758,887	70,591	9.3	40,464	57.3	27,255	67.4	25,736	18,897	73.4
Del.....	494	296	59.9	290	98.0	264	91.0	310	238	76.8
N.J.....	12,820	9,343	72.9	8,235	88.1	4,854	58.9	4,366	2,437	56.6
N.Y.....	703,440	48,278	6.9	20,303	42.1	13,870	68.3	14,400	10,615	73.7
Pa.....	42,133	12,674	30.1	11,636	91.8	8,267	71.0	6,720	5,607	83.4
Region III	113,113	34,506	30.5	26,636	77.2	21,054	79.0	21,228	12,919	60.9
D.C.....	3,180	1,524	47.9	1,524	100.0	1,965	3/ 128.9	1,440	1,132	78.6
Ky.....	29,224	8,171	28.0	3,135	38.4	2,699	86.1	2,400	1,946	81.1
Md.....	35,676	4,480	12.6	4,106	91.7	3,061	74.5	2,700	2,209	81.8
N.C.....	940	400	42.6	410	4/102.5	377	92.0	1,680	345	20.5
P.R.....	32,429	9,734	30.0	7,746	79.6	4,310	55.6	4,300	2,929	68.1
Va.....	2,476	1,422	57.4	1,275	89.7	1,120	87.8	1,265	884	69.9
V.I.....	(5/)	(5/)	--	(5/)	--	59	--	43	24	55.8
W.Va.....	9,188	8,775	95.5	8,440	96.2	7,469	88.5	7,400	3,450	46.6
Region IV	47,434	12,744	26.9	8,700	68.3	6,287	72.3	8,030	4,412	55.0
Ala.....	9,319	2,091	22.3	1,962	93.8	1,248	63.6	1,200	683	56.9
Fla.....	8,423	1,929	22.9	1,748	90.6	1,718	98.3	2,640	1,927	73.0
Ga.....	8,207	2,029	24.7	2,029	100.0	852	42.0	1,440	777	54.0
Miss.....	6,393	3,094	48.4	444	14.4	410	92.3	400	185	46.3
S.C.....	2,350	277	11.8	277	100.0	128	46.2	350	112	32.0
Tenn.....	12,742	3,324	26.1	2,240	67.4	1,931	86.2	2,000	1,335	66.8

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AFDC: Work Incentive Program - Numbers of recipients assessed for appropriateness for referral, found appropriate for referral, referred for enrollment, enrolled, and training spaces, with percentage comparisons by Region and State, through March 1970 (Preliminary, subject to revision)

Table 4
(cont.)

Region and State	Number of recipients assessed			Recipients referred to WIN		Cumulative enrollment		Training spaces approved for FY'70	Current enrollment	
	Total	Appropriate for referral		Number	As percent of appropriate for referral	Number	As percent of referred		Number	As percent of training spaces approved
		Number	As percent of total assessed							
Region V	188,261	38,912	20.7	32,577	86.28	18,430	56.6	18,880	11,633	61.6
Ill.....	81,108	8,476	10.5	7,193	84.86	3,662	50.9	5,000	2,113	42.3
Ind.....	(1/)	(1/)	--	(1/)	--	(1/)	--	1,000	(1/)	--
Mich.....	78,897	14,271	18.1	14,271	100.0	6,837	47.9	6,000	4,639	77.3
Ohio.....	19,408	12,279	63.7	8,006	65.2	5,387	67.3	4,600	3,168	68.9
Wis.....	8,848	3,886	43.9	3,107	80.0	2,544	81.8	2,280	1,713	75.1
Region VI	20,663	9,466	45.8	7,789	82.3	6,457	82.9	5,800	4,155	71.6
Iowa.....	2,664	2,009	75.4	1,424	70.9	1,068	75.0	1,000	749	74.9
Kans.....	5,016	1,692	33.7	1,388	82.0	1,137	81.9	700	599	85.6
Minn.....	4,962	1,810	36.5	1,810	100.0	1,204	66.5	1,100	922	83.8
Mo.....	5,076	1,933	38.1	1,889	97.7	1,969	4/ 104.2	1,800	1,167	64.8
8 Nbr.....	160	157	98.1	157	100.0	(1/)	--	480	(1/)	--
N.D.....	950	663	69.8	638	96.2	502	78.7	240	282	117.5
S.D.....	1,835	1,202	65.5	483	40.2	577	6/ 119.5	480	436	90.8
Region VII	33,837	8,027	23.7	3,402	42.4	2,962	87.1	4,950	2,293	46.4
Ark.....	6,081	2,411	39.8	706	29.3	534	75.6	950	434	45.7
La.....	16,355	2,667	16.3	1,578	59.2	1,359	86.1	1,300	997	66.5
N. Mex.....	575	126	21.9	575	(7/)	419	72.9	450	313	69.6
Okla.....	8,797	2,632	29.9	352	13.4	266	75.6	450	243	54.0
Tex.....	2,049	191	9.3	191	100.0	384	(7/)	1,600	308	19.1
Region VIII	27,268	10,674	39.1	7,274	68.1	7,106	97.7	5,760	4,738	82.3
Colo.....	16,079	5,608	34.9	2,887	51.2	2,794	96.8	2,600	1,872	72.0
Idaho.....	2,249	635	28.2	467	73.5	760	6/ 162.7	480	536	111.7
Mont.....	2,068	1,090	52.7	789	72.4	692	87.7	410	403	99.8
Utah.....	5,858	3,019	52.8	2,837	94.0	2,626	92.6	2,050	1,795	87.6
Wyo.....	1,014	322	30.9	294	91.3	234	79.6	220	126	57.3

AFSC: Work Incentive Program - Numbers of recipients assessed for appropriateness for referral, found appropriate for referral, referred for enrollment, enrolled, and training spaces, with percentage comparisons by Region and State, through March 1970 (Preliminary, subject to revision) Table 4 (cont.)

Region and State	Number of recipients assessed			Recipients referred to WIN		Cumulative enrollment		Current enrollment		
	Total	Appropriate for referral		Number	As percent of appropriate for referral	Number	As percent of referred	Training spaces approved for FY'70	Number	As percent of training spaces approved
		Number	As percent of total assessed							
Region IX	354,204	132,199	37.3	114,622	86.7	45,667	39.8	23,340	23,212	99.5
Alaska.....	1,294	619	47.8	344	91.1	347	2/ 100.9	360	339	94.2
Aris.....	11,043	3,947	35.7	1,430	97.0	1,757	180.4	1,880	948	50.4
Calif.....	288,314	106,318	36.9	93,573	88.0	35,663	38.1	18,800	17,267	9/102.8
Cum.....	(3/)	(3/)	--	(3/)	--	91	--	90	60	66.7
Hawaii.....	6,871	692	10.1	707	4/ 102.2	472	66.8	360	237	71.4
Nev.....	(1/)	(1/)	--	(1/)	--	(1/)	--	100	(1/)	--
Oreg.....	4,791	4,439	92.7	4,439	100.0	3,348	53.2	1,350	1,356	8/144.9
Wash.....	41,691	16,184	38.8	13,880	85.8	4,733	34.2	2,400	2,385	99.4

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- 1/ WIN program not yet initiated.
- 2/ Reporting operation under revision. Data reported through October 1969.
- 3/ Enrollment exceeds referrals because enrollees include persons in the Temporary Assistance for Families of Unemployed Parents Program and are not referred through the regular referral process.
- 4/ Excess of referrals over appropriate for referral under investigation.
- 5/ Not reported.
- 6/ Enrollment exceeds referrals because Title V trainees were assigned directly to WIN without being referred
- 7/ Data incomplete
- 8/ Enrollment exceeds approved training spaces due to the number of trainees in holding status i.e., awaiting assignment or reassignment to training activity

Table 5--Aid to families with dependent children: Assessments completed and referrals to manpower agencies by welfare agencies under Work Incentive Program, all participating States, cumulative through December 1968 and by quarter and month, January-December 1969

Period	Assessments completed		Referrals		
	Total	Appropriate for referral		Number	Percent of appropriate for referral
		Number	Percent of assessments completed		
Cumulative through December 1968...	264,845	66,896	25.3	47,433	70.9
January-March 1969.....	346,842	68,716	19.8	54,574	79.4
January.....	111,013	23,827	21.5	18,626	78.2
February.....	115,349	22,036	19.1	17,747	80.5
March.....	120,480	22,853	19.0	18,201	79.6
April-June 1969.....	349,191	56,546	16.2	39,215	69.4
April.....	113,648	20,091	17.6	14,855	73.9
May.....	122,926	20,778	16.9	13,043	62.8
June.....	112,617	15,677	13.9	11,317	72.2
July-September 1969.....	309,783	52,452	16.9	34,775	66.3
July.....	107,991	15,823	14.7	10,391	65.7
August.....	110,528	17,557	15.9	10,040	57.2
September.....	91,264	19,072	20.9	14,344	75.2
October-December 1969.....	172,817	43,503	25.2	34,710	79.8
October.....	47,819	15,310	32.0	11,351	74.1
November.....	45,193	12,167	26.9	9,669	79.5
December.....	79,805	16,026	20.0	13,590	85.4

Table 6--Aid to families with dependent children: Specified types of individuals referred to manpower agencies by welfare agencies under Work Incentive Program, reporting States, cumulative through December 1968 and by quarter and month, January-December 1969

Period	Total		Individuals referred									
			Adults in AFDC cases								Child recipients aged 16 or over	
			Total		Fathers		Mothers		Other			
			Number	Percent	Number	Percent	Number	Percent	Number	Percent		
Cumulative through December 1968.....	45,572	100.0	44,193	97.0	22,906	50.3	21,136	46.4	151	0.3	1,379	3.0
January-March 1969.....	<u>53,492</u>	<u>100.0</u>	<u>51,393</u>	<u>96.1</u>	<u>21,105</u>	<u>39.5</u>	<u>29,972</u>	<u>56.0</u>	<u>316</u>	<u>.6</u>	<u>2,099</u>	<u>3.9</u>
January.....	18,185	100.0	17,505	96.3	6,940	38.2	10,498	57.7	67	.4	680	3.7
February.....	17,211	100.0	16,600	96.4	6,749	39.2	9,695	56.3	156	.9	611	3.6
March.....	18,096	100.0	17,288	95.5	7,416	41.0	9,779	54.0	93	.5	808	4.5
April-June 1969.....	<u>1/ 35,252</u>	<u>100.0</u>	<u>32,874</u>	<u>93.6</u>	<u>11,905</u>	<u>33.9</u>	<u>20,640</u>	<u>58.8</u>	<u>329</u>	<u>.9</u>	<u>2,251</u>	<u>6.4</u>
April.....	13,924	100.0	13,258	95.2	5,238	37.6	7,920	56.9	100	.7	666	4.8
May.....	11,926	100.0	10,996	92.2	3,559	29.8	7,303	61.2	134	1.1	930	7.8
June.....	<u>1/ 9,402</u>	100.0	8,620	92.9	3,108	33.5	5,417	58.4	95	1.0	655	7.1
July-September 1969....	<u>25,914</u>	<u>100.0</u>	<u>24,363</u>	<u>94.0</u>	<u>8,121</u>	<u>31.3</u>	<u>16,004</u>	<u>61.8</u>	<u>238</u>	<u>.9</u>	<u>1,551</u>	<u>6.0</u>
July.....	8,719	100.0	8,093	92.8	2,851	32.7	5,160	59.2	82	.9	626	7.2
August.....	8,269	100.0	7,773	94.0	2,423	29.3	5,257	63.6	93	1.1	496	6.0
September.....	8,926	100.0	8,497	95.2	2,847	31.9	5,587	62.6	63	.7	429	4.8
October-December 1969..	<u>31,554</u>	<u>100.0</u>	<u>29,911</u>	<u>94.8</u>	<u>11,498</u>	<u>36.4</u>	<u>18,254</u>	<u>57.9</u>	<u>159</u>	<u>.5</u>	<u>1,643</u>	<u>5.2</u>
October.....	10,668	100.0	10,080	94.5	3,343	31.3	6,689	62.7	48	.4	588	5.5
November.....	9,763	100.0	9,258	94.8	3,551	36.4	5,656	57.9	51	.5	505	5.2
December.....	11,123	100.0	10,573	95.1	4,604	41.4	5,909	53.1	60	.5	550	4.9

1/ Total includes 127 individuals, type not specified.

Table 7--Aid to families with dependent children: Specified types of individuals referred to manpower agencies by welfare agencies under Work Incentive Program, by State, October-December 1969

State	Total	Adults in AFDC cases				Child recipients aged 16 or over
		Total	Fathers	Mothers	Other	
Total:						
Number.....	31,554	29,911	11,498	18,254	159	1,643
Percent.....	100.0	94.8	36.4	57.9	0.5	5.2
Alabama.....	149	146	1	145	0	3
Alaska.....	105	102	2	100	0	3
Arkansas.....	279	228	0	227	1	51
California.....	12,098	11,896	6,733	5,150	13	202
Colorado.....	542	541	179	362	0	1
Connecticut.....	491	468	8	460	0	23
District of Columbia 1/	191	126	0	126	0	65
Florida.....	735	715	4	711	0	20
Georgia.....	734	712	3	706	3	22
Hawaii.....	104	101	73	28	0	3
Idaho.....	148	139	1	138	0	9
Illinois.....	648	593	262	328	3	55
Iowa.....	202	200	11	189	0	2
Kansas.....	145	122	29	93	0	23
Kentucky.....	351	351	3	348	0	0
Louisiana.....	324	297	6	290	1	27
Maine.....	72	70	15	54	1	2
Maryland.....	475	405	44	360	1	70
Michigan.....	2,166	1,987	295	1,591	101	179
Minnesota.....	630	604	0	597	4	29
Mississippi.....	63	63	0	63	0	0
Missouri.....	159	159	4	155	0	0
Montana.....	132	121	7	114	0	11
New Jersey.....	695	679	252	424	3	16
New Mexico.....	131	131	0	131	0	0
North Dakota.....	95	90	4	86	0	5
Ohio.....	1,112	1,067	303	764	0	45
Oklahoma.....	113	113	29	84	0	0
Oregon.....	1,474	1,437	927	506	4	37
Pennsylvania.....	1,016	877	324	547	7	139
Puerto Rico.....	1,240	930	96	832	2	310
Rhode Island.....	287	270	58	204	8	17
South Carolina.....	99	99	2	95	2	0
South Dakota.....	170	124	3	120	1	6
Tennessee.....	271	246	1	245	0	25
Utah.....	593	544	217	324	3	49
Vermont.....	128	127	22	105	0	1
Virginia.....	220	220	1	219	0	0
Washington.....	1,859	1,737	1,119	617	1	122
West Virginia.....	613	565	457	108	0	48
Wisconsin.....	499	478	4	474	0	21
Wyoming.....	36	34	0	34	0	2

1/ Excludes data on referrals of non-AFDC recipients under Temporary Assistance Program for Families of Unemployed Parents.

Table 8--Aid to families with dependent children: Individuals referred to manpower agencies by welfare agencies under Work Incentive Program, by sex and age, and by State, October-December 1969

State	Male							Female						
	Total	Age						Total	Age					
		16-20	21	22-44	45-54	55-64	65 or over		16-20	21	22-44	45-54	55-64	65 or over
Total:	12,237	2,115	521	8,264	1,058	275	4	20,058	3,404	1,163	14,359	1,018	111	3
Number.....	100.0	17.3	4.3	67.5	8.6	2.2	(1/)	100.0	17.0	5.8	71.6	5.1	0.6	(1/)
Percent.....														
Alabama.....	2	2	0	0	0	0	0	147	20	11	111	5	0	0
Alaska.....	5	3	0	0	1	1	0	132	25	6	96	4	1	0
Arkansas.....	23	23	0	0	0	0	0	254	43	15	161	27	8	0
California.....	6,481	867	322	4,669	495	127	1	5,224	924	342	3,683	242	33	0
Colorado.....	179	14	6	141	17	1	0	363	53	24	267	17	2	0
Connecticut.....	20	16	0	7	1	1	1	471	63	18	358	26	6	0
District of Columbia 2/.....	29	29	0	0	0	0	0	162	48	8	99	6	1	0
Florida.....	11	6	0	5	0	0	0	726	117	35	528	21	1	0
Georgia.....	16	13	0	4	1	1	0	723	126	36	511	44	6	0
Hawaii.....	68	13	5	49	1	0	0	36	8	1	24	3	0	0
Idaho.....	8	6	0	1	0	1	0	176	54	7	111	4	0	0
Illinois.....	301	47	17	191	37	9	0	347	38	24	266	16	3	0
Iowa.....	13	1	0	10	2	0	0	189	33	12	138	6	0	0
Kansas.....	37	13	0	18	6	0	0	109	31	7	65	6	0	0
Kentucky.....	15	0	0	3	0	0	0	348	67	28	216	32	5	0
Louisiana.....	15	8	0	4	1	0	0	311	40	29	240	22	0	0
Maine.....	15	2	0	9	1	3	0	57	13	4	38	1	1	0
Maryland.....	28	20	2	13	6	1	0	414	78	25	296	17	0	0
Massachusetts.....	28	20	1	14	6	0	0	184	33	13	127	10	1	0
Michigan.....	434	131	4	294	41	22	0	1,781	272	98	1,288	121	8	2
Minnesota.....	13	13	0	0	0	0	0	617	36	37	480	39	5	0
Mississippi.....	0	0	0	0	0	0	0	64	9	6	43	0	0	0
Missouri.....	19	15	0	3	1	0	0	162	47	16	97	2	0	0
Montana.....	11	4	1	4	2	0	0	122	23	14	76	7	0	0
Nebraska.....	3	2	0	0	0	1	0	28	3	2	20	1	0	0
New Jersey.....	261	21	7	198	32	3	0	434	36	10	371	16	1	0
New Mexico.....	0	0	0	0	0	0	0	131	13	5	103	8	0	0
North Carolina.....	1	1	0	0	0	0	0	171	17	17	133	4	0	0
North Dakota.....	7	3	0	4	0	0	0	88	25	5	51	5	0	0
Ohio.....	193	19	2	182	35	14	1	984	110	33	670	97	13	1
Oregon.....	96	112	33	693	104	17	1	516	91	40	349	35	1	0
Pennsylvania.....	594	143	27	363	33	8	0	1,106	219	41	814	30	2	0
Puerto Rico.....	34	207	7	29	28	3	0	895	171	23	634	63	4	0
Rhode Island.....	70	19	2	43	6	0	0	219	30	9	174	5	1	0
South Carolina.....	2	0	0	2	0	0	0	122	9	3	73	15	0	0
South Dakota.....	1	1	0	4	0	0	0	125	20	9	88	8	0	0
Tennessee.....	6	3	0	1	0	0	0	265	49	11	198	7	0	0
Utah.....	268	72	13	161	15	7	0	328	70	25	224	7	0	0
Vermont.....	15	1	0	8	6	0	0	75	7	7	58	3	0	0
Virginia.....	1	0	0	1	0	0	0	207	32	18	150	7	0	0
Washington.....	1,195	196	51	781	123	44	0	664	150	57	440	16	1	0
West Virginia.....	479	47	21	343	57	11	0	134	36	8	88	6	0	0
Wisconsin.....	8	4	0	0	0	0	0	491	85	26	359	20	1	0
Wyoming.....	0	0	0	0	0	0	0	36	8	0	27	1	0	0

1/ Less than 0.05 percent.

2/ Excludes data on referrals of non-AFDC recipients under Temporary Assistance Program for Families of Unemployed Parents.

Table 10-Aid to families with dependent children: Reasons individuals were found inappropriate for referral to manpower agency under Work Incentive Program, by State, October-December 1969

State	Individuals found inappropriate									
	Total	Illness, disability, and/or advanced age	Remoteness from WIN projects	Child aged 16-20 attending school full-time	Required in home because of illness or incapacity of other member of household	Adequate child care arrangements not currently available	Required in home because of age or number of children	Currently receiving or referred to vocational rehabilitation	Currently receiving or referred to other education or training	Other
Total:										
Number.....	102,975	21,349	2,121	11,830	3,806	9,839	19,849	1,514	3,286	28,981
Percent.....	100.0	20.8	2.1	11.5	3.7	9.6	19.4	1.5	3.2	28.3
Alabama.....	658	187	20	43	28	58	169	26	49	138
Alaska.....	116	24	26	7	2	0	5	1	6	61
Arkansas.....	1,438	450	51	491	93	56	197	33	34	113
California.....	21,161	4,190	359	1,260	634	1,452	3,297	227	1,036	8,746
Colorado.....	2,254	482	48	26	67	179	547	46	17	822
Connecticut.....	3,167	678	22	2	17	205	1,271	11	41	920
District of Columbia 1/.....	653	195	0	0	36	0	79	0	71	272
Florida.....	2,240	666	102	68	75	84	88	114	107	936
Georgia.....	2,254	355	11	60	72	48	813	35	199	661
Hawaii.....	600	166	3	59	10	32	198	1	13	118
Idaho.....	885	241	95	35	32	6	259	44	22	153
Illinois.....	26,610	3,886	345	6,635	944	4,604	5,004	674	862	3,726
Iowa.....	76	11	3	0	3	3	11	5	2	37
Kansas.....	508	233	2	4	19	37	101	6	23	83
Kentucky.....	5,019	2,472	162	0	500	143	538	29	114	1,055
Louisiana.....	3,310	1,136	100	144	139	245	393	28	27	1,058
Maine.....	141	32	4	0	3	2	43	2	1	54
Maryland.....	2,683	907	54	232	61	523	365	12	26	503
Massachusetts.....	718	72	97	55	22	137	242	0	18	75
Michigan.....	7,356	887	8	1,126	160	108	2,072	30	231	2,734
Minnesota.....	1,114	160	32	166	38	30	224	10	76	378
Mississippi.....	347	50	27	52	12	15	18	1	0	172
Missouri.....	492	81	8	0	21	18	94	3	7	260
Montana.....	134	51	2	4	1	3	13	10	1	49
Nebraska.....	3	1	0	0	0	0	2	0	0	0
New Jersey.....	477	86	2	2	12	59	26	3	3	284
New Mexico.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
North Carolina.....	124	24	3	0	6	19	13	0	0	53
North Dakota.....	47	9	6	0	2	1	17	0	0	12
Ohio.....	1,042	203	8	357	37	0	325	0	0	112
Oregon.....	69	12	0	2	0	0	1	3	23	28
Pennsylvania.....	5,972	722	46	182	135	597	1,265	64	62	2,899
Puerto Rico.....	3,707	1,024	296	128	329	522	218	9	16	1,169
Rhode Island.....	241	38	2	10	2	0	18	0	2	169
South Carolina.....	701	233	79	59	54	88	95	14	26	53
South Dakota.....	72	6	8	0	3	1	21	0	2	31
Tennessee.....	861	241	37	161	60	140	59	13	11	139
Utah.....	556	71	9	59	6	46	163	2	115	85
Vermont.....	483	162	11	56	3	12	70	5	7	127
Virginia.....	122	26	0	0	6	59	7	4	1	19
Washington.....	3,101	630	6	280	104	273	1,367	111	12	318
West Virginia.....	141	79	2	22	11	3	18	2	0	4
Wisconsin.....	855	159	20	83	17	30	230	8	17	291
Wyoming.....	67	11	5	0	0	1	9	5	2	34

1/ Excludes data on non-AFDC recipients under Temporary Assistance Program for Families of Unemployed Parents.
 2/ Individuals were referred without assessment or determination of appropriateness for referral to manpower agency.

Table 11--Aid to families with dependent children: Individuals referred back to welfare agencies by manpower agencies under Work Incentive Program, by reason for referral back and by State, October-December 1969

State	Individuals referred back								
	Total	Refused without good cause to accept work or training	Other reasons						Other
			Total	Illness, disability, and/or advanced age	Remoteness from WIN project	Child aged 16-20 attending school full-time	Required in home because of illness or incapacity of other member of household	Adequate child care arrangements not currently available	
Total:									
Number.....	12,454	1,519	10,935	1,507	257	94	344	755	7,978
Percent.....	100.0	12.2	87.8	12.1	2.1	0.8	2.8	6.1	64.1
Alabama.....	79	19	60	24	0	0	4	2	30
Alaska.....	56	17	39	1	0	0	0	0	38
Arkansas.....	19	1	18	10	0	0	2	2	4
California.....	6,200	832	5,368	492	186	29	95	481	4,085
Colorado.....	35	0	35	7	1	0	1	1	25
Connecticut.....	171	1	170	18	5	1	0	21	125
District of Columbia 1/.....	126	0	126	35	0	2	11	0	78
Florida.....	61	9	52	7	1	2	3	2	37
Georgia.....	99	33	66	31	0	2	7	7	19
Hawaii.....	40	0	40	0	0	0	0	0	40
Idaho.....	48	8	40	8	1	0	2	2	27
Illinois.....	169	92	77	35	0	7	7	3	25
Iowa.....	38	5	33	3	0	0	7	2	21
Kansas.....	76	10	66	26	1	0	4	6	29
Kentucky.....	77	0	77	21	0	0	9	4	43
Louisiana.....	98	14	84	27	0	0	4	6	47
Maine.....	2	0	2	0	0	0	0	0	2
Maryland.....	169	83	86	11	1	0	2	10	62
Massachusetts.....	53	7	46	4	1	1	3	10	29
Michigan.....	602	7	595	101	10	14	91	0	379
Minnesota.....	139	0	139	0	0	0	0	0	139
Mississippi.....	30	10	20	3	0	0	4	2	11
Missouri.....	7	3	4	0	1	0	0	0	3
Montana.....	19	0	19	6	0	1	0	0	12
Nebraska.....	10	1	9	1	0	0	0	0	8
New Jersey.....	340	64	276	92	6	3	10	14	151
New Mexico.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
North Carolina.....	4	0	4	2	0	0	0	0	2
North Dakota.....	38	4	34	8	2	0	1	1	22
Ohio.....	521	151	370	1	0	0	0	0	369
Oregon.....	296	5	291	54	10	0	2	0	225
Pennsylvania.....	597	6	591	121	3	6	27	87	347
Puerto Rico.....	218	0	218	21	3	1	8	16	169
Rhode Island.....	275	18	257	33	1	1	0	34	188
South Carolina.....	9	1	8	0	4	0	0	1	3
South Dakota.....	23	10	13	2	0	1	0	0	10
Tennessee.....	59	4	55	26	0	0	7	8	14
Utah.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
Vermont.....	42	4	38	15	1	0	4	2	16
Virginia.....	55	0	55	23	0	0	7	12	13
Washington.....	1,353	64	1,289	127	15	23	18	17	1,089
West Virginia.....	158	36	122	105	4	0	3	1	9
Wisconsin.....	39	0	39	6	0	0	0	1	32
Wyoming.....	2	0	2	0	0	0	1	0	1

1/ Excludes data on non-AFDC recipients under Temporary Assistance Program for Families of Unemployed Parents.
 2/ Data not reported.

Table 12

Number of children receiving child care under the
Work Incentive child care program, by month,
fiscal year 1970

<u>Month</u>	<u>Number of Children</u>
July 1969	42,043
August	45,192
September	46,902
October	50,303
November	56,733
December	60,887
January 1970	61,871
February	66,182
March	69,853
April	73,500 ✓
May	76,500 ✓
June	78,000 ✓

✓ Estimated

Table 13

Number of Children Receiving Child Care Under the Work Incentive
Child Care Program, December 1969, by State*

<u>State</u>	<u>Number of Children</u>
Alabama	684
Alaska	144
Arizona	604
Arkansas	268
California	12,950 1/2
Colorado	621
Connecticut	295
Delaware	147
District of Columbia	606
Florida	580 1/2
Georgia	415
Hawaii	1
Idaho	21
Illinois	3
Indiana	0
Iowa	890
Kansas	720
Kentucky	2,577
Louisiana	1,426
Maine	200
Maryland	2,828
Massachusetts	454
Michigan	2,125
Minnesota	590 1/2
Mississippi	133
Missouri	2,247
Montana	278
Nebraska	29
Nevada	0
New Hampshire	0
New Jersey	2,309
New Mexico	214
New York	9,273
North Carolina	108
North Dakota	175
Ohio	1,990 1/2
Oklahoma	9
Oregon	217
Pennsylvania	4,160 1/2
Rhode Island	400 1/2

Table 13 (continued)

Number of Children Receiving Child Care Under the Work Incentive
Child Care Program, December 1969, by State

<u>State</u>	<u>Number of Children</u>
South Carolina	72 1/
South Dakota	562
Tennessee	2,135
Texas	105 1/
Utah	1,080 1/
Vermont	210
Virginia	1,866
Washington	1,174
West Virginia	1,250 1/
Wisconsin	1,118
Wyoming	85 1/
Guam	40 1/
Puerto Rico	116
Virgin Islands	10 1/
<u>Total ...</u>	<u>60,887</u>

1/ Estimated, actual data are not currently available.

Table 14. Child care arrangements, by type of arrangement, by age group, and by State, of mothers or other caretakers enrolled in the WIN Program as of the last day of the quarter ended December 31, 1969

State	Type of child care arrangement											
	Own home			Relative's home			Day care facility			Other		
	Total	Under 6 years of age	6 through 14 years of age	Total	Under 6 years of age	6 through 14 years of age	Total	Under 6 years of age	6 through 14 years of age	Total	Under 6 years of age	6 through 14 years of age
Total.....	27,100	11,400	15,800	5,500	2,800	2,700	10,300	6,400	4,000	10,200	1,300	8,800
Alabama.....	700	320	380	91	43	48	220	200	29	230	38	190
Alaska.....	97	47	50	20	19	1	160	130	31	94	5	89
Arkansas.....	410	170	240	39	16	23	87	52	35	110	2	110
Colorado.....	380	200	180	150	86	66	390	190	190	310	29	260
Connecticut.....	510	270	240	86	45	41	570	310	260	360	37	330
District of Columbia.....												
Florida.....	580	290	290	310	180	140	680	530	150	460	100	360
Georgia.....	870	300	560	30	10	20	310	210	94	260	12	240
Hawaii.....	28	13	15	3	3	0	4	4	0	9	0	9
Idaho.....	360	200	160	69	46	23	140	110	33	98	9	89
Illinois.....	140	96	47	66	33	33	140	100	45	110	20	88
Iowa.....	340	180	160	150	96	56	400	280	120	300	6	290
Kansas.....	470	230	240	170	90	83	94	64	30	330	49	280
Kentucky.....	3,100	1,300	1,800	690	390	300	490	300	180	1,200	300	1,600
Louisiana.....	640	230	410	270	120	150	680	420	260	370	20	350
Maine.....	83	77	6	10	10	0	110	100	12	0	0	0
Maryland ^{2/}	220	110	110	60	45	15	47	41	6	120	12	120
Michigan.....	5,300	1,900	3,500	910	460	450	410	250	160	1,300	120	1,100
Missouri.....	1,200	540	680	400	200	200	1,000	460	580	78	8	70
Montana.....	48	28	20	12	11	1	100	80	23	96	3	93
Nebraska.....	38	9	29	(3/)	(3/)	(3/)	86	25	61	22	2	20
New Jersey.....	380	170	210	380	190	190	1,700	820	890	410	56	360
New Mexico.....	130	48	79	67	38	29	51	31	20	0	0	0
North Carolina.....	99	30	69	56	19	37	53	43	10	130	43	90
North Dakota.....	170	87	81	31	14	17	38	29	9	79	7	72
Oklahoma.....	73	45	28	42	19	23	64	46	18	19	5	14
Oregon.....	110	58	49	21	16	5	91	61	30	97	29	68
Pennsylvania.....	2,600	1,300	1,300	310	170	150	370	240	130	510	180	340
Puerto Rico.....	4,200	1,400	2,800	700	250	450	96	55	41	940	65	880
South Carolina.....	140	52	86	35	8	27	3	3	0	59	3	56
South Dakota.....	120	67	49	42	31	11	99	55	44	41	0	41
Tennessee.....	2,300	930	1,300	36	11	25	160	150	15	79	4	75
Utah.....	440	220	220	0	0	0	770	490	280	240	0	240
Vermont.....	58	30	28	14	9	5	10	7	3	110	48	60
Virginia.....	180	94	87	36	29	7	190	130	58	140	0	140
Wisconsin.....	610	330	270	170	127	50	440	330	100	700	87	610
Wyoming.....	14	5	9	14	8	6	75	61	14	88	8	80

^{2/} Excludes Baltimore City.
^{3/} Data not reported.

Table 15 : Aid to families with dependent children: Cases for which money payments were discontinued because of employment or increased earnings, cumulative through December 1968 and 1969, and by calendar quarter of 1969

Period	Total	Unemployed-father segment	Basic Program
Cumulative through December 1968	233	174	59
Jan. - Mar. 1969	1,144	580	399
Apr. - June 1969	2,345	1,763	747
July - Sept. 1969	3,189	1,802	1,387
Oct. - Dec. 1969	2,746	1,498	1,248
Cumulative total through December 1969	9,657	5,817	3,840

Table 4C - Aid to families with dependent children: Cases for which money payments were discontinued because of employment or increased earnings following participation in Work Incentive Program, by Work Incentive Program priority status, by State, October-December 1969 and cumulative total through December 1969 for all reporting States

State	October-December 1969	Total			Unemployed-father-segment			Basic program				
		Regular employment or on-the-job training	Work training	Special work projects	Total	Regular employment or on-the-job training	Work training	Special work projects	Total	Regular employment or on-the-job training	Work training	Special work projects
Total.....	✓ 2,746	1,185	1,514	43	1,498	561	897	40	✓ 1,248	624	617	3
Alabama.....	13	13	0	0	0	0	0	0	13	13	0	0
Alaska.....	1	1	0	0	0	0	0	0	1	1	0	0
Arkansas.....	3	0	3	0	0	0	0	0	3	0	3	0
California.....	1,073	464	609	0	782	299	483	0	291	165	126	0
Colorado.....	81	0	81	0	64	0	64	0	17	0	17	0
Connecticut.....	55	36	19	0	0	0	0	0	55	36	19	0
Delaware.....	2	0	2	0	0	0	0	0	2	0	2	0
District of Columbia ✓.....	41	1	40	0	0	0	0	0	✓ 41	1	40	0
Florida ✓.....	4	0	0	0	0	0	0	0	✓ 4	0	0	0
Georgia.....	0	0	0	0	0	0	0	0	0	0	0	0
Idaho.....	3	2	1	0	0	0	0	0	3	2	1	0
Illinois.....	73	39	33	0	67	34	31	2	8	5	2	1
Iowa.....	29	23	6	0	0	0	0	0	29	23	6	0
Kansas.....	21	14	7	0	7	3	4	0	14	11	3	0
Kentucky.....	47	10	37	0	0	0	0	0	47	10	37	0
Louisiana.....	9	6	3	0	0	0	0	0	9	6	3	0
Maine.....	4	3	1	0	0	0	0	0	0	1	1	0
Maryland.....	0	0	0	0	0	0	0	0	0	0	0	0
Massachusetts.....	9	4	5	0	3	2	1	0	6	2	4	0
Michigan.....	37	19	18	0	23	14	9	0	14	5	9	0
Minnesota.....	2	0	1	1	0	0	0	0	2	0	1	1
Mississippi.....	1	1	0	0	0	0	0	0	1	1	0	0
Missouri.....	41	41	0	0	0	0	0	0	41	41	0	0
Montana.....	2	2	0	0	0	0	0	0	2	2	0	0
New Jersey.....	58	28	30	0	23	11	14	0	13	17	16	0
New York.....	96	63	31	0	38	27	11	0	58	38	20	0
North Carolina.....	17	7	10	0	0	0	0	0	17	7	10	0
North Dakota.....	0	0	0	0	0	0	0	0	0	0	0	0
Ohio.....	337	93	246	0	176	51	125	0	161	44	117	0
Oregon.....	6	0	6	0	2	0	2	0	4	0	4	0
Pennsylvania.....	137	116	21	0	47	43	4	0	90	73	17	0
Puerto Rico.....	93	0	93	0	0	0	0	0	93	0	93	0
Rhode Island.....	23	21	2	0	9	0	1	0	14	13	1	0
South Carolina.....	2	0	2	0	0	0	0	0	2	0	2	0
South Dakota.....	6	0	6	0	0	0	0	0	6	6	0	0
Tennessee.....	20	19	1	0	0	0	0	0	20	19	1	0
Texas.....	0	0	0	0	0	0	0	0	0	0	0	0
Utah.....	33	1	32	0	24	1	23	0	0	0	0	0
Vermont.....	12	9	3	0	4	0	0	0	4	3	1	0
Virginia.....	4	4	0	0	0	0	0	0	4	4	0	0
Washington.....	67	37	30	0	16	14	2	0	51	23	28	0
West Virginia.....	213	50	124	39	211	50	123	38	23	0	1	0
Wisconsin.....	63	49	14	0	0	0	0	0	63	49	14	0
Wyoming.....	6	5	1	0	0	0	0	0	6	5	1	0
Cumulative total for all reporting States through December 1969.....	✓ 1/ 9,822	3,591	5,713	346	5,817	2,017	3,652	148	3,840	1,574	2,061	198

✓ Includes 4 cases in Florida not identified as to Work Incentive Program priority status.
 ✓ Excludes data on non-AFDC recipients under Temporary Assistance Program for Families of Unemployed Parents.
 ✓ Includes 165 cases in Massachusetts and 3 cases in South Carolina not identified as to Work Incentive Program priority status.

Table T-4700: Assessments and referrals to manpower agencies under VII and non-VII Programs, by State, cumulative through March 1970

State	Total			VII Program A			Non-VII Program B		
	Assessments	Appropriate for referral	Referrals	Assessments	Appropriate for referral	Referrals	Assessments	Appropriate for referral	Referrals
Total.....	2,046,446	409,803	303,370	1,990,343	330,500	274,304	456,104	79,303	49,066
Alabama.....	30,360	3,730	3,877	9,319	2,028	1,968	21	3,839	3,839
Alaska.....	1,774	619	285	1,774	619	285			
Arizona.....	24,977	3,900	1,409	11,063	3,907	1,409			
Arkansas.....	9,667	3,229	2,714	6,061	2,411	2,078			
California.....	304,867	114,693	100,862	288,314	106,113	93,773			
Colorado.....	19,770	6,313	3,131	16,079	5,608	2,807			
Connecticut.....	26,005	3,987	3,287	24,005	3,987	3,287			
Delaware.....	2,004	630	630	2,004	630	630			
Dist. of Col. ✓	1,180	1,348	1,348	1,180	1,348	1,348			
Florida.....	14,042	6,034	4,703	8,473	2,929	1,746			
Georgia.....	47,918	8,079	8,079	8,207	2,029	2,029			
Hawaii.....	6,345	87	733	6,271	628	628			
Idaho.....	7,107	2,330	2,330	7,107	2,330	2,330			
Illinois.....	61,108	8,738	7,193	61,108	8,738	7,193			
Indiana.....	13,982	2,509	2,509	13,982	2,509	2,509			
Iowa.....	2,654	807	784	2,654	807	784			
Kansas.....	9,134	3,197	2,824	9,134	3,197	2,824			
Kentucky.....	23,118	10,114	9,080	23,118	10,114	9,080			
Louisiana.....	16,355	2,467	2,728	16,355	2,467	2,728			
Maine.....	3,764	1,217	88	3,764	1,217	88			
Maryland.....	4,130	6,281	7,744	35,676	4,180	4,180			
Massachusetts.....	20,399	7,375	7,375	13,787	3,620	3,620			
Michigan.....	110,713	19,318	19,218	78,697	14,871	14,871			
Minnesota.....	6,741	2,708	2,218	4,264	1,810	1,810			
Mississippi.....	20,143	36,148	3,771	6,373	3,074	3,074			
Missouri.....	42,348	3,463	3,419	4,076	1,923	1,923			
Montana.....	4,791	2,078	2,078	4,791	2,078	2,078			
Nebraska.....	1,044	177	177	1,044	177	177			
Nevada.....	2,823	448	448	2,823	448	448			
New Hampshire.....	2,004	289	289	2,004	289	289			
New Jersey.....	24,311	10,014	8,890	10,890	9,343	9,343			
New Mexico.....	7,773	1,118	1,118	7,773	1,118	1,118			
New York.....	1,004	2,330	2,330	1,004	2,330	2,330			
North Carolina.....	2,004	628	628	2,004	628	628			
North Dakota.....	2,004	628	628	2,004	628	628			
Ohio.....	22,305	14,020	14,020	19,608	12,779	12,779			
Oklahoma.....	2,777	2,618	2,618	2,777	2,618	2,618			
Oregon.....	4,000	2,439	2,439	4,000	2,439	2,439			
Pennsylvania.....	27,143	14,319	13,713	16,113	12,674	12,674			
Rhode Island.....	20,409	9,734	9,734	20,409	9,734	9,734			
South Carolina.....	4,103	2,079	2,079	4,103	2,079	2,079			
South Dakota.....	17,004	2,063	2,063	17,004	2,063	2,063			
Tennessee.....	7,319	2,078	2,078	7,319	2,078	2,078			
Texas.....	24,815	8,175	12,742	12,742	3,374	3,374			
Utah.....	2,004	184	184	2,004	184	184			
Vermont.....	2,004	3,019	3,019	2,004	3,019	3,019			
Virginia.....	4,349	1,940	2,474	2,474	888	888			
Washington.....	2,474	1,428	1,428	2,474	1,428	1,428			
West Virginia.....	11,691	24,189	13,880	11,691	24,189	13,880			
Wisconsin.....	9,180	8,773	9,180	9,180	8,773	8,773			
Wyoming.....	17,114	3,772	3,011	8,000	3,000	3,000			
	2,004	687	687	2,004	687	687			

✓ Data cover all assessments and referrals to manpower agencies in counties with VII projects in operation.
 ✓ Data cover all assessments and referrals to manpower agencies in all other counties.
 ✓ Excess of referrals over appropriate for referral under investigation.
 ✓ VII Program Statewide.
 ✓ Data not reported for months of August, September, October, November 1969, February and March 1970.
 ✓ Exclude data on assessments and referrals of non-AFSC recipients under Temporary Assistance Program for Families of Unemployed Parents.
 ✓ Not reported.
 ✓ Data through December 1969.
 ✓ Data incomplete.
 ✓ Incomplete data for referrals beginning October 1969; incomplete data on other items beginning December 1969.
 ✓ VII Program operations not yet initiated.
 ✓ Data incomplete for number of assessments and number appropriate for referral.
 ✓ Reporting operation under revision. Data reported through October 1969.
 ✓ February data estimated.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 Social and Rehabilitation Service
 National Center for Social Statistics

Table 18

Major types of family planning services provided by
State public welfare agencies, March, 1970
(As reported to Center for Social Research, The City University of New York)

State	Type of Service				
	Information and referral	Counseling	Purchase of medical contraceptive services		Transportation
			Physicians and/or clinics	Supplies	
Alabama	Yes	Yes	No	No	No
Alaska	Yes	Yes	--	--	--
Arizona	Yes	Yes	Yes	Yes	No
Arkansas	Yes	Yes	No	No	No
California	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes	No
Connecticut	Yes	Yes	Yes	Yes	Yes
Delaware	Yes	No	Yes	Yes	No
Dist. Columbia	Yes	Yes	--	--	Yes
Florida	Yes	No	Yes	No	No
Georgia	Yes	Yes	No	No	Yes
Hawaii	Yes	Yes	Yes	Yes	Yes
Idaho	Yes	No	Yes	Yes	No
Illinois	Yes	Yes	Yes	Yes	Yes
Indiana	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	--	--	Yes
Kansas	Yes	Yes	Yes	Yes	Yes
Kentucky	Yes	Yes	Yes	Yes	Yes
Louisiana	Yes	Yes	--	--	--
Maine	Yes	Yes	Yes	Yes	--
Maryland	Yes	--	No	No	No
Michigan	Yes	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	--	--	--	--
Missouri	Yes	Yes	--	--	No
Montana	Yes	Yes	Yes	Yes	No
Nebraska	Yes	Yes	Yes	Yes	Yes
Nevada	Yes	Yes	Yes	Yes	No
New Hampshire	Yes	Yes	Yes	Yes	Yes
New Jersey	Yes	Yes	Yes	Yes	Yes
New Mexico	Yes	Yes	Yes	Yes	Yes
New York	Yes	No	Yes	✓	Yes
North Carolina	Yes	Yes	Yes		Yes
North Dakota	Yes	Yes	Yes	Yes	Yes
Ohio	Yes	Yes	No	Yes	No
Oklahoma	Yes	Yes	Yes	Yes	No
Oregon	Yes	Yes	Yes	Yes	No
Pennsylvania	Yes	Yes	Yes	Yes	Yes
Rhode Island	Yes	Yes	Yes	Yes	Yes
South Carolina	Yes	Yes	No	No	No
South Dakota	Yes	Yes	Yes	Yes	No
Tennessee	Yes	Yes	No	No	No
Texas	Yes	Yes	--	Yes	Yes
Utah	Yes	Yes	Yes	Yes	Yes
Vermont	Yes	No	Yes	Yes	Yes
Virginia	Yes	Yes	Yes	Yes	Yes
Washington	Yes	Yes	Yes	Yes	No
West Virginia	Yes	Yes	Yes	Yes	Yes
Wisconsin	No	No	Yes	Yes	No
Wyoming	Yes	Yes	Yes	No	Yes

Table 19 --AFDC families with specified number of illegitimate recipient children, 1969

Number of children	Number	Percent
Total.....	1,630,400	100.0
None.....	906,900	55.6
1.....	346,600	21.3
2.....	174,800	10.7
3.....	89,500	5.5
4.....	50,500	3.1
5.....	27,100	1.7
6.....	15,200	.9
7.....	10,200	.6
8.....	4,200	.3
9.....	2,200	.1
10 or more.....	1,300	.1
Not reported.....	1,900	.1

Table 20 - Number of new admissions to family planning services under Maternity and Infant Care Projects, by region and project, fiscal year 1969

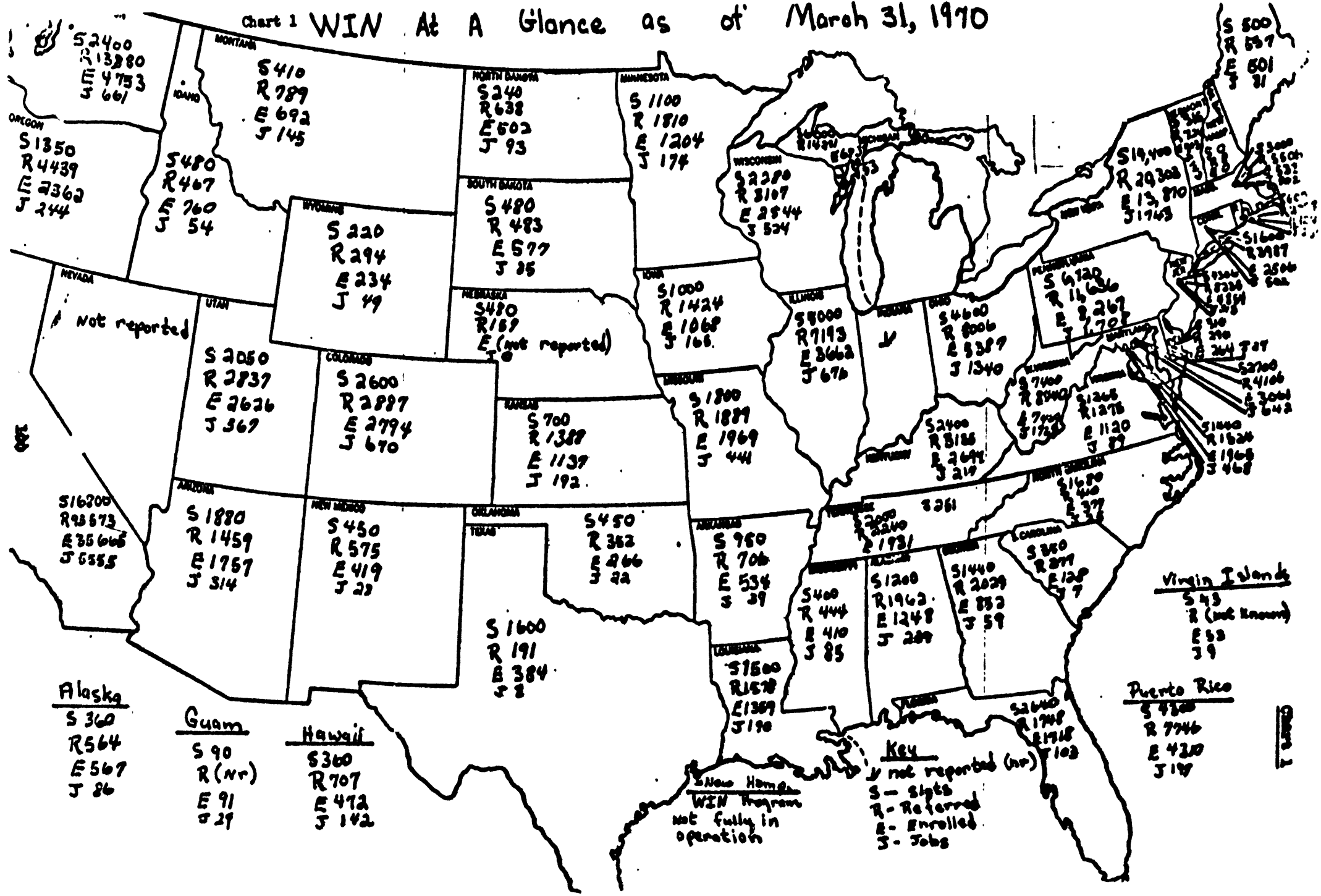
Region and project	New family planning admissions	Contraceptive method selected				Other services
		Intrauterine device	Oral	Rhythm	Other	
Total.....	86,500	13,208	62,000	150	8,500	1,000
I-Boston						
532-Burlford, Conn.....	900	200	630	1	68	3
541-Providence, R. I.....	210	9	170	30	0	0
553-Augusta, Maine.....	92	11	43	0	17	1
554-Boston, Mass.....	1,600	178	1,100	9	200	110
II-New York City						
507A-New York City 1/.....	11,700	1,400	8,600	13	1,700	0
B-N. Y. Med. College.....	430	130	200	0	22	0
C-Albert Einstein.....	1,500	360	1,000	0	130	0
510-Philadelphia, Pa.....	3,300	1,100	1,700	30	430	0
512-Buffalo, N. Y.....	41	17	23	0	1	0
520-Newark, N. J.....	150	1	270	0	79	0
529-Allentown Co., Pa.....	540	(2/)	(2/)	(2/)	(2/)	500
III-Charlottesville						
501-Baltimore, Md.....	2,500	180	1,600	0	200	120
504-Morgantown, W. Va.....	420	280	220	0	4	1
507-Puerto Rico I.....	410	47	300	0	36	1
508-Puerto Rico II.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
521-S. E. Counties, Ky.....	330	70	260	0	33	0
525-Washington, D. C.....	7,000	1,100	5,400	0	560	0
526-North Carolina (I & II).....	750	240	420	0	30	2
528-Kanawha Co., W. Va.....	450	22	420	0	3	7
532-Richmond, Va.....	1,400	77	1,200	0	170	6
IV-Atlanta						
506-Augusta, Ga.....	2,300	230	560	0	130	210
515-Dade Co., Fla.....	4,500	990	2,200	0	1,300	20
516-Atlanta, Ga.....	1,300	440	610	0	420	200
531-Charleston, S. C.....	1,300	200	1,000	0	3	0
534-Mills-Rankin Co., Miss.....	400	140	230	0	3	79
539-Orange Co., Fla.....	1,500	130	920	0	260	0
542-Greenville, S. C.....	640	130	470	2	9	16
544-Birmingham, Ala.....	330	0	330	0	0	0
546-Gainesville, Fla.....	1,200	270	730	0	160	0
547-Pt. Lauderdale, Fla.....	1,600	130	1,800	0	160	100
550-Palm Beach, Fla.....	1,200	380	620	0	110	0
551-Mobile, Ala.....	1,400	590	720	9	110	11
V-Chicago						
508-Chicago, Ill.....	13,100	270	11,500	0	330	0
503-Detroit, Mich.....	3,200	390	2,800	0	220	130
504-Cleveland, Ohio.....	800	79	670	0	30	0
545-Cincinnati, Ohio.....	1,100	48	270	0	29	76
VI-Kansas City						
509-Minneapolis, Minn.....	680	130	510	1	26	6
518-St. Louis, Mo.....	700	88	770	0	43	0
527-Omaha, Neb.....	840	32	800	0	4	0
538-St. Louis Co., Mo.....	440	46	380	0	11	0
549-St. Paul, Minn.....	490	90	360	10	26	0
VII-Dallas						
513-Little Rock, Ark.....	1,200	300	720	0	21	0
535-Houston, Tex.....	5,700	460	5,000	1	230	0
536-Dallas, Tex.....	170	20	120	0	3	24
555-Albuquerque, N. Mex.....	63	3	60	0	0	0
VIII-Denver						
522-Tri-Co., Colo.....	420	58	290	9	41	22
523-Denver, Colo.....	2,400	76	2,200	0	210	0
540-Boise, Idaho.....	89	15	70	0	1	3
IX-San Francisco						
511-Portland, Ore.....	300	14	190	2	22	65
519-San Francisco, Calif.....	44	2	40	0	2	0
530-Mendocino, Nev.....	310	97	180	2	22	16
533-Berkeley, Calif.....	120	21	75	1	22	0
537-Seattle-King Co., Wash.....	1,300	300	580	2	27	410
543-Sno, Nev.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)
546-Los Angeles, Calif.....	(2/)	(2/)	(2/)	(2/)	(2/)	(2/)

1/ Includes Health Insurance Plan sub-project.
 2/ Data not reported.

Table 21 Number of women receiving family planning services under Maternal and Child Health Programs, fiscal year 1969

STATE	Total	Identified as:			
		New admissions	Carried forward		
United States	395,200	162,000	135,000		
Alabama	48,300	27,900	20,300		
Alaska	430	---	---		
Arizona	4,500	3,000	1,500		
Arkansas ^{4/}	4,000	(1/)	(1/)		
California ^{2/}	42,600	24,000	19,600		
Colorado	6,000	---	---		
Connecticut	---	---	---		
Delaware	690	400	290		
Dist Columbia	---	---	---		
Florida	52,100	25,000	27,200		
Georgia	30,100	21,300	8,800		
Guam	780	---	---		
Hawaii	---	---	---		
Idaho	130	130	---		
Illinois ^{2/}	---	---	---		
Indiana	3,000	2,700	280		
Iowa	---	---	---		
Kansas	---	---	---		
Kentucky	5,600	---	---		
Louisiana	---	---	---		
Maine	580	---	---		
Maryland ^{2/}	4,100	---	---		
Massachusetts	---	---	---		
Michigan	7,200	(1/)	(1/)		
Minnesota	---	---	---		
Mississippi	16,600	6,300	8,300		
Missouri	---	---	---		
Montana	---	---	---		
Nebraska	1,500	1,500	---		
Nevada	---	---	---		
New Hampshire	---	---	---		
New Jersey	---	---	---		
New Mexico	2,900	1,600	1,400		
New York	7,900	4,200	3,700		
North Carolina	24,000	11,400	12,600		
North Dakota	---	---	---		
Ohio	55,000	(1/)	(1/)		
Oklahoma	---	---	---		
Oregon	1,200	---	---		
Pennsylvania	---	---	---		
Puerto Rico	13,000	---	---	1/	Data not reported.
Rhode Island	---	---	---	2/	Data not reported for five counties in California and one county (Cook) in Illinois.
South Carolina	23,100	7,300	15,800		
South Dakota	---	---	---		
Tennessee	17,100	8,600	8,500		
Texas	10,200	4,600	5,600	3/	Does not include Baltimore City.
Utah	430	---	---		
Vermont	---	---	---	4/	Visits reported - women estimated.
Virgin Islands	430	---	---		
Virginia	9,200	9,200	---		
Washington	3,300	2,200	1,100		
West Virginia	580	480	100		
Wisconsin	---	---	---		
Wyoming	53	41	12	(99)	

Chart 1 WIN At A Glance as of March 31, 1970



PART THREE

**REPORT OF THE AUERBACH CORPORATION ON
THE WORK INCENTIVE PROGRAM**

**(Note: This report is included by the staff in this
Committee Print so that the reader may be
more fully informed about the operation of
the Work Incentive Program.)**

ADMINISTRATIVELY RESTRICTED

AN APPRAISAL OF
THE WORK INCENTIVE PROGRAM

AUER-1628-TR-100-1

SUBMITTED TO

MR. STANLEY MARKUSON
OFFICE OF EVALUATION
MANPOWER ADMINISTRATION, USDL
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1111 20TH STREET, N. W.
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MARCH 15, 1970

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INTRODUCTION

This report presents the findings, conclusions and recommendations of the study of the Work Incentive (WIN) Program carried out by the AUERBACH Corporation for the Department of Labor (DoL) and the Department of Health, Education and Welfare (HEW). The work was conducted under DoL Contract No. 53-40-69-01. It is based on information and analysis developed during the on-site evaluation of twenty-three WIN projects, follow-up revisits to ten of these, special child care studies in four additional communities, and resident observation in two of the cities selected for evaluation. Individual AUERBACH reports document each of these separate studies, and provide much of the source material for this overall report of findings.

The sites visited for the WIN evaluation study were:

Baltimore, Maryland	Denver, Colorado
Boston, Massachusetts	Detroit, Michigan
Buffalo, New York	Eastern Kentucky
Chicago, Illinois	Grand Rapids, Michigan
Cumberland County, Maine	Jersey City, New Jersey

Kansas City, Missouri
Knoxville, Tennessee
Los Angeles, California
Milwaukee, Wisconsin
New Orleans, Louisiana
Norfolk, Virginia
North Dakota
Peoria, Illinois
Providence, Rhode Island

Richmond, Virginia
Sacramento, California
Scioto County, Ohio
Seattle, Washington
St. Louis, Missouri
Trenton, New Jersey
Washington, D. C.
West Virginia

In determining the level of detail for this report, consideration had to be given to the information available, the purpose the report was to serve, and the nature of the WIN Program itself. First, since specific project findings already accounted for volumes of detailed information, no such documentation of results would be required. Second, it was felt that this overall report should serve to identify patterns of strengths or weakness observed in the program and provide guidance for national program monitoring and change rather than alterations in specific projects. Third, because the WIN evaluation study was conducted during the first year of the program's existence--a year that will almost certainly prove to be atypical of the program's long-range operations--there was little reliance on cumulative statistics in the interpretation of program results. (We also understand that the states, sensitive to the unusual start-up problems of WIN, asked the Bureau of Work Training Programs (now USTES) not to have statistics used as a major evaluating factor in the first year's examination of WIN. Another reason for minimizing statistical analysis was that the sites evaluated were purposefully selected by DoL and HEW, and do not necessarily form a valid basis for statistically representing the national program.

Because of these considerations, it was decided to have the report concentrate on general observations and findings in three major areas: The Legislation (Guidelines and Implementation (Section A); Welfare and the WIN Program (Section B); and Program Operation; The Employment Service (Section C). This division focuses on the three critical areas of impact on the purpose of the basic legislation:

"...to require the establishment of a program utilizing all available manpower services including those authorized under other provisions of law, under which individuals receiving aid to families with dependent children will be furnished incentives, opportunities, and necessary services in order for (1) the employment of such individuals in the regular economy, (2) the training of such individuals for work in the regular economy, and (3) the participation of such individuals in special work projects, thus restoring the families of such individuals to independence and useful roles in their communities. It is expected that the individuals participating in the program established under this part will acquire a sense of dignity, self-worth, and confidence which will flow from being recognized as a wage-earning member of society and that the example of a working adult in these families will have beneficial effects on the children in such families." *

The legislation itself and subsequent regulations and guidelines, in fact, proved responsible for a great many specific program operations--and weaknesses. The separate functions of the welfare agencies and manpower agencies similarly reflect strongly on the program through operations which can be most clearly understood in terms of their separate identities. Therefore, this division, while isolating separate aspects of the program, permits the analysis of WIN through its composite parts.

The information contained in these three separate sections is compressed into brief statements of findings and recommendations; these immediately follow this Introduction, and are in turn followed by Sections A, B, and C as summarized above.

* Title IV, Section 430.

SUMMARY OF FINDINGS

The Concept

Over one and one-half million families receive support under the Aid to Families with Dependent Children (AFDC) program. Many of these persons--contrary to myths about persons on welfare--are trapped in a system they resent because they lack the opportunity to become productive members of the labor force. They may need only a good economical child care plan; or they may need specialized care and training because of severe physical restrictions, emotional difficulties, or insufficient education and skills to obtain stable employment. The Work Incentive Program (WIN), as a concept, recognizes the needs of recipients and calls for a coherent network of services that will enable many of those trapped in welfare to obtain a sense of dignity and self-worth. Features of the WIN concept include:

- Remedial medical attention.
- An income supplement during participation in WIN (in addition to the AFDC grant).
- Free child care.

- A team staffing arrangement, including sympathetic "coaching" by aides (including AFDC recipients) recruited from poverty areas.
- Orientation to the "world of work."
- Basic education and high school equivalency (and, in some cases, college).
- Diversified job training.
- Job counseling and placement, including intensive follow-up contact.
- Individualized employability plans for each enrollee rather than rigidly structured, standard plans for all.
- Unified packages of services and components, rather than a haphazard effort to find services through other programs.

WIN also contains some incongruities, for example, the disparity between AFDC allocations for children and the child care costs to make mothers receiving such aid employable:

AFDC, in the great majority of states, pays the mother less to take care of her own children's needs - including food, clothing, and shelter--than it will cost to provide "quality" day care for those same children when the mother is employed.

Unless mothers can be employed in positions paying substantial wages, either the cost of AFDC-related services will increase as a result of WIN, or the net useful income of the mother will decrease, or the program will have to be limited to mothers who can find their own child care at little cost.

Another problem is that WIN calls for compulsory participation of mothers. This requirement has provoked such consternation among welfare client organizations, union leaders, and others, that the program began in an atmosphere of distrust despite the fact that:

- Far more volunteers exist than slots.

- Essential services, child care in particular, simply do not exist in many areas
- The punitive provisions of the legislation are largely unenforceable.

A third incongruity involves the job situation. Although the WIN concept is built around jobs for welfare recipients, there has been little investigation of the labor market to determine exactly where and how jobs can be obtained, and how many jobs are actually available or likely to become available for WIN enrollees. Now that the program is underway, there is a growing feeling among local WIN staff that many participants, women in particular, will not obtain jobs in the already tightly restricted--and, in some cases, declining--labor market existing in many communities.

The program began under pressure. Rapid results were encouraged and enrollment was "forced" up to authorized program levels even though:

- (1) The Staffs could not handle the volume of traffic.
- (2) Components did not yet exist (not a barrier to enrollment according to the legislation).
- (3) Provisions or legislation for developing components had not been obtained.
- (4) Liaison between Welfare and the Employment Service had not been effected.
- (5) Timely payments could not be made.
- (6) Supportive services were largely unavailable.

Thus, instead of a quick reduction in welfare rolls, the result was long holding periods and a high enrollee drop-out rate.

The Program

The WIN program has some unique and promising features. Because it deals with a client group that already has an income source, it does not have to make the quickest possible placement, regardless of quality. It has time to develop employability through education and training. By using the

"team" staffing arrangement to make available an assortment of specialists, including training experts and job developers, the program offers enrollees a better-rounded service than more typical arrangements in which only a counselor sees the enrollee.

WIN provides for frequent, continual contact between the program and the enrollee, with encouragement and support provided by coaches who are often from the same ethnic and community background as the enrollee. The incentive payment, while not lavish, provides another measure of encouragement, as does the provision of supportive services, in particular, free child care. (In some project areas, the provision of child care alone is enough to commend the program to prospective participants and bring about voluntary enrollment.)

That WIN addresses a recognized need is evidenced both by the high degree of voluntary participation and by enrollees' enthusiasm for the program concept. Enrollees often view WIN as a route of escape from the welfare system (which many view as degrading and dehumanizing) and a way into a labor market.

Despite the program's timeliness and general conceptual soundness, it has not lived up to expectations.

The basic problem is that although persons are eager for the program, the process of assembling the necessary resources, personnel, and components into an operating program has proved painfully difficult. Converting authorized program levels into enrollments and converting enrollments into successful results requires a coherent network of services from both the Departments of Welfare and Employment Security.

WIN is a bi-agency program, not simply the referral of recipients from Welfare offices to a WIN program in local Departments of Employment Security. Child care, medical examinations, and remedial medical care, as well as continuing welfare payments and services for applicants are as important to the program as any of the vocational services.

Though the success of WIN depends on a coordinated activity, it has been largely carried out as two separate programs. Separate guidelines--not always in agreement--have been issued by Departments of Labor and Health, Education and Welfare, and few joint procedures or training packages have been promulgated. The result has been a misunderstanding between local welfare and manpower agencies since there has been little interagency liaison and little information in either agency about the other's responsibility or activities. In particular, caseworkers--who are responsible for many of the WIN services--often know little about the WIN responsibilities of the welfare agency, much less about those for the Employment Service.

The enabling legislation makes provision for child care for mothers enrolled in WIN, but does not grant funds for construction of day care facilities. Lack of child care, in most cases, is perhaps the most serious barrier for any employment program involving mothers. Institutionalized child care for WIN participants is rare, and neither the private nor public sector is moving to develop adequate child care facilities. Most mothers in the program have made their own babysitting provisions; these arrangements are fragile, and subject to frequent changes, interruptions, and breakdowns. Many programs are admittedly unable to provide child care, and so must limit participation to those mothers who can make their own arrangements. In addition to lack of funds, restrictive local building codes and fire and welfare ordinances make development of day care centers very difficult. Although many WIN enrollees are being prepared for jobs that require shift work, child care arrangements to make such work feasible for mothers are extremely rare. Also, too little consideration has been given to the use of child care for educational and emotional development of the child, although this practice could result in an additional benefit from the program.

Though the program calls for medical examinations prior to referral, they are lacking in many areas because of difficulties in arranging them. In many programs, even where examinations are adequate, there are no provisions for the correction of medical problems that are barriers to employment. Use of Vocational Rehabilitation services is scarce, and few applicants are given

such clearly needed articles such as dentures and hearing aids. One problem is that while the Federal Regulations urged states to make use of Title XIX funds, they did not provide for a direct medical program as a part of WIN. Medical examinations are not mentioned in the basic WIN Legislation.

Lack of adequate transportation is a serious problem for many WIN projects; it affects the enrollees' ability both to participate in the program and to secure employment. In rural areas where WIN operates, many enrollees live miles from the program facilities, and have neither cars nor access to public transportation. Even in large cities transportation poses problems, since sources of employment are increasingly locating on the suburban fringes of metropolitan areas, far from the neighborhoods where WIN participants live. It is now common to find situations, particularly in the East, where suburban jobs go begging while unemployment soars in the inner city.

Suitable training and educational components could not be provided as readily as thought, so many programs had long periods of holding. Though procedures for the development of institutional training are now adequate in most areas, not all courses are well conceived for the special requirements of welfare clients. Programs for both Basic Education and High School Equivalency have been largely "standard" packages, which often fail to meet the needs of welfare recipients. On-the-job training has been virtually unavailable because of competition with other programs and lack of effective procedures for contracting with employers. Fewer than one percent of WIN enrollees have received this form of training.

The extent to which jobs are available to prospective WIN "graduates" cannot be precisely determined. Few areas have carried out labor market studies for the restricted class of applicants served by WIN programs. Staff members are, however, apprehensive about placement, and feel that they may not be able to come up with sufficient suitable jobs for participants. In areas where persons are on welfare because of widespread unemployment, staff members openly admit that they have no plans for placement, but are using the program to help enrollees become more mobile through education and training.

The development of large numbers of jobs in the private sector is more difficult than generally acknowledged; in most projects, WIN is competing with other manpower programs for a limited number of openings.

Many small problems, which in themselves might not be critical to the program, have also prevented the expected success from materializing. The guidelines are often ignored at the local level, with the loss of many of their better and more imaginative concepts. The staffing of the programs is often incompatible with the goal of a project such as WIN -- the ability to understand and work with welfare recipients, and minority group members is seldom a part of the job description for ES staffs. The deluge of paper-work from overlapping and redundant forms sometimes obscured the real substance of WIN. Controls on the use of funds are often so restricted that staffs cannot effectively work with applicants. Simple problems of coordination and liaison are often allowed to become so severe that they impede the entire program. Program information is sometimes not available on the team or caseworker level, and training is not sufficiently integrated into WIN to ensure that all staff fully understand the program's goals, concepts and operations. The basic idea of WIN is workable -- though some aspects of the legislation require modification. The mechanics of implementing the program, however, were integrated into local operating in a half-hearted manner. Commitment was often absent at some level of operations (state, area, or project) causing WIN to be implemented in a routine way.

The next section, SUMMARY OF RECOMMENDATIONS, discusses what would be needed to make the program effective.

SUMMARY OF RECOMMENDATIONS

Recommendations for improvement of the WIN program appear in context throughout this report; they are summarized here.

Major Recommendations

Improvement of Interagency Liaison: Improved coordination and cooperation between welfare and manpower agencies on all levels are crucial to the success of WIN. An interagency task force on WIN is already functioning on the Federal level, and a similar effort could be even more useful in local projects, where training sessions could involve line staff from both the welfare agency (caseworkers) and the manpower agency (WIN team members). The aim of such training would be to ensure that each agency fully understands the other's role in WIN and the problems hindering program success.

Improved liaison is also important for the timing and coordination of the referral-enrollment process so that services will be available when enrollees need them. Improved local communication could lead to a better-

coordinated program, in which referrals were timed to coincide with actual program openings, thus avoiding lengthy "holding" periods. Another by-product of such timing would be more viable child care arrangements, since they could be put together just prior to a mother's actual program participation, and not weeks or months in advance, on the expectation of future enrollment.

Although difficult, it is important for welfare caseworkers to remain involved in the employability planning process after referral and enrollment of clients. As a part of improving interagency liaison, caseworkers should be available to the teams on an informal basis as a resource.

Strengthening of Supportive Services: Supportive services for prospective enrollees must be greatly strengthened. Remedial medical help, including corrective surgery and psychiatric care as well as more mundane items such as dentures and eyeglasses, must be available. A more structured involvement of Vocational Rehabilitation agencies in WIN will help to facilitate this goal; however, new programs and funds may be required if medical assistance is to be accessible to AFDC recipients prior to their enrollment in WIN.

Even more important and more difficult is the problem of child care. Funds will be required not only for staffing and supplies, but also for construction of new facilities and rehabilitation of existing structures. The simple provision of more money for child care will result only in more haphazard babysitting arrangements; only a well-conceived comprehensive plan for the provision of institutionalized child care services (i.e., centers), operating at flexible hours to meet the shift requirements of workers, will suffice to meet the real needs of WIN participants.

The problem of transportation is not likely to be solved within the framework of WIN alone. It is worth noting, however, that revamping of metropolitan transit systems to provide inexpensive and convenient commuting from core city areas to suburban employment centers is an essential part of resolving the problems to which WIN and similar manpower programs are addressed. This approach must be coupled with the provision for more employment opportunities in the cities, and the development of low-income housing in suburban areas.

In rural areas where transportation problems are acute, the provision of "WIN-Mobiles" to take components into remote areas is a promising approach, but there is still the question of the availability of jobs in such areas.

Intensive Labor Market Analysis and Job Development: Much more needs to be known about the actual availability of jobs for WIN "graduates" in areas where the program functions. Analysis should be made, on a site-by-site basis, and should include both job opportunities which are extant and those which are expected to be developed. A particular area of inquiry is the relative potential of the public and private sectors of the economy to supply jobs. WIN operates in many areas on the assumption that large numbers of jobs can be readily secured in the private sector; this assumption may not be borne out by investigation.

Once the potential job market for WIN enrollees is defined, the program should be planned around that market, in terms of both slot allocation and provision of components. The size of WIN projects is presently determined by the size of the local AFDC population; it would make more sense to let project size be governed by actual job availability. Labor market analysis would also ensure that training programs were suitable for existing jobs.

Many projects need to broaden training possibilities substantially, and to achieve much more flexibility in start-up times for courses. The large number of enrollees in "holding" pending assignments to components reflects a need for more components at more frequent intervals. More scope is needed in training programs for women; most programs are still limited largely to clerical and medical fields.

Much more attention needs to be devoted to the development of jobs for WIN "graduates." To reduce unproductive competition among manpower programs, and redundant calls to personnel managers, job development should be carefully coordinated in each local area, and should be vested on a higher, more coordinated level than any single program. On this higher level, major employers could be approached, to restructure jobs, re-examine hiring requirements, and generally consider how the special needs of WIN enrollees can be met in employment situations.

Equalization of Income Discounts: Present regulation permit women on AFDC to accept employment without having their entire earnings deducted from their welfare checks. Under the so-called "thirty-and-a-third" provision, the first thirty dollars earned by AFDC mothers in any month, and one third of the remainder earned, are discounted before earnings are deducted from the welfare payment. This provides an incentive for mothers on AFDC to accept work even when their wages are less than their welfare income. No such incentive exists for men, however; they are forbidden to receive such income discounts if they are employed for thirty-five or more hours per week (or even less, at the discretion of the states). The discount provisions should be equalized for men and women, providing the same incentive for men to accept work. Failure to do this could result either in reducing the income of persons as a result of WIN, or encouraging the breakup of welfare-support families headed by men.

Other Recommendations

The recommendations discussed above are addressed to WIN's major problem areas and need to be implemented if the program is to achieve its goals. This report also makes numerous other recommendations throughout the discussion of WIN services and components. These recommendations, while not of the magnitude of those already discussed, are also important and their implementation may help alleviate problems experienced by many projects. They include:

- o Issuance of joint, interagency guidelines
- o Elimination of the provision for mandatory referral of mothers
- o Reduction of overlapping reporting requirements and other paperwork by the use of standardized forms, acceptable to varying agencies and levels of government
- o Elimination of the requirement to make referrals to WIN even if no components are available

- o Encouragement of civil services to adopt procedures and salary levels needed to recruit and retain personnel needed to make programs such as WIN succeed
- o Ongoing in-service training for all welfare and manpower staff directly involved in WIN
- o Recruitment and employment of more minority group staff for WIN projects, particularly those which serve minority clients
- o Change in legislation which removes youth from their families' welfare grants after the age of eighteen if they fail to enroll, since many projects are back-logged at the preenrollment point, youths referred but not enrolled should continue to be eligible
- o Prereferral physical examinations for all clients selected for WIN
- o Provision of a national allowance for AFDC recipients in training programs (possibly adjusted for area cost-of-living indices) for such out-of-pocket expenses as transportation, lunch, etc.
- o Implementation of a single check payment system to cover grants, child care, special allowances and WIN incentives
- o Adoption of uniform screening, assessment and referral criteria
- o Consideration of WIN child care needs as part of a national child care needs assessment
- o Adherence to regulations requiring welfare departments to develop adequate child care plans for mothers referred to WIN
- o Provision of in-service training for persons charged with arranging child care
- o Institution of national programs to provide college courses in child care provision, and to encourage qualified persons to enter this field in greatly increased numbers
- o Consideration of alternatives to child care, such as development of jobs which coincide with school hours

- o Pre-enrollment contact of referred clients, preferably in the form of a personal visit to the client's home by a member of a WIN team
- o Institution of subtle screening procedures to ensure that persons with considerable work experience are not assigned to world-of-work classes
- o Use of a combination-of-skills approach to employability development, whether through the use of teams or not
- o In-service training in vocational guidance and the labor market for WIN counselors
- o Where teams are used, full utilization of all specializations in employability planning and development, including participation of coaches
- o Development of career ladders for all WIN staff, including coaches and clerks
- o Reduction in pressure to bring project enrollments up to "authorized levels" in areas where the problem is lack of adequate services and components
- o Institution of experimental educational components for enrollees, as alternatives to standardized basic education and GED courses
- o Regular WIN monitoring of quality of subcontract components
- o More careful and flexible use of testing in employability planning
- o More diversity in vocational training
- o Substantially increased utilization of on-the-job training
- o More focus on job development (i.e., creation) as opposed to job finding
- o More specific job development for women and youths
- o Careful monitoring of work experience components, to ensure that they are really related to employability development, and are not just "busy work"
- o Development of public sector employment options for WIN graduates, where needed, including more imaginative use of special work projects

- o Full government funding for the wages of special work projects participants, at least initially, so that the sponsor bears no additional payroll cost
- o Provision of WIN petty cash funds to meet the immediate emergency needs of enrollees, such as transportation and lunch
- o Provision of additional counselors for WIN, to alleviate the back-jam observed in many projects; in projects using teams, this could mean provision of two counselors to a team
- o Improvement of WIN physical facilities were needed, including private counseling offices or booths

SECTION A. LEGISLATION, GUIDELINES AND IMPLEMENTATION

The WIN program stands in two traditions. It combines aspects of welfare programs with features of manpower programs; as such, it can be traced back through separate legislative histories at least to the Wagner-Peyser Act of 1933 and the Social Security Act of 1935. The Wagner-Peyser Act created the labor exchange which in its modern form is the United States Training and Employment Service (USTES). The 1935 Social Security Act brought into existence the welfare programs which were to form the basis of the Social Rehabilitation Service -- Old Age Assistance, Aid to the Blind, and Aid to Dependent Children.

The immediate predecessors of WIN are found on both the manpower side and the welfare side. The Human Resources Development (HRD) Program was the manpower antecedent of WIN. In fact, WIN is considered by DoL to be a part of the HRD program. The Work Experience and Training Program (Title V) under HEW was the forerunner of WIN on the welfare side, and was, like WIN, directed exclusively at the welfare recipient.

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Among the factors which distinguish WIN from its predecessor programs, one is of crucial significance: WIN is an inter-agency program, jointly administered by both DoL and HEW. This is the source of both WIN's unusual strengths, and of some of its most vexing problems.

A.1 FEATURES OF THE WIN LEGISLATION

WIN was created as part of the Social Security Amendments of 1967 (PL-90-248). Features of the HRD program and Title V program were combined. DoL and HEW were directed to act cooperatively, and program features not specifically found in either HRD or Title V were added (e.g. medical assistance, child care assistance and financial incentive). As a part of the WIN package, a "freeze" was placed on the number of AFDC recipients for whom the Federal Government would share welfare costs with the states. The Federal Government cost sharing formula for WIN participation would be approximately 75 to 85 percent of the costs* in addition to the regular AFDC formula (reimbursement for 5/6 of the first \$18 monthly state payment for one child and 50 to 60 percent of the balance depending on per capita income in the state).

The bill, in order to reduce AFDC costs: (1) imposed a "freeze" on the number of recipients as mentioned above (which was later repealed after vigorous protests by the states); (2) made provision to encourage the care of dependent children in their own homes; (3) tightened the terms by which a father can participate in the AFDC (if permitted by the state plan); (4) added welfare-related law enforcement activities; (5) permitted dissemination of birth control services; and (6) forced certain classes of recipients to participate in the program under penalty of removal of their portion of the grant from the AFDC assistance roles.

Title IV (Sections 401 to 444 inclusive) of the 1967 Amendments to the Social Security Act, is composed of three parts: Part A - Aid to Families With Dependent Children; Part B - Child Welfare Services; and Part C - Work

*Seventy-five percent beginning in Fiscal year 1970.

Incentive Program for Recipients of Aid Under State Plan Approved Under Part A. The Title attempted to solve a long-standing national problem by incorporating assumptions and provisions which were in the first case optimistic, and in the second, undesirable or unworkable.

The Title:

- o Assumes full cooperation and coordination of the program efforts by state ES and Welfare agencies despite some traditional enmity which existed between the two agencies. For example, Section 402, clause 13 requires Welfare to produce a plan of service but this plan is not required to be coordinated with the ES-produced employability plan (Section 433 (b))
- o Assumes that involuntary referral of individuals to WIN will result in successful participation by that individual in WIN (Section 402 (19) (ii))
- o Assumes that any type of employment is acceptable employment (Section 402 (f)) etc. The act considers any legal employment which provides legal minimum wage to be beneficial to the client and his or her family. This does not provide the applicant the right to refuse what he considers to be demeaning or unsuitable work (unless the state has such protections).⁴
- o Assumes all states could comply with the timetable established to implement the WIN Program either legislatively or administratively.
- o Assumes that training mechanisms which had doubtful applicability would succeed with WIN clients (section 407 (b) (2) (B)).
- o Assumes that day care facilities existing are adequate and can be used by WIN.
- o Requires prompt referral of appropriate individuals to WIN without regard to WIN's readiness or ability to serve them. (Section 402 (19) (aa)).

* The BWTP guidelines, subsequently issued, take an opposing view and require suitable employment which does not lower the family's living standard.

- o Does not specifically exclude from participation in WIN mothers with a large number of children although participation might be uneconomic or undesirable for the welfare of the children. Thus a mother with eight children could be required to participate in the program even though eventual employment could probably not hope to cover self-paid child care costs, and might preclude her attending to her children's usual childhood illnesses without endangering her employment. Some agencies have relied on a special interpretation of Section 402 (19) (a)(VII) to exclude such individuals from the program--but others have not.
- o Does not specifically provide for medical examinations.
- o Does not enable day care funds to be used in buying private day care services up to Title IV standards (Section 420-426).
- o Provides (402(8)(A)) for income discounts (the "30-and-a-third" provision) which were ruled invalid for men who work, because of other aspects of the legislation which disallow any supplements to men who work over 35 hours a week (or less at the state's discretion).

The legislation was subsequently clarified by interim policy statements of the Department of Health, Education and Welfare. These were later changed, amended and codified by adding a new Part 220 to Chapter II of Title 45 of the Code of Federal Regulations. These regulations extended the enabling legislation by specifying, in detail, operational features of the program and by outlining a system for the WIN process from assessment to termination.

Title IV called for specific services. The Title:

- o Detailed procedures for the development of service plans with employment objectives and the necessity for rapid screening of the caseload. These provisions were used by several states as the basis for the development of service plans for the entire caseload by July 1969, and the subsequent referral of all eligible persons to WIN. The number of referrals inundated the program and the service plans--when they did, in fact, call out some employment goal--resulted in enrollee bias for employment objectives which ES counselors thought unrealistic. Needless friction between welfare caseworkers and ES counselors resulted.

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- o Specified that: "Child care services, including in-home and out-of-home services, must be available or provided to all persons referred to and enrolled in the Work Incentive Program...Such care must be suitable for the individual child and the parents must be involved and agree to the type of care provided." This statement was not clarified as to how this would be accomplished, and the HEW guidelines which were even stronger in requiring child care (a mother is not to be referred to the Work Incentive Program unless and until adequate child care arrangements are available) only offered general guidelines as to how services might be provided. The legislation was not only vague on how service might be procured, but also did not allow the use of Federal funds for the development of day care facilities. The result was a strong requirement for child care which was peremptory in nature and which could not be met in the majority of WIN projects. States, as a result, simply ignored the requirement. Most programs are run in violation of Section 20.18 of the Federal Regulations and Section 44.3 of the HEW guidelines, if they are strictly interpreted.
- o Set up mechanisms for payment which could not be readily adopted by states and counties (computer facilities in two areas had to be abandoned and accounting and payment processed manually).
- o Called for medical examinations for all persons referred to WIN (220.35 (11)) despite the fact that facilities and procedures simply did not exist in many areas to comply with provisions.
- o Urged states to provide restorative medical services directly related to the participant's employability, utilizing all available resources such as the vocational rehabilitation and Title XIX programs. Such services include the provisions of items such as eyeglasses, hearing aids, cosmetic dentistry, and similar services. Little evidence was found of this in WIN since states were only urged to make use of services found elsewhere.

Neither the legislation nor the subsequent codification was sufficient to demand an integrated set of services meeting WIN enrollee needs. In the areas of child care, medicals and remedial medication, and payments, little direct program guidance was available and the provisions were either skirted or ignored in many cases. The guidelines, while further clarifying certain

provisions, were considered in many areas as only guidelines, cited as "requirements" were convenient and ignored where not.*

A.2 GUIDELINES

Within the period of the evaluation, guidance to regional, state and local welfare and employment Service agencies was provided in documented form. A Program Letter (#2380, May 22, 1968) from the Department of Labor provided for State Employment Security Agencies the concept, intent, and specific program features. The Work Incentive Program handbook, (WTP Manual) was published and generally available at the local level by August 1968.

The Department of HEW also provided WIN Program Guidelines in the form of an interim document Interim Guidelines Work Incentive Program, in July 1968. However, the availability to state and local Welfare agencies was restricted due to the draft nature of the document. Local agencies in cities where early evaluation visits were conducted, were found to be relying on state-generated program memoranda and the WTP Manual well into the second calendar quarter of 1969. The publication by HEW of Guidelines... Work Incentive Program in July of 1969 resulted in clarified and expanded interpretation of state and local welfare responsibilities in the WIN Program.

A.2.1 Local Guidelines: Features and Impact

The Work Incentive Program handbook is a generally comprehensive statement of WIN Program standards, operations and record keeping (including fiscal reporting), concepts, and procedures. The document provides a relatively clear statement of a program designed to lead the client through components of work-related experience and training to successful employment. It further provides an understandable view of the "team concept" with guidance for staff complement and qualification. The qualification criteria are stated

*One project went so far as to forbid state employees in WIN to read the Federal Guidelines. Another state, in its regulations, stated that they took precedence over the Federal Guidelines.

in terms of job-performance requirements with credential criteria left to state merit systems. In staff training guidelines, state and local agencies are put on notice to include specific provision for regular and scheduled attention to team training in inter-personal relations and group dynamics as well as duties and professional skill training. Additional standards relate to eligibility categories and priority of referrals. The inclusion of these items is particularly important since the timing of the manual made it the only national statement available at the operating level of the program. As will be discussed in subsequent paragraphs, these items dealing with client referral priorities and eligibility, proved a source of program operation confusion.

In the section of the WIN Handbook relating to program operation (Section 5) a considerable amount of detail is provided for understanding features necessary to relate program components to the program objective. Statements regarding compulsory or punitive procedures are generally objectified statements of similar provisions of enabling legislation. There are provisions for enrollee grievance procedures.

Sections 6 and 8 provide examples of program models and agreements needed to establish program operations. The models described in Section 6 understandably lack relevance to many specific state and local situations; however, they do provide a sense of the variability of operation which is possible under the program.

The requirements and features of state, national and local delegate agencies exemplified in Section 8 are particularly important. They provide much of the detail necessary for the state and local agencies to initiate and implement critical aspects of an operating work and training component.

Perhaps the greatest deficiency of the Work Incentive Program Handbook is the lack of guidance in the area of planning. While references to planning needs and requirements are scattered throughout the document, items of considerable importance to the cooperative relationship with other agencies (particularly Welfare Agencies) are given slight treatment. Some of these items are:

- o Guidelines for joint budget and program component planning at the state level between Welfare and Employment Service agencies.

- o Guidelines for establishment of working relationship with other community and state agencies which can supply operational supplementary programs.
- o Sources and adjustments of labor market statistics procedures to provide the local sponsors with information more specifically related to the clients of WIN.
- o Additional explanation of complex features, such as 30-1/3 provisions and special work projects.

The DoL Guidelines were timely and important in the development of the WIN Program. The Work Incentive Program Handbook was distributed early enough to provide the majority of eligible participating states with the basic information on the objectives, limits, and mechanics for establishing an operable program. Equally important, the guidelines provided standards from which regional Manpower Administration staff could develop and provide consistent technical assistance to local agencies during implementation.

A.2.2 ILW Guidelines: Features

As previously noted, HEW Guidelines appeared in the form of a limited draft in July 1968. Basic features of the Interim Guidelines - Work Incentive Program include:

- o explanation of categories of enrollees
- o priority of referrals
- o state responsibilities, including appropriateness definition planning guidelines, assessment requirements, pre-referral medical and child care service, and scope of continuing supportive service.
- o description of referral priorities
- o description of agency recourse in case of refusal to participate
- o description of Federal financial program support
- o tentative record and reporting instruments and procedures.

Throughout the HEW Interim Guidelines reference is made to the state's responsibility for creating a specific plan to carry out its portion of the WIN

Program. There is, however, relatively little guidance in terms of minimal acceptable features of such plans. Areas of concern -- such as status of welfare responsibilities for the WIN enrollee when eligibility for AFDC is denied or removed, cooperative budget generation for state plans, and the role of the required family service plan to the WIN enrollee -- are covered only in very general terms, leaving much to the imagination of state and local agencies.

There are attempts to temper some of the more controversial features of the referral and selection process by statements of preference for voluntary participation:

It would be acceptable, and in fact desirable, for states to make referral voluntary for mothers of young children, and perhaps for those with older children who express a strong feeling that they are needed at home to take care of the children. (HEW Guidelines, page 14).

One section of "Interim Guidelines" provides two versions of the guidelines for "Use of Community Resources." Both versions tend to be quite general, calling for reviews of agreements, describing possible use of supplementary services, and calling attention to joint-planning areas.

The impact of HEW Guidelines is hard to assess. Evaluation visits found the guidelines rarely available at the local level. Lack of guidance on the role of medical and child care prereferral services and the scope of continuing services were the sources of much confusion.

A.2.3 Conflicts in Guidelines

DoL and HEW Guidelines contain some differences of interpretation which further indicate a need for a cooperatively developed document. The major differences are:

1. Interpretation of the 30-and-1/3 provision for income disregard.

DoL guidelines apparently interpret the 30-and-1/3 provision of the enabling legislation as being applicable only to those WIN enrollees participating in OJT. HEW guidelines, while not specifically addressing the effect of the provision,

emphasize that enrollment in the OJT component is to be considered training. The conflicts in the legislative provisions which cause the 30-and-1/3 provision to be disallowed for men working over thirty-five hours a week are covered only once: "The [Priority 1 Referral] is subject to the policy on the unemployed father. However, unemployed fathers placed in on-the-job training under Priority 1 are not defined as being employed even though their work-training experience is in excess of thirty-five hours a week. These fathers are considered to be in training."

2. Priority of Referral

DoL Guidelines separate AFDC unemployed fathers who are in CWT or Title V projects from other AFDC unemployed individuals: HEW Guidelines make no priority distinction between these groups. Priority 3 in HEW Guidelines and priority 4 in DoL Guidelines vary by the inclusion of essential persons over 16 in the HEW version.

3. Good Cause Interpretation

HEW Guidelines refer, in discussing the responsibilities of the manpower agency, to the refusal "to accept a bonafide offer of employment in which he (the enrollee) is able to engage...". DoL Guidelines provide more specific policies (412 (e)) as to the determination of what is considered reasonable cause for refusal including items (412 (e) and (n)) which deal with possible effects on family economic and social well-being. Effort to clarify these positions consistently in both guidelines is needed.

4. Cooperative Planning and Operation

HEW and DoL Guidelines make a plea for cooperative program planning and operation, but lack specificity as to areas and examples of such activities.

The need for joint guidelines is evident. Additional expansion of the operational models and process guidelines is needed for the assessment referral, supporting services and planning requirements of the entire WIN Program. The development of joint guidelines would have the added advantage of becoming a more-readily-usable document for operational staff.

A.3 STATE LAWS AND STATE CIVIL SERVICE

WIN is not exclusively a federal program; it entails matching requirements from states, and there are numerous other laws, operating at various levels of government, which affect it.

A.3.1 Funding

Because of the matching funds problem, WIN was delayed in many areas while county or state legislatures worked on allocating funds for WIN or transferring payment sources, as between the states and counties. Considerable confusion followed, particularly at the program level. In many states, of course, WIN was not started in the first eligible year because of transfer of fund restrictions (pertaining particularly to the use of funds for special work projects), and even in the mandatory year some states did not enact the necessary legislation. In a few areas, WIN slots were restricted by limits in local funds. In one state, the governor waged a campaign against increasing the size of the program.

A.3.2 Other Restrictions

A variety of local and state procedures and laws had to be dealt with in many areas before WIN could provide all its intended services. In many cases, the program was many months old before the resolution between the program requirements and local and state provisions were made.

The most troublesome areas were child care and education. For numerous different and sometimes bewildering reasons, child care payments could not be made in some states until months after the program's inception. This, of course, delayed the program for most female applicants. In a few areas, some local restrictions still remain, greatly limiting the program's benefits for many mothers. In some states, for example, payments may only go to a vendor--not to the mother--with the result that the consumer of the service has no control over the child care provider, and cannot even get her paid on time (see Paragraph B.2.5.3). (There are, of course, more serious impediments to the development of effective WIN child care, and these are discussed in Section B).

The procedures for obtaining components often conflicted with existing processes and regulations which, in some projects, made it virtually impossible to contract WIN training to private schools. In several areas, the removal of restrictions on contracting to private institutions did not occur until FY 1970.

A.3.3 Civil Service Problems

The staffing of the WIN projects was hampered by civil service procedures in many states. Seniority provisions often required that persons with seniority be given preference for the new program--even though they might be poorly qualified to work with welfare recipients or disadvantaged applicants. This problem was particularly felt at the management level, and some states went to considerable pains to shunt off persons they felt were inappropriate to the sidelines of the program, when the civil service procedure made it impossible to avoid making them part of the WIN staff.

The job descriptions, lists, and qualification indices are generally not suitable for obtaining the type of individual best suited to working with disadvantaged welfare recipients, and many new employees were not what the program really needed. The qualifications in most states for counselor require only a college degree with credits in a behavioral science, though the counselor will have to handle vocational problems, and work with minority group applicants--with whom he may never have come in contact prior to the program. Requirements for coaches also varied, and too often did not provide any incentive. Promotion, regardless of ability, was often impossible because of college degree requirements. Salary levels were low, and encouraged turnover, particularly by the counselors with a few years' experience who could find more lucrative positions elsewhere. Moreover, state employees often complain of being required to be civil servants first, and professionals second. Since professional abilities are needed for the success of programs such as WIN, greater emphasis must be given to these qualities in the procurement, job descriptions, and subsequent evaluation of personnel.

A.4 IMPLEMENTATION OF THE WIN PROGRAM

Discussion of the WIN Program implementation and start-up problems and results should be viewed from the perspective of the conditions of similar manpower training programs during their transition from legislation to operation. Too many programs simply reacted to a vague concept of a program. They had too little knowledge, skill, or time for transition planning. The resultant problems manifested themselves in a variety of areas:

- o staff selection and training
- o coordination between operating agencies at all levels of government
- o interpretation of objectives to operational process
- o organization and program structure
- o coordination with community resources
- o program activity phasing.

In this respect, WIN Program implementation and start-up activities were not unlike other national manpower efforts, save for the legislative mandate for joint-program responsibility between HEW and DoL.

Although the evaluation was primarily directed at determining the efficacy of the results of start-up for the local WIN projects covered, the timing of the evaluation visits provided considerable exposure to projects still experiencing the effects of start-up activities. The following paragraphs will outline some of the major resulting program features and problems.

A.4.1 Welfare Agencies: WIN Program Implementation

Local Welfare agencies were, for the most part, victims of lack of preparation and planning for the advent of WIN. A variety of external factors were among the causes of the difficulties encountered. These included:

- o Reorganization of Welfare agencies' service concepts and structures. In some areas, for example, a shift was under way from conventional eligibility determination to a system

in which the client attests to his own eligibility. In others, the entire welfare caseload was being re-evaluated for eligibility; this was sometimes in response to local controversy about alleged "chislers" on relief rolls. In one site, the entire Welfare Department was undergoing reorganization.

- o State Financial Constraints - Several states in which WIN projects were initiated had just undergone or were preparing for welfare budget cuts.
- o Staff turnover and understaffing - In only two of the evaluation sites (one southeastern city and one midwest county program) were welfare caseworker staff at the allotted level. In several sites across the country turnover and/or unfilled slots accounted for rates of up to 80% of staff vacancies.
- o Large scale case screening - Entire area AFDC caseloads were under mandate (sometimes complicated by state interpretation of target dates) screened for appropriateness even when allotted WIN openings were less than ten percent of the possible referrals.
- o Lack of clear guidance - HEW Guidelines were, as pointed out earlier, generally unavailable to local staff. Over one-third of the sites were operating under state guidelines on referral priorities at variation with Federal guidelines.
- o Phase-out activities - Many of the sites visited had previously been involved in the Title V and CWT projects and were thus under mandate to dismantle these programs.*
- o Child care guidance and resources - Guidelines relative to child care were generally missing at the local level. Many communities visited had little knowledge of, or resources for, child care.
- o Lack of established coordination links with DoL Employment Service agencies - It was evident that state and local (and even regional) agency coordination was lacking in well over half the sites visited. This is not to say that staff-to-staff communication wasn't evident; in many sites where Title V staff assumed WIN staff positions, barriers to coordination were decreased. However, structured communication links were often more a result of start-up necessity

*This produced additional friction as well. Many local Welfare agencies felt their Title V projects were successful, and objected to "losing" them to the Employment Service, an agency which many staff felt was incapable of working with welfare clients. The result varied from wait-and-see through studied non-cooperation.

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than the result of clear, pre-existing administrative relationships. In several site visits, evaluation "kick-off" meetings were void of local HEW staff. At almost all sites, welfare caseworkers involved in referral and selection were found to be lacking in knowledge about process and general WIN program features of the Employment Service operations.

Consequently, the implementation of the WIN program resulted in considerable variation in Welfare agency processes and structure. For example, of the twenty-three sites evaluated, nine Welfare agencies had created what can be termed a WIN/WEL unit;* six had appointed local coordinators and six had Welfare WIN responsibilities vested in the AFDC caseworkers. Two agencies had partial WIN/WEL units; that is, either the selection and pre-referral services or continuing services were the responsibility of the special unit. Although the internal structure of the WIN/WEL units encountered varies, the process is similar. Usually caseworkers make paper determination of eligibility and appropriateness and send casework folders, client and/or both to the WIN/WEL unit. This unit may then become responsible for final selection, pre-referral medical, child care arrangements and referral, or may be concerned only with continuing services.

There have been some problems associated with referral rate of these units. Specifically this occurs (as in the cases of a southern and a southeastern site) when the units assume full-case responsibility prior to appropriateness determination. There is a tendency for the regular caseworkers to refer cases less discriminately (particularly when start-up pressure for numbers abounded) causing the WIN/WEL unit to become jammed with full family services for referrees and especially difficult pre-referral cases. Some sites had not reached planned enrollment levels for this reason. In a midwestern city, as well as some others, the WIN/WEL unit was complemented with a specialized unit of child-care caseworkers.

*A WIN/WEL unit is a group of AFDC caseworkers whose caseload and operation are restricted to WIN potential and actual enrollees. In some cases, separate intake and supportive services functions were part of the unit structure.

WIN/WEL units seem ideally suited for large-city WIN programs. They offer these advantages:

- o better coordination among caseworkers assigned to WIN enrollees and prospective enrollees
- o more carefully coordinated referral rates
- o more consistent determination of appropriateness for referral, particularly in those WIN/WEL units separating selection and pre-referral services for continuing services
- o more consistent and adequate ongoing supportive services
- o better and more consistent interpretation of the features of the WIN program to the client.

In some projects, even where no specialized WIN/WEL unit was in existence, a unit (or individual) in the Welfare agency was assigned specific responsibility for liaison with the Employment Service WIN teams. While this was generally found to be a useful procedure, in one midwestern site the "liaison unit" had become over-formalized (with communication required in writing, and caseworkers forbidden to contact WIN team members directly). As a result, it was considered to be more of a barrier to communication than an asset.

In general, it was found that WIN projects benefit substantially from situations in which informal communication between welfare staff and manpower agency staff is encouraged and freely used. A "liaison unit" can be helpful in interpreting agency guidelines and procedures, and in ironing out misunderstandings, but cannot substitute for the WIN team's being able to obtain information quickly and informally on enrollees from the enrollees' caseworkers.

Both staff turnover and lack of effective coordination contributed to project difficulties; this was evident in the referral process. In nine of the twenty-three sites, state and local guidelines on priority of referrals were found to be at variance with Federal guidelines. (At least one site, a midwestern county program, was using subjective evaluation based on predictions of welfare clients' behavior (including "morals") as a normal part of the pre-referral screening process.) Thirteen of the twenty-three sites encountered

were characterized as displaying open differences on referral and selection determination as well as general lack of a working relationship between welfare and manpower agencies.

Among those local agencies found to have adequate coordination, the most effective base of coordination occurred where former Title V staff became members of the Employment Service WIN teams and administration. Even in these agencies, however, knowledge of WIN program purpose, intent, and features at the caseworker level was rarely more than familiarity with the paperwork involved in referral.

The child care and medical pre-referral services, at a local level, seemed particularly paralyzed. Fourteen of twenty-two sites where child care services were required could not provide even moderate service for clients. In the vast majority of the sites, child care arrangements were in effect the responsibility of the client during the early months of the program.

Physical examinations were also a source of confusion in many sites. Practices ranged from having the caseworker make a cursory determination of the client's fitness to participate, to a thorough physical examination by a doctor chosen by the client himself. At those sites where payment systems were already taxed, the WIN program requirements often caused complete breakdown during start-up. Frequent changes of client status, particularly inter-component holding and unresolved difference of the definition of component participation subject to additional expense calculation, continually caused payment structures to penalize clients. In one southern city, however, a system for county authorization and distribution of first payment of Category II participation expenses and immediate single-time needs was found easing burdens on the state systems.

Finally, in the evaluation sites there was a general lack of sufficient time and activity related to planning for the referral process and associated service. The five sites (one mideastern city, two midwestern cities, a southeastern city and a midwestern area program) where implementation was coupled with a deliberate detailed-planning process by local agencies, evidence of smoother program features and operations was found.

A.4.2 Manpower Agencies: WIN Program Implementation

Implementation of the WIN Program by state and local manpower agencies is characterized by many variations in operating program structure and process. Among conditions which facilitated implementation were:

- o Adequate financing (for extended program scope) for space, staff and program component contracting
- o Local agency experience in training component generation
- o Clear guidelines for staffing and program features
- o Opportunity to establish new organizational entities to operate WIN
- o Opportunity to establish local procedures for WIN relatively free of pre-established, conflicting policies of enrollee participation
- o Established relationship with other manpower programs such as CEP, NYC, and MDTA
- o Opportunity to establish full range of client services under one program.

While the conditions listed provided a more favorable start-up effort than was generally applicable to the Welfare agencies, the WIN Program brought several new concepts of operation into Employment Service agencies. Chief among these was the team concept calling for the juxtaposition of specialists (counselor, work and training specialist, manpower specialist and coach) for concentrated efforts in behalf of a controlled number of enrollees. Of the twenty-three sites in the evaluation, eight sites (including two sites with partial team implementation and two small county or state programs) had adopted WIN organizations specifically excluding team operations. Interestingly, of the four remaining sites without team operation, all were in cities of over 100,000 population and two were in cities (West Coast) with populations over 500,000 -- exactly those areas in which the team concept has its greatest potential.*

*One city subsequently introduced a modified WIN team, eight months after beginning operation.

Of the fifteen remaining sites with team staffing, twelve were found to have staffing and/or functional assignment variations from those envisioned by the DoL Guidelines. Among the more common variations in staffing were (1) teams with second counselors acting in the capacity of counselors and work and training specialists; (2) absence of manpower specialists; (3) counselors with the full team functional duties; and (4) coaches serving several teams or an entire program. In fact, only four of the twenty-three sites could be said to be fully consistent with DoL Guidelines for suggested staffing and functional assignment (two large metropolitan East Coast cities and two small eastern-area programs).

The variation in adoption of team operations for the WIN Program can be tracked to overriding pressures of start up:

1. The restrictions in civil service procedure were sometimes interpreted as forbidding team structure because of problems in supervision.
2. The timing of funding and lack of consistent planning guidelines caused many regions to accept state plans with built-in divergence from the guidelines regarding team staffing. In one midwestern state and in two western states, plans were accepted in order to get operations started, even though regional staff displayed open reservations on the efficacy of alternatives to team structure. Further, such plans seem to have been accepted with the thought of adjusting operations at a later funding and plan submission date.
3. Reinterpretation of the team concept was sometimes done by state agencies. In one West Coast state, WIN guidelines were rewritten to provide for a statewide program. In the large metropolitan area covered by the state plan local staff had begun pressures for more team-oriented operations.

The result of the implementation of the team concept thus varies from counselors having complete team functions with little assistance in the critical areas of individualized work and training plans, job development, and follow up, to fully operational teams with varying degrees of functional expertise available to the client.

Component availability for participants in thirteen of the twenty-three sites was considered inadequate or seriously sparse. Lack of knowledge of the potential enrollee characteristics, cumbersome and lengthy state contract approval procedures and lack of staff experience and/or training contributed to this condition. In nearly all sites, WIN QJT was nonexistent in spite of its advantages for individualized training and guaranteed placement generally unavailable in other manpower programs. Even when adequate component availability was achieved, few sites demonstrated any establishment of criteria for selecting or monitoring the content and conduct of contracted elements. There was a general lack of state guidance on the establishment of training components with considerable confusion as to where the authority and responsibility for contracted component approval and monitoring should rest. One mid-east coast city, one midwestern city and West Coast city where work and training components were plentiful and relevant to the client population had given special attention to using the expertise of the work and training specialists to establish the components. These sites had created special plans at a program level (as contrasted to team level) and had virtual local authority to commit the agencies to contract arrangements. In one West Coast site, state personnel had been specifically assigned to the task of setting up work and training sites.

Although the follow-up component was less critical during the WIN Program implementation, it was usually interpreted by team staff as periodic employer contact by phone. This interpretation may be a reflection of mainstream employment service operations. Few sites, even on revisits, showed adequate procedures for service of clients during employment follow up. One mid-east coast city, however, did have scheduled follow up with client contact as the major focus of the component. Work and training components availability will remain a problem to the WIN Program even after the WIN implementation period unless the operational planning cycle and planning guidelines are more carefully delineated.

While largely untested during the implementation period, the job development and placement component also provided some problems to early WIN program operation in the sites visited. One problem in evidence throughout the evaluation period was the lack of labor market information specific enough for local WIN operations to use as a guide for program planning decisions or job development functions. In the mid-east coast city cited above, the job development was approached at a program level with staff planning and guidance, providing a coordinated effort to achieve viable job alternatives for clients. Such exemplary operation was an exception (a similar effort was beginning in a smaller southeastern site).

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SECTION B. WELFARE: ASSESSMENT THROUGH TERMINATION

The Work Incentive Program begins and ends with Welfare. In many ways the services which must be provided by the State Departments of Welfare are more critical than the WIN components themselves. Yet, too often this is not recognized. Even the NEW Guidelines seem to imply that the Welfare offices have only a peripheral role in the program:

It is the responsibility of the State Welfare agency to see that persons 16 years of age and over on AFDC are screened to determine if they are appropriate for referral to the Work Incentive Program, that referrals are made, that assistance payments are made as indicated, that pre-referral services are made available to individuals engaged in Work Incentive Program activities.

The way in which this responsibility is met, or can be met considering staffing problems in most Departments of Welfare, and lack of available resources, is a key determining factor to the success or failure of WIN, and is the subject of this section.

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B.1 THE RELATIONSHIP OF WELFARE TO WIN

Before discussing the specific functions performed by the Departments of Welfare, it is necessary to understand the relationship of Welfare to the WIN Program. WIN, officially and in spirit, is an inter-agency program. But, an impartial observer could hardly tell that after a brief trip to any project area. After a few official pronouncements by state and area managers about cooperation and integration of resources, a few passes into the field would quickly dispel any lingering belief that the two agencies were cooperating, and committed to bringing about a successful WIN program. Perhaps to have expected cooperation considering the circumstances under which WIN was founded was unrealistic.

WIN succeeded and supplanted the Welfare Departments' Title V programs, programs completely under their direction. With the creation of WIN, their funds, staff, and enthusiasm were transferred from Welfare to the Employment Service. Traditionally, Welfare always took a dim view of ES's efforts on the part of welfare clients, and the lingering animosity based on what Welfare considered previous bad experiences of welfare clients in ES offices suddenly had a focus, the WIN program.

Even without latent hostility to the program, the supposedly peripheral role assigned to Welfare would have produced problems. Welfare offices did not receive extra staff, funds, or units--as had the Employment Service-- and yet were expected to carry out the greatly increased work load produced by WIN despite already over-burdened staff and systems. Most offices had too few caseworkers and too much paperwork. WIN exacerbated the problem. Most offices could not provide adequate training to caseworkers and staff; could not screen cases by a uniform set of criteria; and could not assist clients to secure child care, medicals, and supportive services. Most offices were lucky to process even the required paperwork on time.

Payment systems which had been computerized no longer functioned because of WIN: manual payment forms had to be processed. Communication problems increased because of the new demands placed on the staff by the ES staff workers, usually requesting information about payment or complaining about late payment

to enrollees. Changes through WIN components had to be accompanied by changes in payment. And so on.

Despite this, operations were intended to continue as normal. Few areas funded the extra money for staff increases; there were usually freezes in staff in many areas because of funding problems. Due to turnover, some programs had staffs smaller after WIN than before it. In one area, staffing was so poor that WIN enrollees were not assigned caseworkers, they were "banked."

Finally, guidelines for Welfare were not generally available, and ongoing training was not provided to new caseworkers. The result was a very unclear and undefinable involvement of welfare in most programs. As will be brought out repeatedly throughout the discussions in this section, WIN must become a truly bi-agency program by the development of special staff functions in Welfare, just as they have been authorized in the Employment Service. Welfare staff must become more involved in the program--and this will probably mean an increase in staff. Caseworkers must have enough time available to adequately screen and advise their clients about WIN. They must be able to provide the continuing service the client requires, and most important, they should become as much members of the WIN team as the ES counselors. More friction has resulted from misunderstandings between caseworkers and counselors than is tolerable in a workable program. Moreover, the caseworkers have valuable knowledge about the client, and are familiar with specific welfare problems unknown to most ES staff. Their separation from the program is one of its main sources of weakness.

The problem is not only that of having the Departments of Welfare assume more responsibility in the program, but also that of giving due recognition to their importance in WIN. This should begin with joint guidelines, and joint area committees to direct the program. This must be coupled with the funds and staff needed to carry out Welfare's responsibility in the program. It is not enough to assume that somehow the Departments of Welfare can get the job done.

B.2 ASSESSMENT THROUGH TERMINATION

The welfare population is little understood. At the start of WIN there was little information available about the characteristics of persons on welfare. The AFDC 1967 and 1969 surveys had not been processed (this was recently accomplished*) and both the nature of applicants and their requirements were little understood, except in isolated instances.

Despite this, the massive WIN program began, and the first detection of what was required, what were the characteristics of the welfare population, who could and should benefit from WIN, and the nature of their problems only became apparent after assessment. Pre-planning was absent.

B.2.1 Assessment and Selection

Though the method of assessment and selection varies from project to project, it usually ends up with individual caseworkers screening their case-loads, according to some more-or-less understood net of eligibility criteria, and referring "eligible" cases to a central screening unit. The clients may or may not have had the program explained to them and may or may not have been properly screened to determine if they have barriers to enrollment.

B.2.1.1 The Caseworker and Assessment. The situation where a caseworker reviews all his cases in terms of a clear set of eligibility criteria for WIN, refers according to priorities, and services those cases temporarily ineligible because of correctable defects is almost non-existent. Most frequently, the caseworker makes the mandatory referrals and then usually selects volunteers from among those he is currently in contact with: the new cases and those in the process of being reassigned.

The effect is to make a fortuitous relationship between client and caseworker as much of a factor in screening and assessment as the guidelines and the eligibility requirements. Many persons who would be desirous of training

* AUERBACH Report 1628-TR-300-1.

are overlooked while the less suitable and less motivated are screened and referred. Only later in the screening process are the more motivated found, and by then slots may have been filled and they may have to wait for enrollment.

Most caseworkers know little about WIN, and what it can do and what it cannot. In many areas the caseworkers have never visited the WIN project itself. As a result, caseworkers do not usually discuss WIN in detail with their clients unless asked, and many times when they do discuss the program incorrect information is provided. Moreover, since the development of a service plan is a required part of the screening process, many clients--later referred to WIN--receive employment goals based on conversations with their caseworkers. ES counselors often feel that these goals are unrealistic, and object to having the caseworkers--whom they do not consider qualified to develop employment plans--bias their clients.

Caseworkers also have widely varying views about programs such as WIN and the desirability of having mothers with children referred to vocational programs. Depending on their viewpoint, they may bend in the direction of trying to refer either everyone or no one.

B.2.1.2 The Philosophy of the Department and Assessment. Assessment procedures depend not only on the varying views held by the caseworkers but also on the pressures they are under to refer, based on the philosophy of the local Department of Welfare. Different agencies have taken different positions on referral from referring everyone, regardless of the availability of ES components--citing the legislation as requiring this action--to coordinating referrals with available ES openings.

In the first case, caseworkers are usually under pressure by their supervisors to screen and refer rapidly practically everyone: in one program over fifty percent of the entire caseload had been referred to WIN during its first six months of operation. In fact, local interpretation accounts for a greater difference in determining how many and who will be referred than the characteristics of the population with respect to the Federal priorities. This is reflected in statistics on the number of non-suitable referrals cited by the Employment Service: it varies between under twenty percent for some areas to

as high as ninety percent for others. This range is broader than could be accounted for due to variations in the level of cooperation. Much of it reflects an inconsistent application of screening and assessment criteria.

B.2.1.3 The Priority Guidelines and Assessment. State referral priorities often deviate from the Federal guidelines. Categories are sometimes compressed, (one state recognizes only three categories: men, youths, mothers); sometimes call for simultaneous referrals of volunteers and non-volunteers (claiming that it makes no difference if Welfare follows the Federal guidelines as long as the ES does), and sometimes limit the screening process to men, youths and volunteer mothers.

Although each state has developed referral priorities in its guidelines, and most caseworkers have these guidelines at their disposals, priorities for other than mandatory unemployed fathers are not closely adhered to unless, of course, there are only three or four identified categories. Caseworkers seem to have developed their own criteria of appropriate characteristics, and these criteria are similar from state to state. Besides being free from mental emotional, and physical handicaps, and having few young children, the most eligible candidates are those who are motivated, interested, young, able to secure child care services, and have at least had some high school. Since interest and motivation tend to be given greater weight than the number or ages of children, caseworkers are at times referring those in lower priorities categories prior to referring those with higher priorities.

Even in those cases where some attempt is made to adhere to referral priorities, this attempt can have the desired result only if some centralized control is maintained. Caseworkers assess their caseloads at different speeds due to the differences in the caseloads.* Different speeds of assessment yield situations where some caseworkers may still be referring those in the initial priority groups while other caseworkers may already be referring those in the lower levels.

*Some caseloads are unserved for long periods, moreover, due to caseworker turnover.

B.2.1.4 Assessment and Screening as a "Creaming" Process. Because of the method of selecting candidates and the criteria used in making these selections, a "creaming" process is taking place. The WIN candidates tend to be easier to work with than the regular ADC clients. This is clearly illustrated in the following statistics, which show that though the program has a far greater percentage of males than the 1969 AFDC caseload, and though males are more poorly educated than females, the WIN enrollees are educationally superior to even the female AFDC recipients. There is also a bias in favor of white enrollees.

Comparison Between Welfare Recipients and WIN Enrollees

<u>1969 AFDC Data</u>		<u>1969 Fiscal Year</u>
<u>Sex</u>	<u>Percentage</u>	<u>WIN Enrollees</u>
		<u>Percentage</u>
Male	Under 10	40
Female	Over 90	60
 <u>Race</u>		
White	48.5	56
Other Races	46.7	44
Unknown	4.8	
 <u>Education</u>		
	<u>Male</u>	<u>Female</u>
8th or less	66	37.5
9th thru 11th	21	37.0
12th and over	13	23.5
		31
		41
		29

Although these data show that WIN enrollees are "better" than the average AFDC case, some highly inappropriate individuals were referred to the program. This usually happened at the beginning of the program when there was a great deal of pressure to refer and uncertainty and confusion about WIN. The emphasis was on the number being referred rather than on the characteristics of

those referred. Because of this, some of those physically unfit for work, some categorically ineligible for the WIN program (non-AFDC recipients), some who were already working, and even some who were dead were referred. As the pressure for referrals has decreased, less of these grossly inappropriate referrals were made. But there are still problems and inequities.

B.2.1.5 The Special Problem of Youth. There are some highly motivated candidates for the program who are either not being referred or are ineligible for referral. The youth group which is a mandatory referral category is frequently overlooked. There are a number of reasons for the low referral rates from this group. Some caseworkers view WIN as an adult program and simply are not aware that the youth ADC grant will lapse unless the youth is enrolled in the program before his eighteenth birthday. Even when this is recognized by caseworkers, and efforts are made to get youths referred and enrolled, backlogs in WIN enrollments actually prevent youth from entering the program within the three-month qualifying period. Thus, in some cases, funds have been terminated for AFDC merely because the youth was unable to enter the program within the allowable time period, through no fault of his own. Fortunately, in some cases where such backlogs exist, caseworkers are able to refer youth to other programs.

In at least one program, referral of youth was a centralized transaction outside of the caseworkers' jurisdiction. In this program, the information supplied to the youth was minimal, contact was entirely through the mail, and follow-up procedures were non-existent. Youth were not being made aware that their portion of the family's grant could be maintained only if they entered training.

B.2.1.6 Mothers with Pre-School Children. Mothers with pre-schoolers were infrequently referred to those programs where priorities were closely followed. Although these women had more of the qualities which made them appropriate for the WIN program, according to social workers' reports, than mothers with school age children (they were younger, better educated, more interested, and more highly motivated), they had less chance of entering the program due to their low priorities. Social workers emphasized the value of referring those clients more rapidly since many had not yet become accustomed to the welfare system and were more adaptable than the older groups.

B.2.1.7 Summary of Assessment and Screening. The entire assessment and screening process needs to be controlled more carefully with a more uniform set of guidelines used in each area and adopted by each caseworker. In addition, basic information about criteria for being "employable," special problems of applicants, procedures to be followed, the nature of WIN, and so on must be provided during training session with all pertinent staff, particularly the caseworkers actually performing the screening and assessment.

A central screening division should assess the recommendations of caseworkers and should adjust priorities as required. Moreover, though referral and enrollment should in general be more in keeping with the suggested federal guidelines, special priorities should be available for highly motivated women in the volunteer groups. In some areas, women with pre-school children, in Priority V, are waiting behind thousands of women without pre-school children. These young and motivated women have little chance of receiving service. In addition, special action should be possible for youths. Far too many are having grants removed simply because no one gets to them before the grant expires and they become ineligible.

The problem of inadequate information about screening and referral procedures is not one that is being corrected with time. Though the rash of initial enrollments is over, and procedures have improved, the caseworkers' knowledge about the applicable regulations and benefits is, if anything, decreasing. The follow-up visits showed that caseworkers in many areas were less informed than at the beginning of the study, the main reason being the lack of a continuing training program, which should contain screening, referral, eligibility and benefits as an integral part.

B.2.2 Pre-Referral Services

The rules and regulations governing WIN and HEW Guidelines require the accomplishment of both medical examinations and valid child care plans prior to referring applicants to WIN. In general, these procedures are not followed. In some cases they are ignored in the rush to complete screening and assessment and to have the referrals passed on to the WIN. Though this attitude of passing the burden to the ES is undoubtedly responsible for the ignoring of services in some cases, more pragmatic reasons are more often at the source of the problem.

Enrollment in WIN is usually delayed. Even in programs having openings, long lapses are experienced between initial referral and enrollment in a component which authorizes the payment of child care benefits and allowances. Moreover, since many applicants have been returned as unsuitable, and many programs are so back-jammed that it may be months or years before those referred can even expect to be screened by the ES, most welfare offices see little reason for establishing child care plans when they may not be needed for months. Similarly, since the great percentage of those referred will never be enrolled in those areas which refer whether or not components are available, Welfare sees little need to have physical examinations conducted on clients. The result is that in large measure most programs are being run in violation of the pertinent provisions of the legislation and regulations requiring these pre-referral services. Some of the details involved in these procedures will be discussed in the following paragraphs.

B.2.2.1 Medical Examinations. A great deal of variation exists from state to state in the procedures followed in medical examinations. Some states do not require medicals and furnish them only at the request of the client, the social worker or the WIN staff. For example, the guidelines of one state read as follows:

Diagnostic Physical Examinations: The opportunity to have a diagnostic physical examination is to be made available to:

- 1) All those who have not yet been determined appropriate, where the examination will assist in this determination and adequate current information is not in the record and cannot be secured without cost to the Department.
- 2) All those who have been determined to be appropriate but where there may be medical limitations on their participation in employment or training and the examination will delineate those; when adequate current information is not in the case record and cannot be secured without cost to the Department.

When examinations are automatically furnished to all client -- which is rarely the case--none is conducted in a manner fully complying with the HEW guidelines: "the pre-referral medical findings (somatic and psychic), urinalysis, blood serology, hematology, chest x-ray, and current dental findings." Clinical tests are rarely made; in those instances where they are, they frequently are limited to blood tests and chest x-rays.

Many problems have arisen with medical examinations. They are best when an arrangement is made with a centrally located hospital or county employee examining facility. When arrangements have not been made with such facilities, clients often have difficulties in finding doctors. Many clients do not have family doctors and many private doctors refuse to perform such examinations for the offered rates (sometimes only \$10). As an aid to clients, some agencies supply them with lists of doctors willing to make these examinations. Other agencies state that they are unable to do this and leave clients to their own devices. In some cities, mandatory referrals uninterested in the program frequently postpone the medicals. Once the medical is obtained, there is another time lapse until the report is returned. This lag may be in excess of one month.

Often control over medicals rests with the regular caseworkers. Since some mandatory referrals have postponed their medicals to avoid entering the program, and some clients without family doctors may give up at this point, a centralized control is needed to keep track of pending medicals and to offer assistance where needed.

The present medicals are largely inadequate for measuring physical capabilities in the occupational system. WIN staff have their favorite "horror stories" about medical aspects of references. These include the certification of a totally paralyzed man as eligible for WIN, the failure of a medical form to specify that an applicant was a double amputee, and the classification of a woman with dizziness and fainting spells as "fully employable." In some instances the only information received by the WIN staff is that the client is medically certified as being able to work. Only later is it found that the person has a work-limiting handicap, making some forms of manual work impossible. In those projects where the complete medical is forwarded to the WIN

offices, no interpretation of the medical findings is provided, even when welfare has had to depend upon the services of DVR to interpret these reports. It seems advisable to make this same service available to the WIN staff; it would definitely aid them in devising employability plans

Improvements are also needed in medical forms. In many instances, only the most general physical information is supplied. The usefulness of this type of information is limited to separating the grossly disabled from the others. Though this might serve Welfare's purposes, it does not serve those of the WIN staff. More specific information is needed about clients' capabilities to function in different occupational areas. Certain forms, instead of providing a checklist of items, depend entirely on the doctor to write in all pertinent information. Many of these "write-in" forms are impossible to read.

B.2.2.2 Child Care Plans. Child care will be treated in detail in Paragraph B.3, but a few considerations about its parts in the pre-referral process are worth noting here. Paramount is the obvious paradox of trying to establish child care plans for all referred applicants, while referring applicants to WIN whether or not components are available. In addition, there are numerous other problems. First, caseworkers know little about WIN and even less about child care. Case histories have numerous notations about mothers stating they will be looking for work if they can find a plan for their children with indications such as: "If you get a plan and do start to work, be sure to let me know." It is unrealistic to assume that these same caseworkers, who traditionally left the responsibility for finding child care up to the mother, could become experts in assisting mothers to find quality and workable plans.

Second, since caseworkers know that their applicants might have long waits for enrollments, most ask mothers if they think they can obtain child care. If the answer is "yes", the mother enters the referral cycle, thus postponing the development of the plan until enrollment. This often results in discovering --during the enrollment process --that no suitable plan can be developed. Additional staff time is thereby wasted.

B.2.1 Referrals

According to the HEW Guidelines, Section 61.1, "the referral of individuals for participation in the Work Incentive Program shall be made promptly and in an orderly manner after determinations are made, and will not be delayed by reasons of the fact that there is no project activity under the Work Incentive Program to which the individuals referred can be assigned." In many instances, as mentioned earlier, this has been interpreted to mean that referrals should be made regardless of WIN's ability to handle these referrals. When the program was completely filled or there was a backlog of referrals, however, there was simply less pressure to refer and the number of referrals dwindled.

The policy of almost completely disregarding WIN's ability to handle referrals has resulted in serious backlogs. Such backlogs have serious results on the morale of both the caseworker and the client. Caseworkers usually attribute the fault for delay to WIN, increasing the friction between them and the program. Caseworkers will quite rightly resent procedures which are, to them, just "going through the motions" to satisfy legal requirements.

If applicants are on a waiting list for any length of time, their situation often changes: their babysitting plans may fall through, they may become ill or pregnant, they may lose interest in training, they may have to move or go off welfare. Since any of these elements could make the person inappropriate for the program, many on a waiting list become ineligible and the efforts the caseworker made processing the case for referral was needlessly expended.

An additional problem with the referral processes is the complete unsuitability of the present system of paperwork. The present referral forms, and the ones proposed in the HEW guidelines, lack essential items of information: employment history, education, and specific child care information. Rather than have separate referral and enrollment forms (the MA101) it would be better to have a single form which would continue with the applicant and contain all necessary information. Parts could be filled out by Welfare, forwarded to the ES, where it could be completed, and a copy returned to Welfare.

Other paperwork hinders the program operation; forms for the return of unsuitable applicants, requests for clarification of information, and change of component forms between ES and Welfare have created a veritable paperwork jungle. This paperwork has also engendered strife between the two agencies in some areas.

B.2.4 Communication Between Welfare and WIN

The degree and type of communication between Welfare and WIN differs from project to project, and depends partly on the size of the program and the structural arrangements adopted for processing referrals. While the welfare liaison people are in contact with both the WIN and Welfare staffs, caseworkers are often limited in their communication to liaison personnel. Only in smaller cities, or in those places where a WIN Welfare unit has assumed complete responsibility for the client, is there frequent direct communication between the WIN counselor and the caseworker. Unfortunately, even in these instances, contacts tend to be restricted to phone calls on problematic clients. Meetings are not being held between the two staffs at an operating level on problems which regularly arise -- such as difficulties with medicals, consideration of appropriate referrals, clients' attitudes toward specific training sites, etc. There is a definite need for frequent meetings between the WIN and Welfare staff so that problems can be dealt with before they assume major proportions.

B.2.5 Welfare Allowances and the WIN Incentive

The allowances the Welfare Departments grant clients to cover their expenses incurred while participating in the WIN program vary greatly from state to state. In some states, expenses are simply inadequate. At the other extreme, some states, besides furnishing funds for child care, transportation and lunch, provide a welfare incentive which may be used by the client as he wishes: to purchase clothes, to spend on easily prepared foods, etc.

In those projects where welfare funds were inadequate to cover costs, caseworkers frequently stated that the client received a WIN incentive allowance which could be used for these expenses. Thus, in those states where welfare

allocments are low, the WIN incentive is not actually functioning as an additional supplement, but is being used to cover expenses incurred from participating in the program.

In many of the projects evaluated, funds were not available prior to participating in the program. Clients often had to pay for transportation and lunch costs for the first two to four weeks of their training. When funds were made available, they were not made retroactive to the starting date. The client was forced to cover the initial costs of participating in the program. This same situation was sometimes repeated when the client was moved from holding to an active component.

In general, there are four essential WIN payments, three of which are made by Welfare: child care, the transportation and general needs allowance, and the thirty and one-third income disregard. The incentive payment is made by the Employment Service, but because of its relationship to the whole "lost-incentive" package, it is discussed below with the welfare payments.

B.2.5.1 Child Care Payments. The amount and manner of payment of child care allowance varies. In some cases, payments are made directly to the mother, in others they are paid to the vendor. While the vendor-payment form is generally not objectionable in the case of day care centers, the direct vendor payment for family day care and babysitting causes great problems for the mother. First, her normal prerogatives as a consumer are lost. She does not have the paycheck as her authority to monitor the service being provided to her own children. Second, her hands are tied with respect to getting the money to the vendor. Too often, the payments are late. In the case of some states, payments are processed only after the service has been provided, and even with normal delay it may be two weeks before the vendor is paid. Not many sitters or family day care mothers want to operate this way. Plans have broken down simply because payment could not be provided.*

This problem is particularly severe at the beginning of the plan when the sitter or person providing family day care and the mother are relatively new to one another. It is unreasonable to expect a new sitter to wait over one month for her first paycheck.

*Summary Table B-1 shows the extent of these problems as a part of the child care section.

In addition to the lateness and the form of payment, child care allowances in some states are inadequate. They are not competitive in local markets, and can only buy second-rate care rather than the quality care which should be available to provide for child development as well as guardianship care. In addition, some states do not pay for care by relatives and the majority of mothers find "free" day care -- care which does, however, cost the relative money and time. Some programs also know that mothers have inadequate plans, or are paying for non-approved and non-reimbursable service, but they ignore this rather than lose the enrollment.

B.2.5.2 Transportation and Other Allowances. As in the case of child care payments, transportation and other allowances vary. Some states provide adequate funds to cover most forms of transportation and extra expenses; others permit only one round-trip bus fare to the WIN center, not even paying for the extra trip the mother must make to leave her child in a child care facility. Another state does not pay for lunches which the applicant must eat, under the assumption that "she can brown bag it". In addition, since the transportation and other allowances are paid only while the applicant is enrolled in a training or other component, verification from the Employment Service usually must precede the institution of the payments. The communication and coordination problems between these agencies often mean that these payments are late, or completely overlooked.

B.2.5.3 The Thirty and One-Third Income Disregard. The thirty and one-third income disregard is obviously an incentive only to those persons to whom it applies. Though the WIN legislation does not specify that the thirty and one-third cannot be paid to men, a decision by the general counsel of HEW held that the existing AFDC-U regulations, forbidding supplements to males working over thirty-five hours a week or less at the state's discretion, applied to the income disallowance as well. Consequently, whereas women do have an incentive to accept employment, men do not.

In fact, for men with marginal skills and earning potential, they may have no choice but to leave their home rather than accept a salary which will

potentially lower the family's usable income.* When the father leaves the home, he can still obtain the same low-grade position. The mother then becomes eligible for welfare as the single family head of household, and can then enter WIN. The only result of the program will have been to break up one more AFDC family. It is essential that the same income incentives be allowed for male heads of households as for females.

B.2.5.4 The WIN Incentive. The WIN incentive, as mentioned earlier, is often used as an expense supplement rather than as an incentive payment. This diminishes its value in attracting people to the program and in keeping them in. Moreover, there is another problem associated with the third type of incentive.

To receive the payment, an enrollee must sign a statement, bi-monthly, certifying he is enrolled. Getting this to the enrollee is very difficult once he is no longer in the program offices proper. To have the statements signed at the component or enrollees' homes is difficult, and often results in "eligible" enrollees missing incentives. (One program has all enrollees return to the office on alternate Mondays to sign the form.) There is also an associated problem of payments continuing to de-facto drop-outs. Absentee logs are poorly maintained in many programs (see Paragraph C.3.5) with the result that persons can sign for payment even though they are not productively pursuing courses.

B.2.6 Non-Participation and Termination

No area of WIN has caused such confusion, nor proved so futile to implement, as the punitive revision called for in the legislation. Most departments did not understand to whom it applied, and in the early stages of the program tried to apply it to volunteers who later decided not to participate as well as to the mandated categories. Other programs were

* Though the DoL guidelines imply that males would not have to accept such positions, there are no legal restrictions against forcing an AFDC-U recipient to accept employment lowering his family's income or be removed from the grant.

even uncertain as to how to apply the action to the mandated referral groups. The source of the problem is the elaborate and unenforceable procedure called for.

Once the person is enrolled and the WIN program terminates him for refusal to participate without good cause, or if the referree refuses to participate, the Welfare Department is to establish, for a sixty-day period, counseling and a system of vendor or protective payments. First, the counseling cannot be provided. Many regular caseworkers stated that frequent counseling sessions with their caseloads was an impossibility. They usually saw the person once, or if they were lucky, twice a month. In only one program was a special counselor delegated the responsibility for doing counseling. In this case, counseling was more frequent, as well as more intensive. But even if counseling is provided, a second problem still prevents the provisions from being applied.

The use of a protection and vendor payment system is virtually unworkable. Few individuals are willing to accept the responsibility of being a protection payee. Vendor payments are not allowed in some states and they tend to place an added burden on the caseworker. Only one state, a rural one, applied the provision to any extent. In most areas, including the largest urban areas, the number of applicants who had their benefits legally removed was a minute portion of those referred, despite the fact that thousands of de facto refusals had occurred. In one area, for example, clients would not be placed on vendor or protective payments if they appealed. Since the WIN program had failed to establish an appeal committee, no punitive action could be taken against them.

Attempts of marginal legality to deal with de facto refusals have, however, been encountered in several programs. In several programs, after one or two more attempts to reach the client, welfare checks are held or the entire case is closed. The directives in one county, for example, indicate the following procedure should be followed:

When the caseworker is notified that an ADC-U father prior to enrollment failed to keep his appointment at

the WIN office, he must take immediate action to withhold the next ADC-U assistance warrant... Withheld warrants shall not be released unless the ADC-U father shows good cause for his failure to keep the appointment and/or he agrees to keep the next appointment he receives from the WIN office.

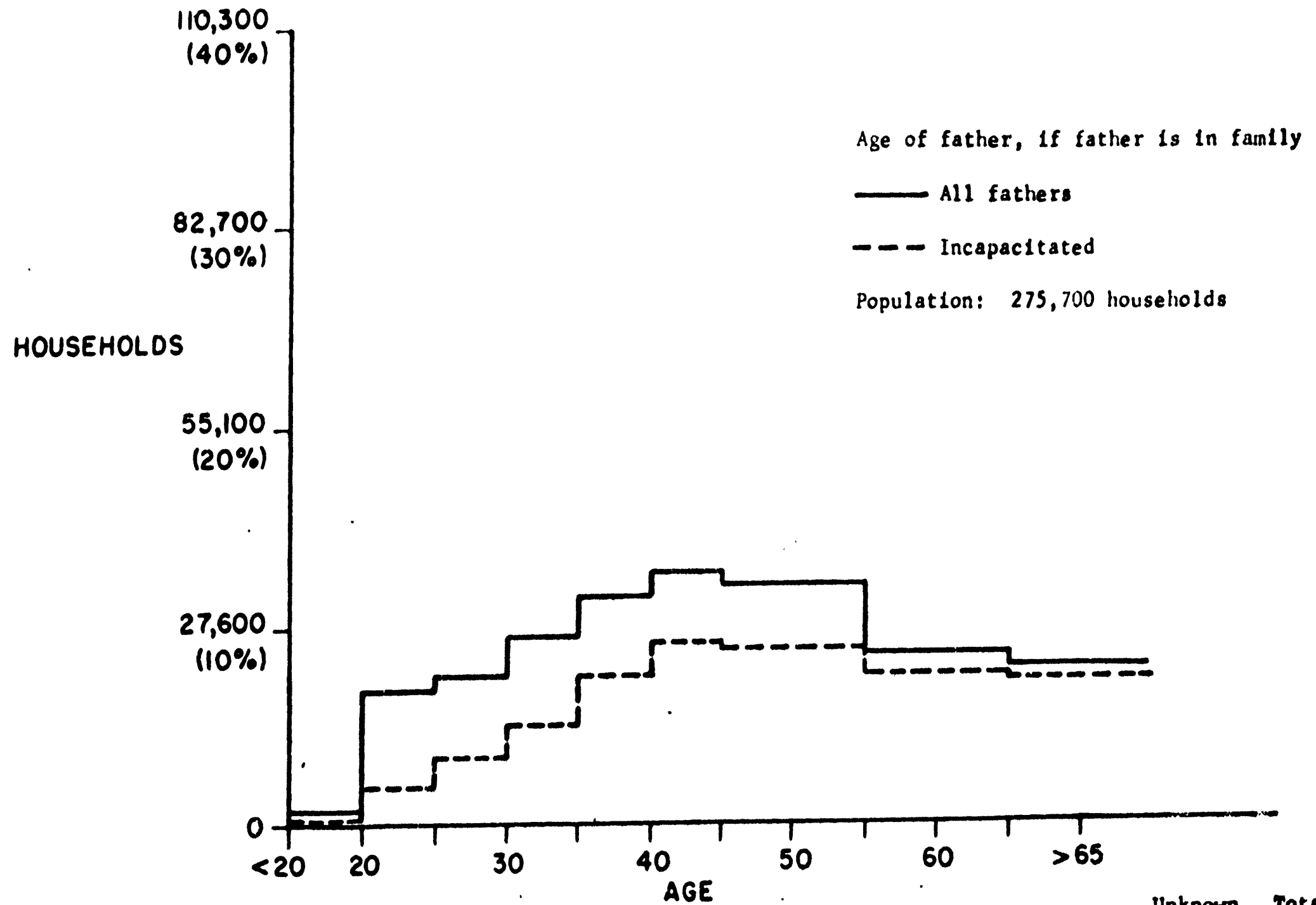
It would be advisable for welfare departments to be supplied with some guidance on how these refusals should be handled. Since the referral is mandatory, some means must be used to get the individual to obtain the medical and to appear at the WIN office. However, it is doubtful whether closing a person's case is really the best method, even if it is legal.

It seems that little would be lost by eliminating the punitive provisions altogether. There are far more volunteers for the program than there are slots. The number of men, who are heads of households and who can accept employment--notwithstanding the definition of AFDC-U recipients--is very small, only a few percent of the total households on welfare according to the 1969 AFDC survey, see Figure B-1.* Most men who are not incapacitated are job seekers, and the major reason so far observed for their refusal to participate in WIN, in many areas, was that it was interfering with their attempts to obtain jobs. Several placements accounted for by the program are, in fact, fathers who did not participate because of employment.

The majority of those men who refuse to participate, in the opinion of most staffs, are men with such severe emotional or even physical problems, that WIN would be of little benefit to them.

Therefore, it seems that about the only loss to be incurred by eliminating the punitive provisions would be the stigma presently attached to the program because of those provisions.

* The father is head of the family in 257,700 out of 1,681,000 households. Of these fathers, over seventy percent were determined to be incapacitated by their caseworkers.



	AGE										Unknown	Total
All	0.8	6.7	7.3	9.6	11.4	12.5	23.9	16.6	7.8	3.4	100.0%	
Incap.	0.2	11.9	3.6	5.1	7.4	9.1	17.8	15.2	7.5	2.5	70.2%	

Figure B-1. Distribution of AFDC Male Heads of Household (By Age and Incapacitation)

B.3 CHILD CARE

Child care cannot be thought of as little more than a supportive service available to WIN mothers. The answers to far reaching questions about child care, the working mother, the relative merits of parental versus out-of-home care, and the meaning of child development are tied to the nature and potential success of WIN. In addition, child care not only poses one of the thorniest problems to WIN mothers but also presents one of the basic paradoxes of WIN and AFDC: It costs more to provide "quality" day care to children than most states are willing to pay mothers to take care of their own children. Therefore, the commitment to WIN on a large scale may result in a transference of funds from the mothers to child care vendors with little reduction in actual costs, except for mothers with small families who can earn enough to offset the costs of the child care, or who can find care which will be less expensive to themselves and the state.

Yet, most states have apparently made a commitment to the concept that it is better to pay to have the mother work, than to pay the mother not to work. In many states, mothers can obtain allowances which will purchase most of the day care available, and supposedly, this liberal allowance--coupled to the availability of WIN training--could transform large numbers of AFDC recipients into working mothers. It is questionable if this will succeed and also meet the goal of the legislation:

... It is expected that the individuals participating in the program established under this part will acquire a sense of dignity, self-worth, and confidence which will flow from being recognized as a wage-earning member of society and that the example of a working adult in these families will have beneficial effects on the children in such families.

In the first place, it is not clear as to what the long range effects will be on children, removed from their parents, and placed in group care. People are still concerned with the value of providing day care. Health and education authorities are continually discussing the merits of all-day care,

because children growing up in groups are different from children who do not grow up in groups.* Young children who spend most of their time with a group of other children (and "day care" covers most of a young child's waking hours) learn to function in a group environment; they do not necessarily function equally well without the group. There is a possibility that "day care" and other full-time group facilities for children may develop too confining a group of children--children who are more comfortable in the group setting and who will find it difficult to function alone. The question is also asked: what's the difference between group care in a day care center and group care at home (meaning a family where there are many children)? First, most WIN families are not large groups.** Secondly, a group of children ranging many years in age is not similar to a group of children within the same span of years because children of different ages are at completely different skill levels and do not participate in the same activities together all day long. The relationship of a three-year-old to his siblings cannot be the same as his relationship to other three-year-olds in a day center by virtue of physical differences alone.

But even more essential than the conceptual question of group care, which is after all the same for mothers who presently work as for AFDC mothers who do not, is the question about the quality of care children may receive as a result of the WIN program. So long as the compulsory provisions are contained in the legislation, and there is even the possibility of compulsion, though it may not be specifically exercised, the Welfare Department must assume responsibility for the quality of care which children receive. This responsibility is clearly outlined in the HEW guidelines:

44.3 Planning for Child Care Arrangements - A mother is not to be referred to the Work Incentive Program unless and until adequate *** child care arrangements are available. The agency must therefore discuss with the mother the needs of her child and the facilities that are available.

* See, for example, "Children in Group Day Care, The Effect of a Dual Child-Rearing Environment," by Elizabeth Preston and Joan Harris, Welfare Planning Council, Los Angeles Research Report No. 20.

** The mode for the number of dependants in the AFDC household is one, and the median slightly over two; see Table B-2, Page B-42.

*** Our underline.

The mother should receive an orientation about the types of child care available so that she can carry her role more effectively...

- 46.1 Agency Considerations - The welfare agency must be prepared to furnish adequate* child care services for the children receiving AFDC whose mothers or other child care adults are engaged in training or employment through the Work Incentive Program. In fulfilling this obligation, it is desirable that a variety of methods of child care be available so that a suitable plan can be made for each child. In many localities this will necessitate planning for additional resources of all types--family day care homes, group day care homes, day care centers, homemaker services, and arrangements for the care of children by relatives, friends, and neighbors...

All types of child care used by the agency must meet applicable Federal and State requirements.

Day care facilities used for the care of children must be licensed by the State or approved as meeting the standards of such licensing and must comply with standards of the Federal Inter-Agency Day Care Requirements...

In-home types of child care must meet standards established by the State agency for such care - e.g., homemaker service, and care by relatives, friends or neighbors.

- 46.2 Parent Involvement - Early discussion with parents or parent groups as to the kind of care they would like for their children is recommended. This can be done in various ways, such as neighborhood discussion groups, block by block surveys in selected neighborhoods, meetings with representatives of client groups, and direct involvement of parents in the planning process.

Before referral to the Work Incentive Program,** welfare workers will confer with parents individually and in groups regarding available resources and assist them in choosing the type of care best suited to the needs of their children...

* Our underline.

** Our underline.

After the child is enrolled in a child care facility or program, there should be periodic discussion with the parent's evaluation of the plan. Mothers should be given opportunities to voice any worries or apprehensions about their children...

But there is considerable doubt as to the extent to which this responsibility is being exercised. National VOICP for Children, which is published monthly by the Day Care and Child Development Council of America, stated in its issue of June 1969:

From the very beginning, there has been concern that the WIN Program might result in a rash of second-rate, custodial day care programs. It seemed all too likely that the Congressional pressure to implement the manpower training aspect of the program would leave room for only secondary consideration to be given to the needs of children.

As of the end of the program's first year of operation, in June, it was still too early to know for sure how serious the problem of quality was going to be. Although some 85,000 children had received care as the result of WIN, over three-quarters of them were school age, and the main concern is over the quality of programs for pre-schoolers.

Further complicating the picture is the fact that no one (including either the regional or Washington offices of HEW) seems to have very much information on either the kinds or quality of children's services being offered under WIN. Reports flowing into the Council offices from around the country indicate a very mixed picture. In at least some communities, civic and professional leadership has rallied to work with public welfare officials in planning top-flight day care programs under WIN. In many others, however, children have been shoved into make-shift arrangements of doubtful quality.

Our own findings raise even more doubts about the extent to which WIN mothers may be benefiting themselves and their families through WIN. In the cities selected for the child care studies, slightly over two hundred mothers were interviewed to determine their need for child care, what they were told about child care, and how it was obtained. Our results show that not only did the overwhelming majority (eighty-eight percent) arrange their own plans, independent of welfare, but that most (eighty percent) were informed

by their caseworkers that it was their responsibility to do so. Even more discouraging is the fact that the majority of mothers (eighty-three percent) who were informed about child care by their caseworkers were left with the impression that they could make use of any service they wanted, approved services were not required.

That mothers were left to their own devices to secure plans, were told it was their responsibility to do so, and more important, that they were either told, or thought they were told, that any plan could be used, is in clear violation of the Title IV legislation, the Regulations under Section 226 of Chapter II of Title 45 of the Code of Federal Regulations, the Federal Inter-agency Family Care Standards, the HEW Guidelines, and a basic concern for the well being of the children -- the purpose of the legislation in the first place.

To say that most Departments of Welfare were simply not interested enough to accept the responsibility would be, however, a gross simplification. There are many reasons why the burden of both effort and responsibility has been shifted from the department to the mothers. These reasons include the inability of departments, because of staffing, to provide the assistance called for; the lack of facilities, making such attempts futile; and the desire of mothers to secure their own care, rather than accept that proffered by their caseworkers. This section will examine this entire question of WIN in relation to child care, and the problems in carrying out the legislated responsibility by Welfare offices.

B.3.1 Child Care: Its Availability

Before considering the question of available care for WIN mothers, some consideration must be given to the existence of child care for working mothers, now estimated at over 9.5 million.* WIN cannot be studied in isolation, the AFM: mother must largely use and compete for those resources which are available to all mothers. Basically, the resources fall into four standard

*As of 1968 the percent of women in the labor force had reached 37.39% (twenty-six million) with 9.6 million of these women with children under eighteen years of age.

groups: In-home care (or baby-sitting), The Family Day Care Home, The Group Day Care Home, The Day Care Center. Except for the last, the Day Care Center, it is difficult to estimate the number of formal and informal arrangements available. The working mother does not necessarily have to make use of licensed centers, and the existence and usage can only be determined by special survey.

One such survey was conducted in Baltimore (1964) where it was found that seventy-seven percent of the children of working mothers are cared for in their own homes; only five percent made use of day care centers. The study determined moreover that eighteen percent of the care that the mothers had arranged was "totally inadequate." To bring this care up to an acceptable minimal standard would cost over three million dollars in that city alone.* In our evaluation of cities, similar observations were found. In one community, for example, the Department of Licenses had found that of the 164 identified day care homes in operation, most had not been licensed, and most plans were illegal.

A special study conducted by the Child Welfare League of America in six communities found that:

Day care of any sort is extremely limited in availability. Despite ever increasing numbers of working mothers and widespread desire for a good child care service, the number of day care centers throughout the country have, since the end of World War II, remained constant or even declined. In our study we find that two-thirds of all working mothers say they know of no day care center near them, and an even higher proportion say this of family day care homes. Many have searched in vain. **

Why care is so limited is complex. Day care centers presently account for only four percent of children who have been placed in WIN child care. They need to be made more widely available, and could possibly be developed by private enterprise. Nearly two-thirds of the approximately

* Report of Survey of Resident Working Mothers and the Day Care of Their Children in Baltimore City in 1964, Division of Child Day Care, Baltimore City Health Department.

** Florence A. Ruderman, Child Care and Working Mothers, A Study of Arrangements Made for Daytime Care of Children, (New York: Child Welfare League of America, 1968) p. 344.

4,500 day care centers identified by the Children's Bureau of the Department of Health, Education and Welfare are proprietary--less than ten percent were wholly supported by public agencies. In fact, recent chains of franchised day care centers are being developed by entrepreneurs, some of whose main business is seemingly far removed from child care.* But the need still remains.

The problem may be one of finance. It has been estimated that to comply with the Federal Interagency Day Care Standards--which are proposed for all facilities serving WIN and welfare children--would cost over two thousand dollars a year per child.** This is more than can be paid by local agencies. Consequently, centers may be developed by private sources only for mothers who can pay themselves (since the standards would not apply). Such centers would not be available to WIN children, and facilities would be limited for them though the situation might improve for the working mother not on welfare.

One of the causes may relate to the fundamental question regarding group care versus individual care, as discussed earlier. Group care in the United States is usually considered in terms of education. Mothers who leave their children in pre-school nurseries, usually in middle- and upper-middle class neighborhoods, are more concerned about the training (the middle-class, head-start program) than about the hours. (In other countries, familiarity and acceptance of group care for younger children are more widespread.) In addition, day care is usually thought of only for the group from the age of three to six. Care for younger children cannot usually be found, except from relatives, while care for school age children is usually through afternoon sitters, or a latch-key arrangement. Our study of AFDC mothers has shown an age shift for working mothers. Since the shift is with increasing age, we can assume the children are also older (see Figure B-2)*** This could be interpreted as showing that as the children enter school the mother begins to accept and want work. It probably means, however, that informal care is easier to provide at this age.

* The Minnie Pearl Fried Chicken Chain has recently begun opening a string of day care centers. In addition, advertisements for franchised day care operations may be found, on occasions, in the Wall Street Journal.

** Information obtained from HEW contract monitor.

*** Since the area curves for employment and age are both based on 100 percent of their respective categories, it is not expected that the area under the curves should be equal.

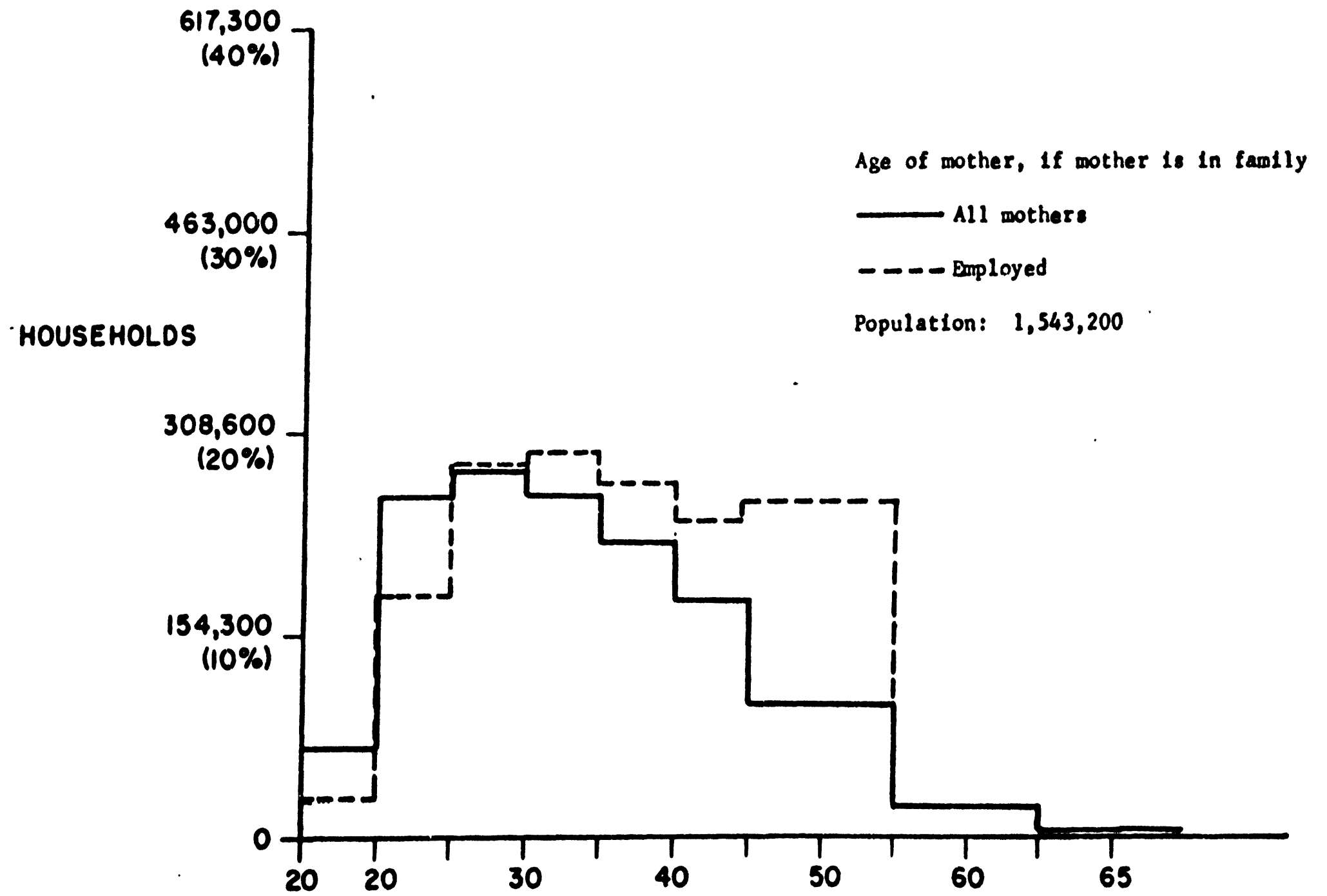


Figure B-2. AFDC Mothers: Distribution by Age and Employment

Whatever the reason, approved day care centers, or approved arrangements of any sort are generally limited in the United States. There are some areas which seem to have adequate facilities, as did two cities in our sample, there are other areas which have virtually no care available. But nationally, and WIN is a national program, there is little care available outside the family and informal baby sitting.

B.3.2 Barriers to the Development of Child Care

The development of one type of child care cannot solve all child care problems: there is no one type (center, family day care homes, in-home sitters) which fits the needs of all children or the needs of all cities. It may be that several types of care need to be available for WIN mothers. But at present, barriers exist for the development of most forms of child care. Hopefully, many of the barriers are not permanent problems which will always be part of the care. They are problems which presently exist and which could be coped with in future planning.

B.3.2.1 Barriers to the Development of Family Day Care Homes. There are two general ways of recruiting family day care homes:

Type A. - get the name of a person the mother wants to care for her child and license that person

Type B. - find people who want to care for children in their own homes (or who can be available to go to the child's home) and license them

Some WIN programs allow both types of family day care; some will "approve" group A but will license only the second group. The term family day care does not necessarily include both.

B.3.2.1.1 Problems Developing the Type A Care. Caretakers are reluctant to become licensed. They may readily agree to babysit, but when they learn that it will involve contact and paperwork with the licensing agency, they are frightened or skeptical and may not want to proceed with the agreement. Babysitting is one thing, but licensed day care, even though it is partly for the benefit of the caretaker (to see that she is regularly paid, for example) is quite another. Until word gets around in the community that licensed day care is "okay", there is apt to be considerable reluctance to this unfamiliar procedure.

AFDC mothers in particular may be afraid that their check will be cut off or reduced if they start making money by babysitting. Project residents are further restricted as to their income.

A further problem is that physical examinations are often required of mothers who want to care for children in their homes. (Strangely, such examinations are not required of women who will care for the same children in the home of the mother.) These examinations must often be secured at the expense of the mother; there is usually a long delay between the examination and the approval of results by the licensing authority; and many women simply do not want to subject themselves to a "personal" examination in order to care for children. Though examinations themselves cannot be considered a minor barrier, they are certainly a contributing one.

B.3.2.1.2 Barriers to the Development of Type B Care. Ordinarily homes are not recruited for WIN specifically; they are places which have contacted the licensing agency desiring licensing, or they are places found by the agency to be caring for children, and have then been forced into becoming licensed. In one city, where there has been an effort to recruit family day care mothers for WIN specifically, the majority of licensed mothers are still from these other sources. Apparently, it is difficult to find a large number of mothers who wish to become family day care mothers. Day Care Workers cannot spend their time recruiting when there are so many other duties which need their attention.

The major difficulty, however, is matching up a licensed mother with a mother who needs child care. All cities experience this difficulty, regardless of the number of available licensed homes.

The day care home may be inconveniently located for use by the WIN mother. It may be licensed for children of specified age or sex (the day care mother can usually determine the age and sex of the children she wants to care for). The number of children in the home may be a barrier; the mother may be looking for a place to care for two children, and the licensed home only has space for one. Or the mother's child may be under 2½ years

old which would restrict the day care mother (under certain state laws) from accepting any other children. This would consequently restrict her income, since she cannot accept more children, so she refuses to accept him. The day care mother may charge more than the mother can afford, an occasional problem in WIN.

B.3.2.1.3 Barriers Common to Both Types A and B. The difficulty most commonly mentioned by WIN programs using family day care homes is the existence of personality problems between the day care mother and the natural mother. Their expectations of each other cause problems which interfere with the agreement. The WIN mother has her own idea of how the child should be cared for, and the day care mother has her own different idea of how to best care for the child. Both become dissatisfied to the point where they dislike each other.

One of the better programs recognizes this problem and tries to make sure both mothers have come to an understanding before care is begun, but most child care programs do not include such detailed preliminaries. Even in cases where the caretaker and natural mother know each other before arranging WIN child care, the relationship between them does not always remain a good one.

These problems, and others which occur (payment delays, mothers changing sitters, illness), produce large hidden caseloads. Who takes care of these problems? Who answers phone calls from the sitters? Who has responsibility for all aspects of child care? Caseworkers and child care workers are only beginning to learn the full meaning of arranging child care. Program guidelines did not seem to anticipate nor specify how to deal with the increased caseload due to child care. What usually happens is that the problems in a child care arrangement build up to a point where the agreement is cancelled and new plans are established. The WIN/Welfare team may or may not be aware of such a change.

Supervision of child care is, at present, impossible. Areas of responsibility are not well defined in most programs and the number of staff is inevitably too small to find child care for WIN mothers in addition to solving

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problems of on-going care. Furthermore, there is sometimes resentment between mothers and caretakers regarding any supervision. Mothers often feel they should have the privilege non-Welfare mothers have of arranging their own child care without anyone saying whether or not it is adequate or suitable. Particularly where the caretaker is a relative of the child's, the mother is apt to feel that the supervising person is saying, in effect, "We don't trust you to make adequate child care plans." Mothers and caretakers do not see supervision for the purposes it is intended: to protect those involved and to assure that services are being, or can be, provided where they are being paid for by Welfare.

Generally, family day care is essentially the purchase of sitters. Welfare should instead be involved in the purchase of a service.

B.3.2.2 Barriers to the Development of Training Programs for Child Care Aids. Child care is not universally seen as a desirable job. People who want to work want a job with prestige, or at least some fringe benefits. Child care carries neither. There exists an attitude that anyone can take care of children -- that it requires no special skill or training. Child care aide positions are among the lowest in salary. There are no pension plans, holidays, lunch hours, paid vacations, company picnics, or any other fringe benefits. There is often not even the company of other adults or the enjoyment of talking with ones co-workers.

Some training programs have learned that trained day care mothers or child care aides do not stay around to service WIN enrollees. Once they are licensed, day care mothers are quick to get better jobs, expand operations and negotiate with the general public rather than take only Welfare children (more profit involved with non-welfare). So unless Welfare can guarantee good jobs after training, they run the risk of losing the trainees.

A mid-western city attempts to solve this problem by putting day care mothers on salary, paying a certain salary regardless of the number of children placed in the home. There are always a few empty slots, but at least the day care mothers are available whenever there are WIN mothers who need the service.

In a few cities there aren't enough jobs for child care aides, so when training programs prepare large numbers of aides for jobs, they have to find other jobs after training. This was the situation in an eastern city where the few available jobs didn't pay adequately, and Welfare could not guarantee income for the trained aides. In addition, some child care jobs required civil service exams which trained aides couldn't pass.

Thus, there are two opposing views of the job: the aides themselves find the job without status, the child care experts consider it highly important. Because of this, a "mismatch" between qualifications desired and qualifications available results. In one eastern city, for example, a group of trainees screened out as the best of the class failed to be selected by the directors of child care programs as "promising." The rewards of the position must be brought in-line with the qualifications desired.

The amount of training given in a short program cannot be extensive, and child care specialists usually find such programs insufficient for the trainees' needs. Many mothers have enough problems with their own children; they do not consider the extra problems they will have to face with the children who would be placed under their supervision were they to become family day care mothers or child care aides. It is also unreasonable to expect a mother with problems suddenly to become emotionally stable. Yet, women with an uneven temperament with children enter programs to become aides.

In an eastern city, where the Department of Health licenses day care homes, the Public Health Nurses often know of the person to be licensed through previous contact. In many cases, they feel that person is mentally unstable, so they will not license her for family day care. Here is one city with personnel interested in child care, wanting to license more homes to assure adequate care for more children, providing a free in-service training course, yet held back by many health factors alone:

- o One of the highest TB rates in the county

- o Many unsuitable homes, in terms of health and safety for child care; one home was found where six children were sharing one bed

One home which applied for family day care was found, according to the staff of that city, to have a dirt floor with a horse in the living room.

Even if mothers were perfect day care mothers, they could not necessarily be licensed because of the housing situation. In a western city, Welfare had to move mothers to other housing so that they could become licensed to provide care. A northeastern city moved some mothers in housing projects down to the first floor to meet requirements.

The major problem in training aides is recruiting and keeping enough people to make the training worthwhile. It simply is not an efficient or highly effective way to get quality child care resources. The expense involved in such a program does not seem worthwhile, even on a long-range basis. Training programs just have not added significantly to the resources which are so desperately needed.

B.3.2.3 Barriers to the Development of Day Care Centers. Most of the barriers to the development of space in large group child care facilities are related directly to the small number of such facilities. There are very limited facilities and when WIN buys out a number of slots, fewer non-Welfare mothers can be served. Staff of public facilities see this practice as unfair because they are helping to keep some mothers off Welfare by providing low-cost child care, and WIN only adds to the total number of mothers needing child care without adding appreciably to the child care resources. This is one reason why it may be difficult to purchase abundant spaces in already established non-profit centers. The need is for an increase in the number of centers.

Many centers are glad to have the guaranteed income from Welfare under purchase of care contracts, but even some of those centers do not get what they bargained for. They are somewhat distressed by the instability of plans; a child enrolled while a mother is in Orientation may not be in attendance when the mother changes components, and another WIN child may be put into that slot. While centers are established to fill the needs of the mother, they are just as concerned about the needs of the child; they feel that continuity of care is important and that the individual child and the group he is in would gain more from a full-time enrollment, rather than a temporary replacement kind of enrollment.

Child care facilities which are established for specialized care, sometimes suffer from less than full enrollment. The CEP center in an eastern city, licensed and funded for seventy-nine, had an enrollment of fourteen all winter. If children of non-CEP parents had been allowed to enroll, perhaps more efficient use could have been made of the center. The point is that centers planned only for WIN parents may not be economically feasible. In one city, for example, Welfare purchased care in many centers, and has open slots in eight centers. There is no way of assuring maximum use of facilities.

As a successful program in an eastern city has proved, the number of day care centers can be increased, despite financial and legislative barriers, if enough people are committed to the idea. Regulations can be changed; money can be appropriated. There are barriers of this type, in all cities. These barriers may not be as difficult to overcome as the problem of staff. Any significant increase in child care facilities will readily show up the lack of trained staff. Directors and head teachers are so scarce that problems of financing and licensing would seem small next to lack of staff. There are relatively few colleges and universities which offer majors in Early Childhood Education. Of course, if there were more jobs available for graduates in that field, and if the salaries were competitive with other fields, more colleges might offer that major. As the situation now stands, the number of graduates from Early Childhood Education (Child Development Nursery School Management, or whatever name it is given), who have also had a few years experience and could therefore qualify as Head Teachers and Directors, is too small to meet the present need, much less any expansion in the number of facilities.

One city, which analyzed the barriers to large group care found:

- o not enough outdoor space to meet requirements
- o substandard housing which is costly to renovate
- o state regulations for group day care which have met opposition and have not passed into law

The major barrier is still lack of training of staff. There is a definite interest among present day care staff to receive further training, but even that is difficult to fund and carry out.

Another clue to the difficulties in expanding child care facilities can be seen from the experience of this same city. Opposition to updating and adopting regulations for group day care came from proprietary operators who don't want state laws because it would cost them more to operate if they had to meet more specific regulations. As mentioned earlier, the same situation exists with respect to the Federal Interagency Day Care Standards. The objection is to staffing patterns, rather than to physical facilities.

The problem of physical facilities may be limiting in some areas, though probably not as critical as would be indicated by the number of times it is used as an excuse. The greatest stated problem is in meeting the various local ordinances which, according to some staffs, are prohibitive. Some examples are: windows no more than "x" feet from the floor, sanitation facilities for children, appropriately scaled, sprinkler systems, fireproof construction, etc. Staff feel that in these areas private facilities cannot be profitably constructed and that the majority of existing buildings are inadequate.

These problems are most severe in the inner city where most welfare mothers live. Because of the problems with the physical facilities and the possible unprofitability of centers, few facilities can exist in these neighborhoods--except for OEO projects, such as Head Start.*

* In one city, a Head Start program had vacancies, but it was not available to WIN mothers because of some financial entanglement.

Exactly how many of these problems could be overcome if staff were adequate and if day care staff took the initiative to eliminate the problems is difficult to determine. * Some areas have made successful attempts to reduce standards; others have not. Few areas, however, have the trained staff available to make a coordinated effort at planning facilities, to meet with public and private officials, and to examine and license facilities. One problem is that though most welfare workers are reimbursed by the Federal Government for seventy-five percent of their salaries, those involved in licensing and inspections are not. The result is that not only is the development of centers retarded, but also their licensing and inspecting.

Regardless of the regulations or procedures for ensuring that adequate child care is made available to the mothers, much depends on the caseworkers. They are the ones who often approve the plans. In many cities, including some with good support divisions, the caseworker is solely responsible for approving the mothers' plans. These caseworkers often have little knowledge of child care, even in the informal sense. Consequently, all the elaborate procedures and regulations are meaningless, if procedures are not set up in WIN to ensure compliance.

B.3.3 Special Child Care Problems Associated with WIN

In addition to the barriers to the development of facilities, and the particular problems for the poor mother in the inner city, some special problems exist for the WIN mother. These problems can be critical to the program, so much so that even in one eastern city where vacancies did exist in centers, they were not being used by WIN mothers. In another, family care centers had vacancies, but mothers did not know of them or use them. This despite the fact that a special day care unit existed in this program to help mothers, and was physically located along side of caseworkers in the crowded welfare office. The reasons are to be found in the structure of welfare and WIN.

* In one eastern program, welfare staff have failed to attend the sessions arranged by the fire marshal's office to discuss and possibly change day care ordinances.

B.3.3.1 Feelings of Mothers toward Welfare Department. Some Welfare Departments justify their lack of involvement in the development of plans with reasons such as, "Our first responsibility is to make the mother self-sufficient and this begins with letting her find her own facilities. We can't continue to hold her hand. . ." Though this is in fact the legitimate feeling of some caseworkers and does apply to some mothers, it seems to be more often a manufactured reason to avoid providing assistance, or at least to justify why assistance cannot be provided--though the regulations clearly call for it.

There is, of course, some validity to the statement, based on experience which the caseworkers have had, and on our own observations in the field. Many mothers do prefer to develop their own plans, and are in fact distrustful of centers and services which are offered to them. They want to know the person providing the care, and they want it in their neighborhoods. Some mothers simply do not want day care; they are afraid of the training or lack of it that the children are receiving. Some are even afraid that their children are being indoctrinated in such centers.

These mothers represent a minority of those on AFDC, at least from our sample. Most mothers know little about child care options. They are familiar with sitters, relatives, or perhaps in-home care furnished by friends; only rarely do they know of available licensed family or group day care centers. Moreover, for many of the mothers on AFDC and in WIN the need is more complex than can be solved by a simple center approach.

B.3.3.2 Dissemination of Information. Occasionally, the problem is that the Departments of Welfare do not know of resources which do exist. Some are reluctant to become involved in the development or analysis of the community. More often, however, the day care section does have adequate information about the city, does analyze centers for vacancies and quality, and does publish lists. But the information is not disseminated and is not used. The problem is more often dissemination than the lack of lists themselves.

Several areas had excellent child care divisions which maintained accurate and up-to-date lists of all centers. In one area in particular the

child care unit not only listed those available, but also was responsible for the development of many on the list. Nonetheless, the lists, though disseminated to each division, were not being made available to the caseworkers: they had little understanding of what facilities were available or how to use them.

The fact that a city has a 4-C program does not necessarily solve this problem. Of the four cities evaluated with 4-C programs, many caseworkers--who are the ones who actually help the mothers--did not know of the existence of facilities, despite the fact that information was being developed. Caseworkers must have a better understanding of what is available, not just the child care unit.

Many programs were gaining an appreciation of the problem of disseminating information and there were sporadic examples of attempts to alleviate at least this problem. One city intended to place one child care specialist within a team of every ten AFDC caseworkers to ensure the presence of an informed, competent and interested child care person at the point where contact was made with clients. Other programs were beginning to distribute lists of child care resources to the persons who could effectively utilize them. However, the great majority of the programs continued to show a disinterest or insensitivity to child development and child care and continued the policy that maintained that WIN applicants were ultimately responsible for their own child care arrangements. The "helping hand" is still not being extended.

B.3.3.3 ES and WIN Coordination. The internal coordination problems within Welfare do not compare to the problems of coordination between Welfare and WIN/ES. Many times no child care plans were made for the WIN referrals before sending the cases to WIN for enrollment; other times the child care plans arranged prior to referral were only tentative and broke down or dissolved by the time the referral was actually enrolled. This last case was especially evident where the Welfare Department was referring more persons than the WIN Program could possibly enroll. If child care arrangements broke down or were disrupted during the WIN enrollees's active involvement, the WIN team members were often unable to handle the situation, especially within time to prevent the participant from missing classes or dropping out provisionally from a component. The channels

of communication between WIN and Welfare were not established to tolerate crisis situations such as these. Again, the WIN participant customarily had to struggle to alleviate the situation, if possible.

B.3.4 Summaries of Barriers to Child Care

The problems impeding the development of sound child care for mothers varied from area to area. In some areas only a few problems could be identified; in others numerous problems were found. The chart in Table B-1 illustrates these problems on a project-by-project basis. The chart indicates the existence of services or barriers in the project shown on the horizontal axis in the categories shown on the vertical axis.

B.3.5 Need of WIN Mothers

Of the mothers on AFDC, over eighty percent have some combination of school age and pre-school age children for whom some care is probably required.* Fewer than fifty percent of these households have only pre-school children. Out of the total of one and one half million AFDC households only 431,800 have pre-school children exclusively; another 615,600 have school age children exclusively; and 548,400 have some combination of both school age and pre-school age children -- as shown in Table B-2.** These figures indicate that the problem for the potential WIN population is not only for day care for pre-schoolers, but rather for some arrangement to take care of children before and after classes, or of some combination of service for both pre-schoolers and school age children. Similar results obtained for present WIN enrollees.

The child care services for WIN participants were indicated by the statistical analysis of the family composition of the enrollee. From random samples of program participants in the twenty-seven cities, it was indicated that more than fifty percent of the participants (with the exception of one program) had dependent children in the pre-school bracket; more than fifty percent had school-age children; a small percent had dependent children

* Households without a child older than sixteen.

** Figures include households with children older than 16, e.g. A plus A,C. We assume that care is not required for the "C" group.

TABLE B-1. Summary of Child Care Barriers and Procedures

PROJECT AREAS																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
<u>CHILD CARE INFORMATION</u>																	
Structure or organization within WIN or connected to it to help arrange child care					X				X			X					Rural Area No. 100
Structure exists but WIN mothers not put in contact with it		X ₁		X ₂				X ₃	X ₄				X ₅	X ₆	X		Needed at this time
<u>FACILITIES PROBLEMS</u>																	
Severe lack of facilities	X		X	X		X	X	X		X		X	X	X	X	X	
Facilities which are available are restricted from WIN use. Child care generally limited to one type		X		X	X												
Use of unlicensed and unlicensed facilities common			X	X	X	X	X	X		X	X		X	X			
Used day care home list not filled				X			X	X					X	X			
<u>LICENSING PROBLEMS</u>																	
Complaints made about difficulty in meeting local standards	X		X			X	X	X		X			X	X	X		
<u>PAYMENTS</u>																	
Delays in payment to mothers critical as problem		X	X	X	X	X	(?)	X	X	X		X				X	
Lender or parent payment authorized	V, P	V, P	P	V	V	V, P	-	V, P	V	V	V		V	V, P	V, P	V, P	

- (1) Unit exists but all mothers not in contact with it. Unit is primarily to find and license homes. It provides references to homes--not services to homes or children needing care.
- (2) Five mothers maintain licensed homes for WIN mothers exclusively, but few mothers know of unit.
- (3) Day care unit for recruiting and servicing licensed day care homes, but available ones are not located conveniently. Payment schedule is low for WIN mothers.
- (4) New unit exists, but is not generally known of, and mothers not referred there.
- (5) Specialists in each division keep accurate up-to-date information on all child care resources. They act as resources, but WIN mothers not referred to them by caseworkers.
- (6) Caseworkers are not informed of resources or even of Welfare Department's purchase of care. Welfare has not "approved" many facilities because they have not gotten around to it yet.
- (7) No payment schedule or payments yet.

Dependents Age Groups	Dependents													Total Households*
	1	2	3	4	5	6	7	8	9	10	11	12	>12	
A (0-5 yrs.)	221,860	133,200	52,060	12,070	1,750	100	0	100	0	0	0	0	0	421,100
B (6-15 yrs.)	157,530	115,060	70,420	41,030	18,960	7,930	1,950	720	0	0	0	0	0	413,600
A, B	0	68,250	108,260	106,710	74,130	46,400	28,460	13,200	6,390	3,190	520	100	0	455,600
C (16 yrs. +)	70,940	12,510	1,450	0	0	0	0	0	0	0	0	0	0	85,000
A, C	0	6,190	2,890	1,650	0	0	0	0	0	0	0	0	0	10,700
B, C	0	52,260	51,860	42,980	28,040	12,800	8,450	4,340	920	200	300	0	0	202,200
A, B, C	0	0	7,310	12,680	17,420	18,250	12,170	10,100	8,250	3,820	1,340	920	520	92,800
Total Households*	450,300	387,500	294,300	217,100	140,300	85,500	51,000	28,500	15,600	7,200	2,200	1,000	500	1,681,000

1969 AFDC Survey

National Totals: Number of Dependent Children
Recipients by Age Group

Population: 1,681,000 Households

*All totals are rounded to nearest 100

Legend: A = 0-5 years (pre-school)
B = 6-15 years (in school)
C = 16 years and over (eligible for WIN)

TABLE B-2. AFDC Child Care Statistics

past school age; but only slightly under fifty percent had both pre-school and school-age children.

The implications of these findings are that child care arrangements must definitely be arranged for pre-school children; and school-age children must either have similar arrangements (although only part-time) or else these children must be trained to return to their homes and care for themselves while their mothers (or fathers) are still in training or at jobs. Those past school age will normally not require child care but since a large percentage of the WIN participants had both pre-school and school-age children, the child care plan for this group is complex and involves such things as different types of care for the individual children or at least a "latch-key" plan at the institution of the pre-school child, allowing the school-age child to enter and leave as school begins in the morning and recesses at the close of the day.

B.3.6 Summary Considerations Developed from the Study of Present WIN Mothers

Present WIN enrollees and their children requiring child care are a unique subset of the total universe of those needing child care. It is important to understand from the outset that the participants enrolled in the WIN program, especially during the formative stages of each program, are not representative of other parents and children, or other AFDC parents and children for that matter. Generalization about child care program for future WIN participants and others should not be assumed from the present observations, or at least should be carefully considered within the following framework.

- o WIN mothers have been transferred from other training programs (CEP, Title V, NYC) where they already had made child care arrangements. Second, in order for the local WIN program to meet its quota and fill all slots allocated, mothers with the least problems are recruited or enrolled. Third, mothers volunteering for WIN are highly motivated and would most likely have made child care arrangements irrespective of the programs' offerings.

- o Any conclusions about the suitability of child care for WIN mothers are difficult since the participants have only been in the program components for a limited period of time. Results are not yet evident.
- o Some mothers are coerced into the WIN program. This has powerful implications as to how both the mother and child will accept the child care necessitated.
- o Child care may not be the determining factor in a mother's participation in the WIN program; more important is the mother's feeling about working. This attitude is the major factor influencing the mother's perception as to whether the arrangements are satisfactory to her.

If the mother wants a job and wishes to participate in WIN, she will make sacrifices in the area of child care; will go to any length to get child care; may even pretend to have child care; will have lower standards of what acceptable child care is; and will have a higher tolerance of child care inconveniences and problems.

The mother who cares first about care of her children may give up job opportunities if they interfere with her idea of quality care. Mothers, irrespective of their priorities, who do not want to participate in WIN often refuse to make any effort to obtain child care; are not apt to accept child care plans made for them or suggested to them; set higher standards of acceptable child care in order to avoid participation; readily find problems with child care arrangements or plans; and refuse to tolerate as many inconveniences.

B.3.7 Alternatives

Child care should not be considered in isolation from other program considerations. The extent to which child care is needed depends on the extent to which jobs are available and the hours of work. Mothers need child care for whatever hours they are working. Eight-hour jobs require a minimum of nine or ten hours of child care (to include transportation time and conversation time to discuss what happened that day). Working women who are expected to be neat and clean on the job need time to shop and night jobs require some daytime care so mothers can sleep.

An alternative is to consider a more flexible job program so that the child care needs can determine a mother's job hours, instead of vice-versa. Mothers with children in school could choose jobs which allow them to get children ready and off to school--then go to work--and be home before children return. Mothers who could find child care for afternoons only could choose a job for afternoons only. If a flexible job market were available, mothers could be more successful at both job and child care. Hours of existing child care facilities do not correspond with job hours.

Caretakers complained of mothers not picking up their children on time. Some family day care mothers had to threaten to stop taking care of the child if the mother didn't arrive on time, or actually did stop the service because the mother kept showing up hours after the agreed-upon departure time.

Another alternative would be to backup a step further and consider the goals of WIN and then approach those goals from a different direction. WIN is trying to get mothers into the labor market, but mothers without determination, without the desire to go to a job every day, will not accept a job or will have poor attendance records and will not keep the job for any length of time. It is obvious that training and job skills are not the only determination of "unemployability"--a mother's motivation is an important factor. But a mother who has little self-confidence, who is afraid of going into a strange environment (i.e., any unfamiliar place with unfamiliar people) and coping with a number of unknowns, is not going to be job ready even with the best day care. However, if the goal is changed from "providing jobs" or even "providing day care" to the goal of providing self-confidence and giving mothers the ability to think in terms of working (to move from an attitude of "I can't do that" to "I can") the possibility will be opened of a mother's preparing for work. Until a person reaches that point of believing she can work, training programs and other job preparations are futile. Instead of providing day care so that mothers can obtain jobs, it might be more effective (and more efficient in the long run) to concentrate on other aspects of the mother's life. The Parent-Child Center in one eastern city, for example, which does not have a goal of getting mothers out to work, has accidentally accomplished this as a side effect of its program.

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The Parent-Child Center is a federally funded (OEO) project which grew out of conclusions about Head Start--that children aged four or five were already "too old." That is, things that set limits in a child's development have already happened by the time a child is four or five. The PCC works with infants and toddlers (children under age three) and their parents; parents and children attend together. Parents and children experience and learn together under the direction of trained staff. Parents work as assistant teachers. Some assistant teachers participate in the Outreach Program, providing services to homes in their neighborhood. The purpose of PCC is to help parents be able to take better care of their children. Staff have noticed that parents have changed their attitudes quite remarkably, which has in turn changed the type and quality of care they can give to their children.

B.4 OTHER FACTORS LIMITING REFERRAL

There are barriers other than child care which make referral of some AFDC recipients to WIN difficult or impossible. Among those factors cited by caseworkers in explaining why persons are not referred to WIN, two are mentioned repeatedly: medical conditions and lack of adequate transportation.

B.4.1 Medical Problems

Many persons on AFDC have medical conditions which can hamper or preclude employment. Eyesight and dental problems are common. Case records frequently note the presence of obesity, dizziness, hernias, chronic exhaustion, back pain, frequent headaches, and other symptoms and conditions which indicate the need for medical attention. Information on psychological problems is more difficult to obtain and assess; it is clear, though, that welfare workers feel there are many persons on the AFDC rolls who cannot be employed until their emotional and psychological problems are dealt with. The pressures of trying to provide for and raise a family in conditions of poverty take their toll. Among the emotional problems of recipients mentioned by caseworkers are feelings of personal inadequacy, despondency, withdrawal, and general difficulty in relating to others.

In some areas alcoholism appears to be a significant problem in regard to WIN referrals; sometimes it is a particular point of contention between welfare and Employment Service personnel, with the ES WIN staff complaining that alcoholics are being referred to WIN even though the program is unable to offer them meaningful help. In one major East-Coast city, WIN staff claimed that about forty percent of the men referred to WIN are alcoholics. In that city, as in some others visited, vocational rehabilitation agencies are not prepared to handle alcoholics, and welfare workers refer alcoholics (and others with serious drinking problems) to WIN in the hope that WIN will at least be able to provide them with some services and that participation in WIN may prove to be a motivational factor in helping them overcome alcohol problems.

Although medical examinations are available, though limited, in most projects visited, the degree to which remedial medical help is available varies widely. Remedial medical programs as a part of the WIN referral cycle are rare, but there are enrollees who received some medical care before being referred that they probably would not have had otherwise. Some enrollees have received eyeglasses, hearing aids or dentures.

In some states, however, welfare regulations preclude--or are interpreted as precluding--expenditures for such items. In one project visited, persons needing eyeglasses or dental help must meet the cost themselves and caseworkers help them budget their grant checks to cover these costs on a monthly installment basis. Some persons assessed as possible WIN referrals were encouraged to have long-overdue corrective surgery performed for such conditions as hernias and back injuries.

In evaluating the degree and impact of remedial medical services in regard to WIN, several points must be stressed:

- o It is evident that more remedial medical attention is being provided than a look at the WIN Program alone would indicate. Many persons are given medical help instead of being referred to WIN; some of these will undoubtedly show up in future generations of WIN enrollees. In a number of projects, persons with medical problems are referred to a vocational rehabilitation agency instead of WIN; this information, of course, does not appear in WIN records.

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- o Many of the present group of WIN enrollees volunteered for the program. It is not likely they would have volunteered if they felt themselves unable to participate because of health problems. Health factors are likely to be more significant among nonvoluntary enrollees coming into the program in the future.
- o Persons with known health problems are frequently simply "screened out" in the prereferral stage; caseworkers do not consider persons with health problems as suitable WIN referrals.
- o It seems clear that some of the physical problems which are common among welfare recipients (e.g., obesity, fatigue) are due at least in part to dietary deficiencies. Appropriate treatment here, may consist less of remedial medical attention than of improved income which would make possible the purchase of more nourishing (and more expensive) food.
- o Help for welfare recipients with psychological or emotional problems is generally inadequate and sometimes nonexistent. Professional counseling is sometimes available, but extended psychiatric help is rare.
- o Professional help for people with drinking problems is often unavailable for potential WIN clients; some welfare agencies go ahead and refer them (without WIN's being able to offer them relevant services), while others deem them inappropriate and do not refer them. Either way, such people have little real chance of improving their lives and securing lasting employment.

In summary, because most persons now in WIN were either volunteers or selected by caseworkers from a pool of available potential referrals, few people now enrolled in WIN have required or received remedial medical attention. This situation should change as the program continues and begins to draw on nonvolunteers and persons with more serious problems. Remedial medicine must be a part of the program.

B.4.2 Transportation Problems

Lack of transportation readily available to enrollees is a serious handicap in a number of WIN projects, particularly in rural areas. In some Appalachian areas, for example, welfare recipients are widely scattered across counties and it is not unusual for clients to live well over an hour's drive from the town where the WIN Program is headquartered. Caseworkers may require

a full day to visit one or two clients. Some recipients live in areas inaccessible by automobile. In bad weather, and particularly after snowstorms, these areas become totally isolated from other communities. Welfare recipients in such circumstances often have no cars and many have no driver's licenses and have never driven. In these areas, in fact, child care is often not a problem--it is available from other family members; transportation is the main limiting factor for WIN enrollment.

WIN programs in such areas sometimes adopt the philosophy of "bring the program to the people," and locate educational and training components as close as possible to clusters of enrollees, rather than expecting people to come all the way to the central WIN program. Schoolhouses and other public buildings are used for this purpose. This is only a partial solution, however, since in some areas recipients are too scattered to permit such an approach and no suitable facility exists. Some programs have plans for instituting various features aimed at overcoming transportation problems, including:

- o driver-training courses for enrollees as a regular WIN component;
- o "WIN-Mobiler"--self-contained mobile units suitable for use as classrooms;
- o purchase or rental of buses or other transportation to get enrollees to components.

Even if the problem of transportation to WIN components could be solved, however, the problem of getting enrollees, once they have finished WIN, to job sites would remain. Many enrollees and potential enrollees live so far from places where jobs are available that no good solution to the transportation problem seems likely. Even if such persons are taught to drive and are able to buy cars, commuting over primitive roads will be difficult in good weather and impossible in bad.

Since a great number of WIN programs exist in rural areas, the transportation problem is one of the program's most serious obstacles.

The problem, moreover, is not confined to rural areas alone. Many cities are spread out over large geographic areas and lack effective public transportation. In such cities, getting enrollees to program components is difficult, and getting them to employment locations may be harder yet. The general movement of employment opportunity from core cities to suburban areas--as exemplified by the rapid growth of "industrial parks" in the northeastern part of the country--works strongly to the disadvantage of the inner-city job seeker who can scarcely afford to move to the suburbs to follow the job market and who cannot find effective public transportation to job locations. In many urban areas, the best of the jobs available for relatively unskilled and inexperienced workers are located far from core city areas, tantalizingly out of reach of WIN participants. Rapid transit and commuter lines, where they exist, are scheduled to facilitate the movement of suburbanites into the city in the morning and out again in the afternoon. The commuter who is trying to travel on the reverse schedule is sometimes out of luck, and even if he can get to the suburban community where his job is located, there is no transportation connecting the suburban commuter station with the job site.

Job developers and other WIN staff in many projects discussed this problem, and their consensus seemed to be that the remedy lies beyond the power of WIN to affect and would involve high-level planning and coordination and a virtual reworking of the public transportation system. But it is clear that in rural areas, and to a considerable degree in urban areas as well, transportation problems hinder both the WIN Program itself and the enrollees' chances for success on the job market.

8.4.3 Other Problems

There are other, less-widespread, problems which inhibit referrals to WIN. Some caseworkers are reluctant to refer persons who have strongly negative attitudes toward the Employment Service or to other governmental programs in which they have participated. In such circumstances, caseworkers often prefer to work with the client for an additional period of time to try to lay some attitudinal groundwork for WIN.

Other reasons commonly given for not referring individuals to WIN is that they are needed in the home (to care for an invalid, for example); that they are too old to benefit from the program; that they do not speak English; or that they have already failed repeatedly in job-training programs. It is also the case that some welfare workers are suspicious of the Employment Service and of WIN and do not consider that they are really doing recipients any favors by referring them.

In summary, caseworkers decide not to refer individuals to WIN for a variety of reasons. To some degree, there are indications that it would be helpful to prepare caseworkers more adequately for their role in WIN, persuade them of the worth of the program, and keep them involved in enrollees' progress through the program. This might help to offset caseworkers' reluctance to refer and help to clarify who can best be helped by WIN. To a greater extent, though, the factors which lead to the decision not to refer persons eligible for WIN are very real problems--particularly medical conditions and lack of transportation--over which the caseworker has no control.

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SECTION C. PROGRAM OPERATION: THE EMPLOYMENT SERVICE

The preceding section focused on participation of welfare agencies in WIN, with particular emphasis on problems affecting referral of AFDC recipients to the program. This section deals with the structure of WIN as it is operated by Employment Services in states examined in the study. Paragraph C.1 discusses the intake process and the orientation component. Paragraph C.2 deals with employability services and the functioning of the team staffing arrangement. (Also discussed is the "holding" status as it applies to enrollees.) In Paragraph C.3, education and training are covered; and Paragraph C.4 highlights WIN job-development activities, placement, and follow up.

C.1 INTAKE AND ORIENTATION

Once a client has been referred to WIN, his referral forms are sent to the WIN office, and an appointment for an intake interview is scheduled. Frequently, this appointment is arranged by the welfare staff, but in some projects the ES WIN staff sends out appointment cards or makes some other form of contact with the prospective enrollee.

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C.1.1 Getting the Applicant to the Intake Interview

The applicant's failure to appear for the intake interview is a serious problem with many projects; a minor problem in others. In some, there has been no difficulty, and it is rare for a prospective enrollee not to keep his scheduled appointment. In many, however, particularly in large cities, more than half the persons referred fail to appear for their initial WIN interviews. Reasons cited included confusion or apprehension about the program, inability to find the office, problems in arranging or paying for transportation, and lack of enthusiasm (particularly in the case of mandatory referrals).

In many projects, the problem was compounded at the start of the program by massive referrals from welfare, and inadequate procedures for preparing the applicant for WIN. Even later in the program, as found from the follow-up visits, failure to appear remained a serious problem, even though many of the control procedures had been improved. The problem was generally fostered by two conditions; one in Welfare and one in the Employment Service:

- (1) The decline of caseworkers' knowledge of the program because of the lack of continuing training, the turnover in caseworkers, the transfer of cases, and a general decrease in enthusiasm for the program.
- (2) Long waiting periods for enrollment (in some cases in excess of one year), meaning that the desire of applicants for the program waned in many cases. In others, the condition of the applicant had changed over the waiting period and it was no longer practical (or, in some cases, possible) for the applicant to enter the program.

The return evaluation visits did show, at most projects, a considerable improvement in intake procedures, and in liaison between the welfare and manpower agencies. Some had restructured the intake mechanisms completely. In a large midwestern city, for example, a new intake section had been developed. It was handling all of the intake paperwork, scheduling interviews, following up on applicants who failed to appear, screening referrals for appropriateness, and generally relieving the WIN team members of

the intake burden. Even with these beneficial improvements, failure of persons referred to appear for enrollment remained a serious problem.

In nearly all projects, the applicant's failure to appear is reported back to the Welfare Department, whose responsibility it becomes to assure the individual's appearance at a rescheduled intake meeting. This procedure is consistent with the WIN guidelines of both DoL and H&W, which give Welfare the responsibility for each client until his actual enrollment in the WIN program.

In several projects, however, an agreement between Welfare and the Employment Service provides for a WIN staff representative, usually the coach, to make a routine pre-enrollment visit to the prospective enrollee at his home. On this occasion, the program is explained to the client, he is given directions to the office, and most important, he has his first personal contact with the project. The coach may offer to meet the enrollee in advance of the intake interview and accompany him to the WIN office. This procedure seems to be productive in reducing the incidence of failure to appear. In one state, for example, two projects in different areas of the state use different procedures for intake: one sends out the coach in advance of the interview, and the other does not. The project that uses its coach in this manner has fewer than five percent of its referrals fail to keep their intake appointments; in the other project, the figure is nearly sixty percent. The pre-enrollment visit procedure is probably not the sole reason for this wide variation: there are many other differences between the communities and the projects.

C.1.2 Intake

In all projects, the intake method consists at least of an interview with the person referred, and the completion of the MA 101 and enrollment forms. Aside from that basic similarity, projects approach intake in a variety of ways, which can perhaps be most clearly depicted by describing two extremes. Neither is an actual description of a project, but both describe features of a number of projects visited:

First Extreme: The prospective enrollee arrives at the WIN project, which is housed in a large ES facility. He stands in line at the reception desk for approximately ten minutes. When his turn comes, he tells the clerk he is there for WIN, and she asks him to take a seat. After delay of possibly fifteen additional minutes, a secretary appears and conducts him to the area of the building where the WIN staff is located. She interviews the client and simultaneously completes the MA 101, next requesting the enrollee to sign the enrollment card and telling him when to report for orientation. Her total time spent with him does not exceed twenty minutes. He never sees any other members of the WIN staff, except as they may happen to pass the interview desk.

Second Extreme: The prospective enrollee is escorted to the WIN office by the coach, who has called for him at his home. He is introduced to the other WIN team members who will be serving him and the function of each staff person is described to him briefly. The counselor then conducts an intake interview, concerning personal barriers to employment as well as vocational preferences. Portions of the MA 101 will already have been filled out by the team secretary on the basis of the referral; the counselor quickly checks these items with the client and secures the rest of the information required to complete the form. Any client questions about the program are answered, and the enrollment card is filled out and signed. A second appointment is arranged either for another counseling interview or the start of orientation. When the enrollee leaves the office, he will have spent well over an hour there, most of it in a one-to-one session with the counselor.

Clearly, the approach described as the second extreme is designed to secure the enrollee's early interest in WIN and to show him that there is a group of interested specialists responsible for his program progress. In all too many projects, unfortunately, intake procedures are closer to the first extreme. The enrollee leaves with the feeling of having been "processed" by yet another government program, rather than that of having been put in touch with competent people who can actually help him. A chance to heighten his interest and motivation has been missed.

In many programs, the time between intake and the enrollee's next program contact — usually the start of orientation — is brief, ranging from a few days to a few weeks. Where it is longer than two weeks, some programs provide additional contact by having the coach telephone or visit the enrollee to keep in touch.

C.1.3 Orientation

There are two types of WIN orientation: program orientation, and orientation to the "world of work." Most projects visited combined both aspects into a single orientation component, although in some projects the program orientation was given separately to individuals or small groups by the WIN teams.

Program orientation consists of an explanation of how the program functions, what components are available, how incentives are paid, the procedures for grievances, and so forth; it can be given in about an hour. Frequently, program orientation is given the first morning of the employability orientation component.

The employability of "world of work" orientation is what WIN staff persons are alluding to when they discuss orientation. It is normally a class conducted daily for a two-week period. Although content varies from site to site, orientation typically covers a range of topics related to work: use of transportation systems, how to conduct a job interview, budgeting paychecks, punching a timeclock, and so forth. Most projects also have sessions on methods of using agency and community resources, grooming, and descriptions of actual jobs. The use of outside speakers, often from local governmental or nonprofit agencies, is common; these may be lawyers discussing the Legal Aid Society or the president of the local Lions Club speaking on good citizenship. Audiovisuals are widely used, and field trips to work sites are frequently included.

In some projects, the planning and conducting of the orientation class is the responsibility of the WIN team; others employ an additional staff for that purpose. Still others subcontract the orientation process to a private training group, university, Community Action Agency, or other organization; e.g., the YMCA.

Enrollee response to orientation varies substantially from project to project; the difference seems to depend less on who is giving the orientation (i.e., WIN or a subcontractor) than on how relevant the content and

presentation are to the situations and need of the enrollee. WIN projects that conduct their own orientation gain a clear advantage in that they have a two-week intensive contact with the enrollee. This presents a good opportunity for mutual understanding and a start on employability planning. Subcontracting arrangements vary widely in quality. In several projects, the orientation was supplied by nonprofit groups skilled in training and group dynamics, who related well to enrollees while maintaining an extremely good liaison with the WIN program staff. Enrollee enthusiasm was kept high. In other cases, subcontracting has not been successful.

In one project, orientation had been contracted to the local Community Action Agency, and was offered in a routinized manner in a formal classroom situation. It was, in fact, identical to the CEP orientation that was subcontracted to the same CAA. Enrollees were quite negative about it, and absenteeism was high.

This is one major difficulty with orientation: it is, at most sites, a somewhat standardized, "packaged" operation, whether administered by WIN or subcontracted to another agency. Exposure is the same for everyone, but WIN enrollees are far from a homogeneous group; and it is difficult to plan curricula that will reach each one on the appropriate level. A particular problem involves the enrollee who already may have had substantial work experience. In most programs, all enrollees except those who are judged immediately job ready (a tiny minority) are required to participate in orientation. This places persons who have never worked with others who may have lengthy work histories (we found persons with more than fifteen years work experience who were required to go to orientation). Persons in the former category may be interested in learning about work shifts and timeclocks, but experienced persons feel patronized and insulted to be taught about a "world of work" with which they are already familiar. Enrollee morale and willingness to participate would be better sustained and encouraged by careful pre-orientation screening. This would permit more experienced persons to take the program orientation only and then move into educational or training phases as appropriate.

Unfortunately, this approach is not devoid of problems either. One project, in a large East Coast city, made screening so obvious that persons sent to orientation felt they were being singled out as the worst of the enrollee group and, in effect, punished by being sent to orientation. Of course, a negative influence on morale occurred and absenteeism in orientation was widespread.

Most projects also use the orientation period for counseling and administration of aptitude and achievement tests. It is common for a large portion of employability planning to be done during the orientation component. In many projects, two weeks of orientation* is the greatest period of sustained contact between the WIN staff and its enrollee at any point in the program.

Some imaginative -- in both positive and negative senses -- orientation was discovered during the evaluation. On the positive side, some projects made effective use of group dynamics techniques, including informal sessions at which enrollee participation was strong (a number of such sessions were visited). At one New England project, the WIN staff, worried that the regular orientation component was not reaching the youth in the program, designed and implemented a separate orientation component for youth referrals only. Results were good.

Equally imaginative but less beneficial was the project in an all-white Appalachian area where orientation had been subcontracted to a group that specialized in and taught black history and black experience to the bewildered enrollees.

A problem associated with the uneven enrollment cycle is the scheduling of orientation classes. In several programs, visited later in the study, a "freeze" had been placed on new enrollees because of the over-enrollment of applicants, and resultant holding periods. Because of the lack of new enrollees, orientation was not being held. When WIN staff had been

* This period is not always two weeks. Employability orientation ranged from one to four weeks in the projects visited.

specifically designated as "orientation leaders," their function was ambiguous during this period. Usually, they became generalists on the WIN teams, supplementing the coaches and work and training specialists.

C.2 EMPLOYABILITY SERVICES

At the very heart of the WIN program is the task of providing each enrollee with the combination of services and components that will lead to his becoming employable — and employed*. The development and activation of the individual employability plans are a function of the Employment Service WIN staff.

Employability planning is both crucial and complicated. It is crucial because the enrollee's entire WIN experience is a function of the employability plan, and a serious misjudgment while the plan is being designed will greatly decrease the enrollee's chances for program success, as well as success in the job market. Much is at stake in the development of employability plans, in terms of the enrollee's motivations, aspirations, and hopes, and in terms of the resources and effort required to conceive and succeed with such plans. An inappropriate and unrealistic scheme is not only unlikely to be of help to the enrollee, it may actually be harmful: his expectations may be raised without good reason, and he may be discouraged and negative as a result of WIN.

Devising employability plans is complicated because it is necessary to gauge and coordinate a number of factors, including:

- the need and vocational desire of the enrollee,
- the potentialities, abilities and handicaps of the enrollee,
- the options available for education and training, and
- the options available for employment.

* This section presumes that the applicant needs such services. In many cases, Employability Services are a poor alternative to effective "Employment" Services, such as Job Development. For example, many persons would not need GED, if employers would accept employees without a high school degree.

The stated approach of WIN to employability planning involves the use of specialists who can bring various background and experience to their consideration of options for enrollees. The suggested medium for this is the staffing of projects with teams of five: a counselor, a manpower specialist, a work and training specialist, a coach and a clerk. Enrollees are assigned to teams, up to a maximum of 200 persons per team. The teams are then responsible for the development and implementation of the employability plan, and the provision of such services and components as are required to carry out that plan. The remainder of this section deals with the provision of employability plans, services and components by WIN projects.

C.2.1 Team Staffing

Experience with the use of the WIN team concept has varied considerably. Of the twenty-three projects visited by AUERBACH, only eight were not using some form of team staffing*. However, composition of teams was frequently different from that set forth in the DoL guidelines. Sometimes this was required by such pragmatic considerations as lack of staff; in some rural projects, for example, "teams" were two or three individuals of various rank and job description. (One site had an interviewer, a coach and a secretary.) In other situations, there had been a conscious decision to alter the staffing pattern based upon work load; examples include addition of an extra counselor to the team, the collapsing of the work and training specialist and the manpower specialist into a single staff position and the provision of staff support for the coaches by utilizing additional community aides (this latter arrangement is provided for and encouraged by the DoL guidelines).

Large projects tended to provide various back-up staff in addition to the teams. Commonly, these included such positions as statistician, work and training supervisor, and special staff for operating the orientation components. These were, of course, in addition to supervisory personnel such as WIN managers and their assistants.

* These eight include two rural areas for which the team concept was not practical, and one urban area which later adopted teams.

In making return visits to projects previously evaluated, we discovered that some projects had changed their original approaches to team staffing. One project which originally used teams had discontinued the practice. One which had started without teams had since instituted them. Some had changed team composition (usually by the addition of a counselor).

In projects where teams were used, the response to this arrangement by staff was mixed. Both advantages and disadvantages were cited.

C.2.1.1 The Use of Teams: Strengths. The strongest advantage of the team arrangement is that it permits the kind of individualized employability planning that the WIN concept calls for. With five specialists involved in a person's WIN progress, there is less likelihood that an unrealistic employability plan will be developed. The team arrangement also decreases the possibility that an enrollee and the program may be unable to relate to one another -- if one team member has difficulty relating to the enrollee, another team member may not. The quality of decision-making and program functioning may also be enhanced by the use of teams, since team interaction can correct an individual mistake.

The use of a team also provides continuity for the enrollee. With staff turnover, enrollees are often shunted from counselor to counselor. In some of the revisits, we found cases of individuals who had had their records transferred to as many as four different counselors in a period of less than eight months. In some cases, the current counselor had overruled past employability plans, and indicated to the evaluators that the counselors previously working with the applicant had not understood the problem. The team approach can: (1) provide a better continuity of service, (2) develop workable employability plans understood by a number of individuals, who can explain it to new counselors (in case of turnover), and (3) maintain contact with the applicant better than the functional approach which transfers the applicant, and his record to different units as different services are required.

In principle, the team concept should also lead to employability plans of superior quality, since the plans involved a number of disciplines and specialities rather than the work of a single individual; some barriers to such cooperative employability plan development are discussed below. Such barriers notwithstanding, many WIN programs do report that the cooperative nature of employability planning is one of the most important benefits of the team system. This team approach is also more consistent with the employability concept being tested in a number of local Employment Service offices.

Another frequently cited advantage of using teams is the morale factor. Many staff prefer the team arrangement to the more isolated staffing patterns of other Employment Service work. Indeed, a number of the evaluation reports have cited a degree of esprit de corps among team members which was of considerable benefit to the program. There is a feeling of shared responsibility and commitment to enrollees, and a certain enjoyment at crossing usual professional lines and working closely with persons of other specialties.

Another advantage of teams is the ease of communication. Team members are usually seated in close proximity to one another, and communication is a simple matter of calling over to an adjacent desk, or walking a few feet. A great deal of informal discussion of cases takes place this way, in addition to the more formal and structured case conferences which are also held.

C.2.1.2 The Use of Teams: Problem Areas. Team staffing has not worked out as well in practice as, in principle, it should. A number of problems have arisen in implementing the team idea. Many of these concern the relative tasks, responsibilities and powers of team personnel.

An immediate point of conflict is the role of the team counselor in relation to the manpower specialist (more often called the job developer, or employer relations representative). In most WIN programs, at the suggestion of the guidelines*, the counselor is the leader of the team, and the validator

* Any member can be the team leader; the decision is left to local projects. In a few projects, no member is designated as administrative leader. The teams report to administrative supervisors.

(if not the main architect) of employability plans. He is generally, moreover, the "boss," exercising supervisory responsibility for the rest of the team.

In many WIN projects, however, the counselor is, in terms of length of service, a junior member of the WIN team. He may be a new Employment Service employee, recently graduated from college with little or no administrative experience. Further, he frequently has no career plans with regard to Employment Service work, he may be planning to go into guidance counseling or some other, better-paid field, and is unlikely to remain with the Employment Service for more than a few years. Many counselors are women, and some may be expected to leave after brief periods for marriage or child-rearing.

The job developer, by contrast, is often a long-time Employment Service employee who has come up through the Civil Service ranks. He has a long-term commitment to the Employment Service. He may very well resent being asked to accept direction from a younger, less-experienced person; such resentment was discovered in a number of WIN projects visited. Compounding the problem is the reluctance of middle-age men to take directions from young women.

Another problem with the team arrangement is that some of the specialists are often seriously under-utilized. In some projects—particularly those where the counselor does the intake interviewing—the counselor may be the only professional staff person on the team ever seen by the enrollee. Work and training specialists and manpower specialists may make their contributions on the basis of counseling files and other records, without ever actually seeing or speaking to the enrollee. In some projects, they make very little contribution in any event, and are simply called on by the counselor if he wants their advice. The effects of this are damaging, both to the enrollee and to WIN staff morale:

- employability plans turn out to be one-man products, and fail to take advantage of the specialized knowledge about training options and the labor market which is available to the team;

- the counselor is working at a frantic pace, rationing his time among enrollees, while other staff are under-utilized; and,
- other staff feel the counselor has, gratuitously, been placed in a superior position where his judgment is respected more than theirs.

Involvement of coaches in development of employability plans is not frequently found; in some projects the coaches' opinions are rarely solicited, and coaches do not attend team assessment sessions where enrollees are individually discussed.

C.2.1.3 The Use of Teams: Summary. The basic issue in evaluating the application of the team concept is less one of teams-versus-no-teams than one of ensuring that the values which the team concept was intended to provide are in fact provided. Formal teams are not the only way to maintain these values, and the team idea can be (and has been) ineffectively used. But whether teams are used or not, the staffing and administration of WIN projects should ensure that:

- all available knowledge (particularly of training options and the labor market) is utilized in preparing employability plans;
- the possibilities and problems of individual enrollees are considered by a number of staff members representing different disciplines or specialities;
- the enrollee understands, preferably by personal contact with a number of staff persons, that these specialists are involved in helping him;
- adequate time and opportunity are allowed for WIN staff to develop a working relationship to the enrollee, and
- there is frequent communication, informal and formal, among staff concerning the problems and progress of individual enrollees.

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Staffing a project with teams will not guarantee these values, nor will absence of teams preclude them. The structure of staffing is probably of less importance than the general feeling of project staff about enrollees, their expressed concern, and their ongoing involvement in enrollees' program progress.

While the DoL guidelines for WIN do not explicitly require that the counselor head the WIN team, the provision calling for the counselor to "establish a realistic employability plan" is widely understood to make the counselor the manager of the team. In many cases, it would be far less awkward to put the manpower specialists in charge of the teams.

C.2.2 The Role of Caseworkers in Employability Services

Often, the caseworker who refers a client to WIN has useful insight into the client's situation which can be valuable in the development of an employability plan. The caseworker — particularly if he has worked with the client over a long period of time — may have substantial knowledge of the client's problems and potentialities, and may be in a good position to evaluate alternative employability possibilities. The DoL WIN guidelines say that:

Effective channels of communication should be established and maintained between the family caseworker and the employment service counselor. Frequent conferences may be necessary to assure that services are related to recognized needs.

Precisely the same wording also appears in the HEW guidelines (Section 45, Paragraph 2).

The degree to which such communication and involvement actually occur varies greatly. In some projects, frequent telephone communication exists between WIN counselors and caseworkers; in a few sites, there are regularly scheduled sessions for reviewing enrollee progress, in which caseworkers participate with the WIN team.

In other projects the situation is quite different; communication between any WIN staff and caseworkers is a very rare event. Reasons for the lack of liaison are frequently more pragmatic than theoretical; they include such factors as:

- Caseworkers spend a good deal of time away from their desks, and are often hard to reach by telephone. (In one project visited, the Welfare Department had so few phone lines that it was almost impossible to avoid a busy signal when calling in; making outgoing calls was also difficult since lines were rarely free.)
- The caseworker's life is a hectic one, and there is little time for such activities as case review. Most welfare agencies are understaffed, and caseloads are large. Many caseworkers interviewed said they would like to be involved in the WIN experience of persons they enroll, but are simply too busy to find the time.
- Turnover among caseworkers is extremely high; rates of fifty percent annually are not uncommon, and much higher rates obtain in some communities, particularly in large urban areas. The caseworker who makes a referral to WIN may leave shortly thereafter, and the caseworker's replacement may not have any knowledge of the enrollee which will be of use to the WIN team.

Such pragmatic considerations do not account for all of the problems in caseworker-WIN relationships, however. In projects where relationships between the local welfare agency and the Employment Service are strained to begin with, there frequently is not enough mutual confidence and trust to enable WIN teams and caseworkers to function smoothly together. Many caseworkers expressed feelings that ES personnel didn't really understand the problems of welfare recipients. There is also the feeling that WIN has unjustly supplanted the Title V program, which many welfare employees feel was a superior effort. Thus, part of the difficulty in communication and cooperation found on the team caseworker level is really a manifestation of higher-level problems of liaison and interagency friction. The existence of a single interagency manual could greatly improve the situation.

C.2.3 Counseling

Counseling is a crucial function of the WIN program. Vocational guidance, ability assessment, personal problem-solving and motivation are all aspects of the counseling role. The counselor is charged with the responsibility for the development of employability plans. He is the staff member from whom requests for testing must originate, and the one who weighs test results in making employability determinations. He is the one primarily responsible for pulling together all the services and components required to carry out coherent employability plans for enrollees.

Some counseling was available in nearly every WIN program visited, whether team staffing was in use or not. The few exceptions were rural sites which had desperately hard times recruiting professional staff, and had simply not been able to attract counselors successfully. In several programs, WIN counselors were former Welfare employees who had worked in the Title V program.

Various problems arose in the carrying out of the WIN counseling function. A major one was the sheer pace of enrollment and the size of the caseload. In projects where early enrollment was carried out in a rushed manner (accompanied, often, by inadequate pre-referral screening), the start-up burden on the counselor was enormous. This led both to inadequate counseling (a situation admitted by, and resented by, a number of counselors interviewed) and to enrollees being assigned to components without preparation of sensible employability plans. Even where a project is fully enrolled and in a "steady state" condition, the counselor's time must be severely rationed if he is to serve a caseload of 200, some substantial proportion of whom will have multiple problems.

Compounding this problem is the relative inexperience of some WIN counselors; many are young, recent college graduates. Some have come to the Employment Service straight out of college; their own job-hunting experience is extremely thin, and their knowledge of the job market weak and acquired second-hand. They lack the kind of personal experience which is helpful, if not necessary, in developing and implementing employability plans. Many

qualify as counselors because they took psychology and sociology courses in college; this is not necessarily adequate equipment for dealing with problems of disadvantaged persons. Special education and training in problems of discrimination and the Welfare system are rarely part of a counselor's preparation.

Other barriers hinder the counselor's ability to function with the WIN population. The counselor's relative youth sometimes makes it hard for him to relate to older persons in WIN. In many programs where most of the clients are black, the counselors are white, creating another problem in communication and rapport. Few counselors come from poverty backgrounds, and they may have considerable difficulty understanding the world of the welfare recipient. To some degree, these obstacles are offset by enthusiasm and concern, which many counselors interviewed demonstrated strongly. But there can be no doubt that it is very hard for a counselor to gain the trust and confidence of people to whom he is, inescapably, an "outsider."

The DoL guidelines call for the counselor to perform a variety of functions involving at least two goals: assistance with personal problems (including "self-image"), and vocational assessment and guidance. A balance between these aspects is by no means easy to achieve, since the amount of time a counselor has for any one applicant is severely limited. Many counselors try to confront marital problems, alcoholism, landlord-tenant relationships, legal problems, health conditions, housing issues, child-rearing concerns, and so forth--but this leads to such a dilution of time and talent that the net effort is frequently to frustrate the counselor while not really helping the enrollee's WIN experience.

As presently constituted, WIN makes intensive counseling hard to provide. Some ingenuity has been evidenced in programs to overcome this obstacle; for example, some programs are making effective use of group counseling, particularly for enrollees who are between other components. Other programs simply continue counseling until they are convinced a thorough job has been done; in such programs, dozens of enrollees are in holding "awaiting further counseling."

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It is unfortunate, but WIN counseling is at best a kind of compromise function--a compromise between a one-shot "assessment" and the kind of long-run continuous counseling that many enrollees undoubtedly could use. That basic situation is unlikely to change; the trick is to make the compromise as meaningful and relevant as possible for the enrollee. Our recommendation in this regard centers on two approaches: (1) focusing WIN counseling on vocational problems, and (2) re-structuring the staffing pattern to allow for two counselors to a team.

Since WIN is an employability program, the counseling provided must be relevant to employment. While a counselor may be able, on occasion, to help with other problems (or, more likely, to refer the client to the agency or service which can help), his role is primarily to help the client plan for a useful sequence of services and components that will end in employment. Solid knowledge of the labor market, and of educational and training programs, is often going to be of more use to the counselor than the psychology courses which have helped to qualify him for his job. There is a clear need to offer present WIN counselors more training in employment problems, and to recruit additional counselors whose understanding of training and employment is sufficiently detailed to permit good employability planning. The counselor needs to understand basic education and GED well enough to know whether his client needs them, and can benefit from them. He needs to know what training is actually available in his community. Most important of all, he needs to know what his job market is like. While he has other specialists available to him (the work and training specialist and the manpower specialist) who presumably understand these areas in depth, there is no substitute for the counselor's having at least enough knowledge to be able to avoid interesting applicants in nonexistent jobs, or making unrealistic educational and training plans.

In terms of sheer amount of work the counselor, in most projects evaluated, is the busiest member of the team. He must have contact with every enrollee assigned to his team, and this contact will continue throughout the enrollees' WIN experience, although often intermittently. Programs do back-jam at the counseling function, and counselors are often hard-put to

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provide more than minimal service. The provision of a second counselor for each team--already implemented in a few projects visited--is indicated. Dividing the caseload between them, two counselors would be able to strike a saner work pace, and spend more time in the development of well-thought-through employability plans.

C.2.4 Coaches

In nearly all programs visited, the WIN staff included coaches, often recruited from the indigenous poverty community, to function as program contacts with enrollees. In a few programs, this arrangement was working well, with coaches providing the main enrollee contact with the professional WIN staff, and assisting in the development of employability plans. More often, however, there was a good deal of awkwardness and confusion about the coaches' role--related by coaches and other staff as well. Many coaches complained, with obvious justification, that they were not really regarded as integral parts of the WIN team. Sometimes they are really "bloodhounds," used primarily to track down enrollees who fail to appear for components. Many feel they are not permitted to contribute to employability plan development, and that their advice in regard to enrollees is rarely heeded.

The gulf between the coach and other team members is compounded both by "professional" considerations (since he lacks degrees and other qualifications which counselors, manpower specialists and work and training specialists must have), and by the frequently encountered situation where the team is all white except for the black coach. Team members often fail to appreciate the contributions coaches can make. They recognize that he can go into neighborhoods and institutions where they cannot, but they do not recognize the degree to which he can help WIN avoid approaches and policies which are humiliating or patronizing to the poor. In a good situation, where the coach is regarded as a full-fledged team member, he can provide--and, in some projects, obviously does provide--a kind of ongoing "sensitivity training" for the balance of the staff which is necessary and invaluable.

States vary widely in the degree to which coaches can work their way up "through the ranks" to other Employment Service positions. In some, a career ladder exists which enables a coach to steadily progress to, for example, a "counselor aide" position, while at the same time availing himself of both in-service and out-service (college) training. In others, the coaches' role is a dead-end role, since all higher positions require college degrees. The irony in this situation--since WIN enrollees are presumably being prepared for upwardly mobile jobs--is not lost on the coaches. The change here will have to come in state Civil Service policies, although programs such as WIN, and the soon to be implemented Public Service Careers Program, may help to spotlight the need for such reform.

In the projects which take the coaching function seriously, a number of valuable roles are assigned coaches. They sometimes make pre-enrollment contact with persons referred, to the point of escorting them to the intake interview. They participate in the orientation sessions, sometimes speaking on sensitive subjects (grooming, for instance) which would not be as well-received coming from other staff. They keep in touch with the enrollee throughout his WIN experience, and particularly while he is in holding or follow-up status. Some projects provide coaches with cars; others reimburse them for use of their own cars or for the use of public transportation.

A few projects are also using community aides to augment the work of coaches, and several others are planning to create such positions. These community aides are often WIN enrollees or other welfare recipients (as are the coaches themselves in some projects). They can work their way up to coaching positions; their mobility beyond that is, again, a function of Civil Service regulations.

C.2.5 Holding

According to national WIN reports, approximately 19,000 enrollees were in holding status as of October, 1969.* This figure is approximately

* The percent of enrollees in holding has been generally declining since last year. In December 1968, 38.3 were in holding; in March, 39.9%, in June, 34.4%, in October, 28.2%. These figures are taken from WIN Program Development and Status, August 1968 through October 1969, USDL.

twenty-eight percent of those currently enrolled in the WIN Program. Of this number, 500 are in holding awaiting their first program component, normally orientation but possibly some other program component. The rest are in holding, awaiting assignment to an advanced component.

Since the data depict the program as "frozen" at one point of time, these figures might be misleading. For instance, enrollees may have been in holding for a week or less awaiting the start of a new orientation group. These holding cases are probably best considered as "normal." However, in some projects many cases have been waiting, or in holding, for longer periods of time and pose a crucial problem to the operations of the WIN Program. These cases are the enrollees who have been waiting for weeks, even months, for a course to begin or for a slot to become available for training. This is the most likely explanation for the larger group of enrollees in holding.

The figures for "holding for first component assignment" bear testimony to WIN's start-up problems, and the difficulties of coordinating the processes of referral and enrollment with actual availability of components. They also reflect the experience of some projects where each new enrollee must have a counseling session--thus creating a backlog of persons who have been enrolled but have not received program services, since demands on the counselors' time are extensive.

The number of enrollees waiting further components is a more serious problem. Over seventy-six percent of the enrollees in this category had not engaged in any form of job training, and 45.3% of that group had completed only the orientation phase.* These figures indicate several problem areas: lack of adequate planning for a steady progression through the program, problems in arranging for education and job training, and problems in the development of jobs for placement.

Educational and training opportunities are usually dependent upon the schedules of the institution or agency offering them. (An example would be the common practice of hospitals' offering licensed practical nursing courses

* Shearer Report on the WIN program, proposed by the Office of Evaluation, Division of Program Review and Analysis, Manpower Administration.

only twice a year.) Projects which have training and educational courses based upon large-class, institutional enrollment and which lack the flexibility for arranging individual courses, are particularly prone to this imbalance. The lack of adequate job development, and educational and training sites, leaves little recourse other than the holding classification.

One problem raised by the large number of enrollees in a holding status is motivation. Holding means a disruption in the program and in the achievement of the goals toward which the enrollee works. Long periods of delay would cause in any person, particularly for the enrollee who has had his hopes raised, a feeling of discouragement and disillusionment. For this reason, one should expect a high correlation between lengthy holding status and nonplacement termination from the program.

C.2.6 Paperwork

The amount of paperwork generated by the program is a frequent complaint of WIN staff. The cause of the complaint is not only the paperwork which federal reporting requirements call for, but also additional reporting necessitated by states, or by the nature of the local program itself.

The federal requirements alone are substantial, particularly for those projects--typically the smaller ones--where the responsibility of preparing statistical summaries such as the multiple ES reporting forms rests with the teams rather than with a special statistical unit. The WIN program is in some respects, a combination of previous programs. It is an ES program and various ES forms must be filled out by WIN staff. It is also an HRD program, and HRD reporting is required. And above all of this, as a separate identified program, it has its own reporting, some of it duplicating other required forms. A particularly cumbersome reporting feature is the necessity of completing the Change of Status form for each enrollee each time he goes from one component to another (or from a component into holding, or from holding back to a component).

The federal reporting requirements are only the beginning of the story. The disadvantaged, particularly in core city areas, have very high mobility within neighborhoods, and welfare offices and WIN programs have considerable work just keeping track of changes of addresses and phone numbers. Preparation of counseling records and logs requires substantial time, and in some projects other staff persons also routinely file case reports. States vary in their reporting requirements, but frequently require statistical reporting similar to that on the ES 241 and ES 250 forms, but in different format. Some states have their own Change of Status forms, on different formats from the MA 113; this means that every change must be reported twice on different forms. Some require additional reporting, including narratives, all of which takes time away from service to enrollees.

Although much of the required reporting can be readily justified--particularly in view of the unusual interest in WIN as a new program--the existence of cumbersome paperwork is a serious morale factor among WIN staff in most projects evaluated. The burden does not fall to secretaries alone; professional staff are also heavily involved in preparation of statistical compilations, MA 101's, logs, case file entries, etc. Many counselors, for example, estimated that from thirty-to-fifty percent of their time was absorbed in paperwork.

Since much of the paperwork problem is a result of state requirements added to federal ones, redress is impossible on the federal level alone. States should investigate the actual paperwork load on WIN staff, and where overlapping or unnecessary paperwork could be eliminated. It might be, for example, that copies of federally required, cumulative statistical reports would suffice for most state purposes, eliminating the need for different forms which report the same information. The entire system of tack-on reporting should be re-considered. The Employment Services should be able to use one series of forms, required of all existing programs, and useful for all future ones. A basic series covering services, applicants, and costs could be used for all programs, with suitable program identification blocks.

C.3 EDUCATION AND TRAINING

Education and training components are essential to the Work Incentive Program. The majority of applicants are without any significant skill. They have received neither sufficient training nor acquired sufficient work experience to be considered as having even a minor skill in some marketable area. In addition, a significant number are without high school degrees and many are unable to use English effectively since their achievement levels are too often lower than their grade levels.* The problem is further compounded because WIN is primarily for women.** Though labor markets in most areas can provide some jobs which may be held by men lacking high school degrees or previous training, openings are frequently limited for women. Unfair hiring practices persist with respect to sex, and traditional concepts of work that women can or should do have been ignored only once, during World War II. As a result, a woman who would like rewarding work with upward mobility must generally choose a position in clerical or allied medical fields. These areas often require at least a high school degree or equivalent. This means that since women without the requisite education constitute a significant percentage of most programs, WIN will have to allow for an extended educational path for its participants from GED--and in some cases from basic education--through vocational components. To complete this sequence as the program is presently constituted will take several years. This is clearly the best course of action for some enrollees, but not for all. Unfortunately there is little else that most projects can do.

* An analysis of characteristics of AFDC recipients shows clearly that the educational level of present WIN enrollees is significantly better than that of the general population, indicating a probable downward trend in the educational level of applicants.

** To understand the requirements of WIN, it is crucial to keep in mind the great differences between rural and urban areas which exist in both the populations and the programs. National statistics which show a forty percent enrollment level of males are combining rural areas such as West Virginia, which are primarily programs for males, with some urban programs which are, or soon will become after the initial surge of mandated referrals of males and youths, primarily for women.

The alternative to extended training and education would be to place women in low-paying positions in services and trades which will not remove those with more than one or two children from Welfare. Moreover, such positions are characterized by high turnover and there is a strong likelihood that many women so placed will be without employment shortly after termination. Therefore, unless the labor market can be significantly altered through job development and job restructuring (see Paragraph C.4) educational and training courses will have to be given to a majority of present and potential WIN enrollees.

C.3.1 An Overview of the Educational and Training Component Structure

WIN is provided with considerable flexibility in establishing education and training components. Problems early in the program limited the extent to which educational and training components contracted. These have generally been overcome. (This was determined through follow-up evaluation visits.) Free from the pressure of bulk enrollment which characterized the start-up of many programs, individual plans are now being increasingly emphasized and individual training contracts, as compared with bulk or class contracts are more in evidence. Many projects have made use of a significant number of community resources and serve as filter and funding mechanisms to allow WIN enrollees to take advantage of a wide variety of training opportunities. There are, of course, problems in the development of an employability plan, as discussed earlier in Paragraph C.2, but the provisions for the coordination of training programs coupled with employability programs are generally very good.

WIN is by no means limited to MDTA programs or even courses in the public sector. The training available in skill centers, MDTA courses and vocational high school is supplemented by private vocational schools. The general impression received from the evaluation visits, in fact, was that training options and educational options in most sites were adequate and desired by applicants. There are, however, problems which were frequently observed in the education and training components and areas where significant improvement can be made.

C.3.2 Basic Education and CLD

There is undoubtedly a significant need for educational components for enrollees, as is stressed above. Nonetheless, there may be too much emphasis placed on bringing people up to the level of employers rather than trying to find significant jobs that might be held by workers with less than high school diplomas. The reason is simply that many persons who do not have high school degrees dropped out of school because they didn't like it. They came to WIN primarily to get jobs and skills--not to go back to school. Long periods in strictly educational components, thirty hours a week, week after week, can be too long and too severe for many persons not used to such a routine, and not strongly interested in education.

The extent to which dropouts from education is a problem requires some interpretation. The program is not yet old enough to be certain that a steady-state, dropout pattern has been reached. Many programs are still dealing with what must be considered the better and more-motivated applicants. Dropouts may increase. In many programs, both staff and applicants had strong criticisms of the present GED and ABE programs. They felt the GED programs in high schools reflected too traditional an approach and were not suited to WIN clients.

In other programs, Basic Education and GED are used as holding operations for persons for whom direct vocational plans cannot be made. This is frankly admitted in many areas; counselors and others feel there is very little they can do for an untrained and uneducated applicant. Sometimes dropouts from Basic Ed and GED components are anticipated and desired under the theory that these persons will not require further service and more time will be available for the motivated who make it through the courses. In other words, such courses sometimes act as a weeding-out process which makes subsequent screening and placement easier for the program.

Alternatives to educational components must be sought out for those applicants who express no interest in further education not directly linked to a vocational goal. At present, there are very few programs that couple education with vocation, but where such an approach is used, it is apparently

liked. There are some combined educational-clerical programs available to WIN and there are a few companies which have used this combined approach. Ideally, the best approach would probably be one that could place an applicant in an industrial, manufacturing or office environment where a portion of the day would be spent in education and a portion of the day in work. Such programs are largely unavailable to WIN; not only because of their scarcity in the private sector, but also because of the noncompetitive position of WIN with respect to developing them. (See Paragraph C.3.4.3.)

C.3.2.1 The Quality of Courses. There are many approaches used for Basic Education and GED programs. These are largely divided into two general categories: the programs—particularly for the basic education component—which are subcontracted to private corporations (such as Westinghouse Learning Corporation, Educational Development Laboratories or MIND, Inc.), or those which are given to local boards of education. The relative merits are disputed by WIN staff members and, for that matter, applicants. Though the study could not evaluate educational components, except in terms of results, many persons interviewed have raised serious questions about their efficacy.

Few programs could be considered as innovative for the populations for which they are designed. Too many are part of the normal adult components in high schools and are designed for a homogeneous class structure rather than for persons of diverse backgrounds. Applicants with widely varying achievement and learning levels in one project were placed into the same basic educational component. The slower students could not keep up with the class, and dropped out because of discouragement, while the better students became bored before the course reached their level. In one area, an adult basic education class conducted by the school system has its class for WIN parents in the grammar school during class hours—the same grammar school where some WIN enrollees have their children enrolled.

One basic problem with the program is that educational evaluation is largely divorced from the WIN Program itself. Course evaluation is conducted by the school system and is considered to be within the competence of experts in education, not the WIN Program staff. But, the evaluation of

educational components is critical to the program. WIN should have available to it experts in education for the disadvantaged who can develop experimental and innovative courses for such applicants, courses which are coupled as much as possible with clearly defined vocational goals and possibly with vocational training itself. An evaluation of past experience would be feasible now because of the wide diversity of classes and concepts to which applicants have been exposed. Some basic educational programs use novel approaches developed by private corporations, supplemented by visual aids. Others use more standard readers and techniques.

In one or two areas evaluated, GED was under direct control of WIN and was designed for disadvantaged clients. In other areas, GED was conducted as a part of the normal adult basic educational programs in the school system. Because of the diversity of exposure, an extensive evaluation of contents and the meaning of courses to applicants should be made. Resulting from such a study, greater direction could be given to the use of both basic education and GED components. Moreover, statistical analysis of results (particularly the analysis of dropouts and successful completion), could start the focus on approaches which show promise.

C.3.3 Testing

Testing is varied, widely used, and often misused. In too many instances testing has been used as screening for both education and training. Some of the tests are patently unsuited for the population served by WIN. The Intermediate Stanford Achievement Test, which is sometimes used to measure reading comprehension, is biased not only for cultural backgrounds, but also for certain interests. A person with scientific interests or experience can answer nearly half of the questions of paragraph reading comprehension without reading the paragraphs. Conversely, the same paragraphs would prove very difficult for persons who have neither scientific interests nor background. The result is that such tests measure interests, awareness, and backgrounds as much as they measure reading comprehension. Since the scores achieved on the SAT often dictate whether a person will be allowed to obtain training or go into GED or Basic Ed, seriously biased employability plans may result. For example, in one area at least a fifth-grade achievement

level on the SAT is required for training; test scores determine whether the applicant will get what he really wants from the program: training and a job.

Similarly, the General Aptitude Test Battery (GATB) is widely used to determine suitable vocational areas. Where properly used, it is a valuable tool. In cases, however, where the scores are strictly adhered to for determining training, it is more harmful than helpful. Because of the very wide variation in administration and interpretation of tests (and for that matter in tests used) direction at the national level is needed. Examination of tests, and guidelines on the use of tests, should be coupled with the evaluation of the educational and training components given to applicants. Too much variation—without apparent reason—was observed in the field. Experimentation with tests and components is, of course, not bad in itself, but applicants are being hurt by being subjected to poor combinations of tests and components.

Nonverbal vocational tests, such as those used by the Jewish Educational Vocational Service's work sampling program, are probably steps in the right direction. (A national research project is under way to study this project.) In addition, attention should be given to developing a better measure of verbal and numerical skills than presently available.

C.3.4 Vocational Training

Vocational training is actually divided between institutional and on-the-job training. Within the institutional training category are public programs in federally funded projects (such as MDTA), general public programs provided through vocational high schools and private courses with privately funded and profit-making vocational schools, whether arranged on a class or individual basis. This combination of different approaches can yield a good mix of opportunities for applicants. Some areas—particularly rural sites—have limited training opportunities for applicants. The lack of training opportunities in these cases reflects also a dearth of actual job opportunities. In many program areas, however, training problems resulted from procedures which could be corrected.

C.3.4.1 Coordination and Funding. From the time the first projects began in September 1968 until April 1969, and later in some cases, vocational components were restricted because adequate provisions had not been made for funding of courses, obtaining courses, or securing individual contracts where needed. In one of the earliest-starting programs, the first individual contract was not approved until July 1969 because of contractual restrictions. In some programs, tremendous pressure was placed on getting applicants enrolled in WIN despite the fact that no training components were available, none had been adequately searched out, and few could be obtained for applicants for many months to come. This produced a variety of effects: extremely long holding periods, "false" components which camouflaged actual holdings (such as meaningless work-experience programs), overuse of GED and Basic Ed components, or increased emphasis on orientation and counseling, even where not indicated. Though this problem has been largely solved, at least as evidenced by our follow-up visits, new programs should be planned around the initial availability of program components and jobs.

There are still some features of coordination which are hampering the program, but not to the extent observed early in the study. Individual contracts often require a lengthy chain of approval. Approval in less than a few weeks is uncommon; approval after months, typical. During this period the applicant is often in holding and is anxious about his plan*. One side effect is that while the applicant is in holding—whether because of his own problems or because of program problems—he is not receiving incentives**, not receiving supplementary welfare allowances, and not able to carry out child care plans. The combination of these can have a very detrimental effect on the applicant's ability to remain in WIN and his enthusiasm for it.

C.3.4.2 Course Diversity. Occupations for women are limited, and perhaps as a result many programs have adopted a very narrow view of training for women. Invariably, the great bulk of all training for women is in the

* Some applicants purchased course materials for programs which were later disapproved.

** It is now possible for enrollees to receive incentives for holding periods not in excess of 30 days.

clerical, medical or beautician fields. For example, TABLE C-1 shows the listing of training slots for four programs, which are typical of most of those reviewed.

TABLE C-1, A Sample of Training Assignment

Small Projects		Large Projects	
Kindergarten Teacher's Aid	2	Hairdressing	11
Beautician School	2	Clerical	19
Commercial School	3	LPN	12
(Private)	3	Cook	4
OJT (clerk)	1	Stenographer	6
		Clerk-Typist	14
Private Business School	10	Art	1
(Clerical)		Cosmetology	17
MDTA Clerical	6	Clerical, Steno and	
		Business	43
		LPN and Dental	22
		Registered Nurse	4
		All Other (Male and Female)	26

The problem is not that so many women are being trained for clerical or allied medical professions, but that there are numerous others now placed in Basic Ed or GED programs for whom such courses are not suitable. The focus on employability plans for women which stress clerical or medical training results in far too many women ending up in Basic Ed or GED programs because of some vague goal for placement in those areas. The women who are not able to cope with the rigors of six hours a day of education drop out and are lost to the program, though these women may have a very sincere desire for work. (The program staff too often state that those who leave are "unmotivated.") A broader view of jobs for women should be developed, coupled with an attack on the labor market.

C.3.4.3 On-the-Job Training. The majority of training courses for WIN are institutional. Though these have been supplemented by individual contracts, a pressing need exists for on-the-job training. In most areas, including some of the largest programs visited, no OJT courses for WIN enrollees have been procured. For example, the largest program evaluated has staff dedicated to the development of OJT slots. After seven months no results have been

produced. The main reason for this is the competition for the limited number of OJT slots among many agencies and programs. In some areas, the private sector has been saturated. The Work Incentive Program finds itself further limited since its contracting provisions are not competitive with National Alliance of Businessmen (NAB) OJT under the MA-4 Contracting provisions.* The MA-4 contracts, moreover, are usually unavailable to WIN applicants since the Concentrated Employment Program (CEP) is the prime deliverer of manpower to NAB and can fill the slots from its own applicants.**

In many respects, OJT is the most desirable of all training options, since it screens for a job at the beginning rather than at the end of training. The applicants are aware when they are placed in OJT that this is already a job and that they have a position if they can hold it. Unlike Institutional Training, which does not guarantee a placement (and many applicants express the fear that they will not get a job), OJT has the incentive of employment built in. OJT is essential to WIN, but very little in providing it can be achieved by the WIN teams themselves. The procurement of OJT must be a coordinated effort at the area level for all programs. This can eliminate competition among programs and the endless stream of "developers" to which some employers are subjected. It could also produce an equitable distribution of positions among programs such as WIN, CEP, HRD, the Urban League, etc.

C.3.4.4 Work Experience. Work experience, when properly used, is a valuable adjunct to Vocational Training. When improperly used, it is a substitute for holding. Though work experience does not necessarily have to have a clearly defined vocational goal, it is sometimes a suitable and acceptable alternative to vocational training programs. Some applicants have received valuable instruction and have ingratiated themselves with employers during work experience, with the result that they were subsequently hired. Without the exposure obtained from work experience they might have had little chance for such employment.

* The reasons why the provisions are not competitive are complex, involving both the nature of the contract, the money and training period allowed, the allowable elements the contractor can receive payment for, and the source of the contract itself.

** A recent directive from USTES provides that CEP is no longer to be the sole deliverer of manpower to NAB, and provides for NAB-OJT slots to be allocated to WIN participants. This change had not taken effect during the evaluation.

On the other hand, work experience is often used as a dummy holding operation and consists of little more than having applicants assigned to offices to do menial work or to supplement other employees. Even in WIN program offices, some applicants have been assigned to work experience doing little more than closing and stamping envelopes for weeks on end. In one case, an applicant had been doing such trivial work continuously for longer than the thirteen-week maximum suggested in the federal guidelines. In another program, work experience for an applicant consisted of parking and guarding the staff's cars in the WIN parking lot—a job he had passed into directly from the Title V Work Experience Program he was previously assigned to. In all, he had been parking and guarding cars for well over a year.

These cases clearly show that there is a potential of misusing work experience to shuffle applicants into meaningless positions for periods of unofficial holding. Adequate in-office training is difficult to develop. Most supervisors in offices do not have the time or inclination to work with trainees; do not comprehend, in fact, the tasks that actually are required for jobs; and cannot properly conduct a suitable work experience program without guidance. A clearly defined objective and a clearly defined study plan should be requirements for every work experience slot and careful monitoring should be provided. This is seldom done. Even in some programs which claimed that such requirements existed, no adequate lesson or procedural plan could be produced.

C.3.5 Absenteeism From Components

The majority of projects visited were experiencing problems with enrollee absenteeism from formal components. Generalizations about patterns of absenteeism are hard to arrive at. Some projects experienced heavy absenteeism during orientation, with a sharp decline once enrollees entered educational and training programs. In others, the pattern was exactly opposite. Some sites had noted higher absenteeism among youth, or among women. Many had no clear idea about absenteeism, since they were subcontracting all formal components and were not regularly receiving reliable attendance reports.

It is clear that patterns of absenteeism are useful clues to enrollee attitudes toward program components, and a few projects were benefitting from analyzing these patterns and taking corrective action. In the project with high absenteeism among youth, for example, a special youth-focused orientation component had been devised. Another project had discovered that absenteeism began to increase as enrollees neared the end of their training components; attributing this to anxiety about entering the job market, the program began concentrating increased counseling efforts on enrollees at that point.

Because attendance reports are an important indication of enrollee interest, and — at least indirectly — of program impact, all subcontractors to WIN should be required to submit weekly attendance reports as a condition of their subcontracts. These should be analyzed by program staff to: (1) give an early warning of enrollees who may be drifting away from the program, and who should be re-contacted by the counselor or coach, (2) provide an indication of components which are unattractive to enrollees, and which therefore should be re-examined for relevance, content and suitability for the client population, and (3) check for patterns which indicate that enrollees with particular characteristics tend to lose interest in certain components. It might be discovered, for instance, that youth do not respond well to some component, or that older people do not, or that women do not, etc. In general, attention to attendance and absenteeism patterns can provide an "early warning system" to re-evaluate components and make corrections before damage to enrollee morale has occurred.

C.4 PLACEMENT AND JOB DEVELOPMENT

The purpose of the Work Incentive Program is to place persons in employment which can enhance their lives, and substantially reduce their welfare payments. The program must ultimately be judged on the basis of the number of persons placed, and the quality of jobs in which they are placed. Despite this, less attention has been given to the obtaining of good positions than to most other areas of the program. The Work Incentive Program was largely planned around the number of persons on Welfare rolls, particularly the numbers who could presumably be made employable. Employability was considered independent of whether a job could be provided for the applicant.

The only "escape mechanism" from limited labor markets was the provision for the use of special work projects for enrollees for whom suitable work could not be obtained, and this provision proved so difficult to implement that only one state used it.

To verify that inadequate consideration was given to both the question of jobs in the private sector and the suitable development of special work projects in the public sector, one need only visit projects in areas where there are few job openings in any fields, and where WIN programs are devoted to the education of the applicant. Moreover, that only one state has implemented a special work project (and this one was hardly a success within the framework envisioned for such projects), is a further indication of the lack of planning around outcome rather than intake. The exact extent to which WIN will be able to secure suitable employment for applicants cannot be ascertained, despite the pessimistic indication from the lack of planning based upon the labor market. WIN is a young program, and very few persons have moved through the program to the point of placement.

Statistics to date show that 14.3% of all applicants have been placed, including those still in follow-up*. Of this figure, however, only one-third have terminated, with two-thirds still in follow-up. There are encouraging signs in the quality of placements made to date. Most have been above three dollars per hour.

The low level of results, but relatively good mix of jobs could be optimistically interpreted. First, the small number of placements could be interpreted as indicating that it is too early in the program to see significant results. Second, the fact that many of the placements are good, both well-paying and in fields which do offer mobility, could be considered as evidence for a successful placement policy. Such conclusions would be misleading, however, because of the unusual nature of the start-up of this program.

* Shearer Report.

In the first place, there was a significant number of Title V transfers into WIN early in the program, and many placement actions carried out as part of the Title V program are reflected in WIN statistics. These persons transferred from Title V were already the success class of this program in that they had remained in training for an extended period of time. Second, many applicants reflected in the early results were Category I, persons who were job-ready, because of the requirement to enroll the mandated AFDC recipients. Since there were a fair number of men relative to the number of slots*, a much higher percentage of men occupied slots early in the program than will probably be evidenced later. The males tend to fall into two distinct categories, those on AFDC-U primarily because they were unable to find employment prior to unemployment insurance benefits running out, (but who are active job seekers), and those males who were, despite being carried on AFDC-U, too incapacitated to work. Many of the early placements reflect the easy movement of the job-ready males into the labor market. This also accounts, in part, for a number of the better-paying positions. Many of the women placed thus far were either graduates of Title V or job-ready (a small percentage in the total population).

Results to date, then, can also be interpreted pessimistically. Of terminations processed, over 80% have been for other than placements**. Even comparing the total number placed, terminated or not, with the dropouts shows that over 60% of all persons no longer active in a component have dropped out. Of course, these figures should be no more cited as indicative of a probable long-range eighty-percent failure rate, than the quality of placements to date should be used as representing potential success.

* WIN enrollments reflect at this time 40 percent male and 60 percent female distribution because of referral priority. The AFDC statistics show 5 percent male and 95 percent female.

** This figure is obtained by comparing the number of placement terminations with the number of dropouts.

Because of the unusual nature of the start-up WIN enrollee group, and the results that have been achieved by them, present program statistics will almost certainly prove to be poor indicators of long-range program potential. The analysis must therefore deal with the operation of the job placement and development function, to identify potential areas of weakness and strength.

C.4.1 Planning and Labor Market Relationship

WIN Guidelines, Regulations, and State Plans, are usually weak on the subject of available jobs. Though the subject of determining employability is often mentioned, and all cases of AFDC would have to be assessed to identify those who could be made employable, the complementary action, i.e., the determination of the number of jobs into which the employable enrollees might be placed, was not clearly specified. The DoL guidelines do discuss the problem of finding jobs in the private sector, and the need for aiding companies to carry out job engineering, which could benefit WIN clients. But except for the section on category III special work projects, and the planning for labor-market information, there is little indication that the critical problem with the program may be not component services, but rather the availability of suitable employment.

The resulting impression is one of an availability of jobs which can and should be developed directly from employers or obtained from other programs. Perhaps as a result of the lack of attention given to this area, or the fact that the placement of WIN applicants is the one component which cannot be completely planned by the Employment Service, little attention was given to this in individual state plans. Staff size, funding, size of program, and other details were discussed but very little mention was made of the potential for placement. Moreover, it is also difficult, in many programs, to find any evidence of detailed plans being made for placement of applicants, even now that the WIN program is well along. The position held by most programs seems to be to take a wait-and-worry attitude and deal with the problem on a case-by-case basis. Many WIN job developers express great apprehension about what can be done with applicants once they have come out

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of training components; based on preliminary excursions into the private sector, many projects feel that the problem is largely insurmountable.

In many areas where the bulk of the enrollees are women, the WIN staff feel that there is extremely limited placement that can be provided. There is considerable competition from housewives who are willing to work at even lower than federal minimum wages--they are supplementing a husband's income--which makes it very difficult to develop jobs for the more disadvantaged welfare clients. In some cases, employers have strongly resisted the idea of hiring welfare recipients. By some twist of logic, employers in some areas feel that giving jobs to persons on welfare is somehow contributing to an immoral condition, i.e., being on welfare. Some employers have told WIN staff that persons who have been on welfare are either shiftless or lazy or have other personality traits which would make them less than desirable employees. An attempt to open the doors of a major industry in one WIN program site resulted in WIN's receiving a letter of full support for the program--that is, full support short of actually providing any positions.

Finally, the jobs referenced in the regulations, presumably available from CEP and other agencies, are often not there. For all intents and purposes, National Alliance of Businessmen's MA-4 OJT jobs are unavailable to WIN recipients in most programs, as discussed above. The result of these problems has been to limit the jobs available to WIN applicants, in most cases, to those which can be obtained from the normal Employment Service files or from the efforts made by the local WIN staff.

C.4.2 Problems in Placement Planning

In many areas, the short-range possibilities for placement of WIN graduates are bleak. Slowdowns in corporate and commercial expansion, coupled with sharp decreases in government spending and the resultant cut-back in employment in defense and civilian installations, lead to greatly increased competition for fewer jobs. At least for the present, unemployment rates are climbing--and the impact of that trend on employability programs is predictable.

There is, therefore, a need for WIN both to bear in hard on job development, and to plan placement around the actual characteristics and potentialities of the client group. Placement, projects are already acknowledging, will frequently be the most difficult "component" to arrange for enrollees, and placement planning is going to have to become very specific and intentional.

Welfare recipients are not, of course, a homogeneous group. They vary greatly in "employability potential" and attractiveness to employers. Placement is quite likely to grow even more difficult as the program goes on, since the first "generation" of enrollees has included a number of job-ready or virtually job-ready males, and a number of highly motivated females who made child care plans on their own initiative (and sometimes partially at their own expense) because of their eagerness to participate, and their desire for employment. There has been both accidental and intentional "creaming" of caseloads to enroll persons with the highest likelihood of success.

Later "generations" of enrollees will include less-motivated persons, including persons enrolled involuntarily, and in fact many projects are already experiencing difficulties with persons who will be extremely hard to place successfully. These include persons with physical and emotional handicaps,* as well as those with little previous education, no previous training, and no work experience. Making these enrollees competitive in the "tight" labor market which prevails in many project areas is perhaps WIN's most difficult challenge.

Project staff approach these "problem cases" in a variety of ways. Some bemoan the fact that they must take the mandated categories: i.e., men and youths whom they feel are difficult to work with because of emotional or

* Most males on AFDC are sufficiently handicapped to limit or preclude employment. See figure L-1 in Section B.

physical handicaps inadequately identified at referral.* Some are returned to Welfare as inappropriate referrals--a difficult determination in the case of men; since all men on AFDC are supposedly employable. There have been cases where "problem" male enrollees were shuffled into holding or low-level work experience components.

The situation with women is somewhat parallel. Those with high school education who would be attractive to employers in terms of attitude, appearance and stable child care arrangements are, in many programs, being moved rapidly and successfully through training components and into jobs. Others, less job-ready, are being assigned to basic education and GED, where no job-placement activity is expected for some time. Again, many of the quick "successes" will be able to compete on the job market, but later generation of enrollees who have come through a longer preparatory process may find the going rougher, particularly in areas of high unemployment.

Many placements of women to date have been in good positions, usually jobs which require some minimum of training and education, at least a high school degree. This indicates that once the "quality" of the applicants diminishes, placement may become more difficult. Some indications of this trend exist.

In one program, all eligible applicants have been screened and referred in accordance with the federal guidelines. For those who have been referred but for whom there are no slots (over 8000 persons), there has been routine referral to HRD centers in the functional ES offices.

* Conversely, placement activities for some men consist simply of quick, successful referrals to a job, often through the Employment Service; this illustrates again the extreme diversity of men on AFDC. In two cities visited, the placement statistics reflected men who had refused WIN participation because they were employed. In a West Coast city, more than twenty percent of persons classified in the WIN records as placements in follow-up were in fact persons who had refused WIN and found jobs unassisted.

The number of placements achieved with applicants referred to those offices is very low. Even the services and trades offices, which supposedly would have numerous jobs for women regardless of their educational or skill levels, have not produced significant results with women. It is not clear whether the reason is a reluctance of clients to accept positions, an attitude on the part of the interviewers or manpower specialists that it is probably best to wait for WIN clients to get WIN services, or other causes, but results are not being achieved. Staff in many locations are extremely pessimistic about the ability to deal with other than the better-equipped clients, and freely admit to "creaming" of applicants. The justification is that in a limited program it is far better to work with those having potential for success than with those with very little potential. This is viewed by some, particularly Welfare offices, as discrimination against difficult clients. Philosophically, either position can be held with justification. One must sympathize with staff who cite case after case of persons in mandatory referral groups who have been on Welfare for years and have such severe problems that they cannot be adequately served. Similarly, sympathy must be given to staff who feel that the higher calibre clients served by WIN could really have found jobs on their own, and that WIN is not really reaching those most in need of assistance.

The problem again relates to planning. Little attention was given to the widely diverse background and characteristics of persons expected from the Welfare roles and plans. The procedure cited for handling category 1, category 2 and category 3 enrollees did not cover adequately a policy for screening. Tacit approval can be inferred for either of two approaches; referral without screening for probably program success, and referral with such screening ("creaming"). Because previous studies have indicated lack of results with certain AFDC clients in training programs, greater attention must be given to determining employability around a realistic set of referral priorities, and around a realistic approach to jobs and job orders.

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C.4.3 Staff Structure and Job Development

There is considerable variation in the way in which the staff of WIN deals with job orders and the labor market. As mentioned previously, the actual structure of the teams is varied, in some cases including a manpower specialist and job developer on the teams, and in other cases, consisting of a de facto one-man team: the counselor. Perhaps the strongest reason for variation is the division of work among the counseling and training functions (the client-oriented functions) and the development functions (the employer-oriented functions). In the ideal case, the manpower specialist will participate as a member of some form of a team from the initial assessment of client potential through placement. In this way the manpower specialist has more or less given his stamp of approval to a plan which he then must fulfill with a valid position. Such an arrangement would also involve the manpower specialist personally with the client early in his enrollment. In this way, the client would be aware of individual responsibility for his placement rather than some nebulous concept of placement through a program. This also has the advantage of ensuring that action begins on a client prior to the completion of training so that there is not an excessive period of holding after training because of the lack of a job.*

C.4.3.1 Problems of Coordination

Even this arrangement is subject to problems. In the first place, the relationships between the labor market, both public and private, and individual team job developers can be quite varied. Second, in large project areas where there are several teams, it is possible for the individual team developers to operate independently of one another, each interfacing with the normal Employment Service files and with their own battery of employers.

* This is called for in the USTES Program Letter cited earlier, but is too often not carried out in the field. In some programs which do not use a team approach, the first indication that someone needs placement is the transfer of his records to the placement unit.

In such cases a WIN project is somewhat like a collection of individual projects each having a complete framework of services from initial counseling through placement. Not surprisingly, coordination is a serious problem in such programs. Redundant visits by representatives of different programs and even different representatives of WIN to employers can result, and has in fact resulted. Transfer of suitable job orders between teams has to be carried out informally, often just by word of mouth or at best, brief inter-office memoranda. Even in cases where some method of coordination has been imposed on the teams, (and this is becoming more and more the case), the problem remains that the individual manpower specialists or job developers are in a poor position to effect any major change in the structure of the labor market. They must deal largely on a case-by-case basis. The total impact on the community is only perceived in terms of individual actions on individual clients. This is not to fault the manpower specialists, but there is very little that can be done to alter the structure of the job market on a large scale by someone whose job is that of a single manpower specialist on a single team in a single federal program.

C.4.3.2 Requirement for Coordination of Program Placement Action

Employers do not perceive the difference among the many job programs for the disadvantaged, and are hardly receptive to the multiple contacts to which they have been subjected because of the proliferation of programs. Add to this the proliferation of individual developers within a single program and the problem is compounded. Therefore, to effect action on anything greater than an individual case, job development must be carried out at a higher level than the Employment Service itself by some sort of joint committee representing all manpower programs in an area. What is needed is a well-coordinated group, dedicated to WIN and other programs for disadvantaged applicants, functioning on a coordinated basis throughout the project area. This group could handle manpower planning for and interface with individual placement and development staff on WIN teams, CEP units, HRD teams, etc. Of course, the staff members themselves could be a part of this group.

The central requirement is that coordinated activities be carried out by the group committed to fulfilling employability plans with jobs. This is not to say that manpower specialists should cease to be members of WIN teams. Quite the contrary, their position as interface between the client and the jobs is crucial to the success of the program. They are the ones who should be able to interpret the client's potential in terms of the labor market, provide knowledgeable inputs to employability plans, work with the applicant while he is enrolled in components, and request and look for suitable employment for the applicants. Some of the responsibility, however, for developing positions must be given to high administrative levels * which can effectively communicate with employers at fairly high levels in businesses and industries.

In a few cases, such a goal has been the excuse for procedures which place the whole job development responsibility on normal ES offices. These offices are to be the contacts with employers and are to produce the orders that the individual team members will subsequently use in placing applicants. This procedure only works if the ES offices themselves have a strong commitment to the WIN team concept and to the WIN enrollee as well as a backlog of suitable jobs, which is not always the case.

C.4.3.3 Inadequate Placement Procedures Because of Staffing

Manpower specialists are sometimes reluctant to work closely with counselors or be placed under their supervision. In a number of projects, there was in fact no involvement of manpower specialists on the teams at all. In some there was no WIN job development activity of any kind. In one project, the team staffing arrangement was not originally used, reportedly because of civil service complications. Later, when the team plan was instituted, manpower specialists were still not included--they remained a separate group, involved with the teams only at the point where enrollees were actually ready for placement. In one city visited, the teams were initially set up with all members functioning together and working under the direction of the counselors

* As, in fact, called for in ES Program Letters and Guidelines. The procedure for making the greatest use possible of existing facilities should not be interpreted as meaning effort should not be made by WIN, as has been the case in some programs.

with the manpower specialists involved in the development of employability plans. By the time of the follow-up visits, the teams had disintegrated and the manpower specialists now operated independent of the teams under their own chain of supervision. In other cases, the teams never materialized and the program is largely focused around client-oriented operations carried exclusively by counselors, with clients passed on to a placement office when "ready" or placed directly by the counselor himself. In extreme cases, the WIN team, without manpower specialists, is located in one office and simply refers applicants who are job ready or who have completed training to normal placement offices for service. These offices have, moreover, traditionally been unable to effect placements with disadvantaged applicants, and it is unlikely that they will do so now simply because a WIN team rather than a Welfare worker refers the applicants to the office.

This situation is very unfortunate. Placement is the key to a successful program and from all indications is going to be the most difficult aspect of WIN. The division between the functions greatly lessens the ability of the program to effect placement and diminishes the applicant's confidence in the program.

C.4.4 Category III: Special Work Projects

The only escape valve for a possible lack of jobs is the provision for special work projects. These are authorized under section 432 (b) (3), and called for under section 433:

- (e) (1)...the Secretary shall enter into agreements with
 - (A) public agencies, (B) private nonprofit organizations established to serve a public purpose, and (C) Indian tribes with respect to Indians on reservations...
- (e) (2) Such agreements shall provide --
 - (A) for the payment by the Secretary to each employer a portion of the wages to be paid by the employer to the individual for the work performed...
- (e) (4) No wage rates provided under any agreement entered into under this subsection shall be lower than the applicable minimum wage for the particular work concerned.

Special work projects have great potential significance for WIN, since they represent an area for development of jobs outside the "private sector" whose openings for WIN graduates are extremely limited in many areas. It is already clear in some project areas that private employers are simply not going to be able to handle an influx of new entry-level employees; some are, in fact, in the process of laying off former "hard-core unemployed" who were hired under earlier manpower programs. In these same areas, however, there is clearly work that needs to be done for the improvement of communities; such work is usually in the public or nonprofit sectors. In theory, then, the special works projects should provide a hopeful placement mechanism for moving beyond a narrow range of private placement options.*

In fact, however, during the evaluation only one state had implemented the special work projects feature of WIN, although other states were developing plans for them. During the first-round evaluation visits, the following reasons were cited by project officials for not implementing special work projects:

- (1) The guidelines for the provision of special work projects were obscure and difficult to understand.
- (2) During program start-up, many programs had to develop components sequentially; i.e., in the order that enrollees would need them. In the frantic start-up rush to secure such components as basic education, GED, and institutional training, other options were given lower priority and reserved for later consideration. These lower priority components included special work projects (and, in most cases, OJT).
- (3) Persons responsible for planning WIN projects had heard of problems in the one state which had implemented special work projects, and wanted to avoid duplicating that experience.

* Plans for the newly created Public Service Careers program call for the provision of public sector jobs to enrollees of manpower programs, including WIN.

On second-round evaluation visits, though, it was learned that the majority of projects re-visited were at least considering special work projects, and some had plans well-advanced. Now the problem definition had changed--the main difficulty had to do with funding. Many public and nonprofit agencies, themselves hard-pressed for funds, did not find the special work projects funding arrangements sufficiently attractive to warrant hiring WIN enrollees and providing the necessary supervision for them. There was a feeling from both project staff and prospective sponsors of special work projects that full federal funding (i.e., the federal government's paying the full wage of persons placed in special work projects instead of a proportion) would make the program much more appealing.*

The one state which did use special work projects as a WIN placement mechanism provided less than a model of success. The special work project was being run very much like a public works project, with AFDC workers doing forestry and fire-fighting work, for an hourly sum considerably under the federal minimum wage. Because of the lengthy hours, working conditions--enrollees were driven to the forest in open trucks--and the low wages, the recipients refused to continue on the project and were removed from the program. (Many have only recently been re-enrolled.) This experience, though obviously an isolated example, does show the importance of developing worthwhile projects. Simply demanding physical labor in exchange for the "welfare" check is not going to be a solution to the welfare problem.

C.4.5 Follow-Up

WIN programs are required to monitor the applicant at all stages of his involvement in the program including placement. Despite the clear requirement, however, careful and ongoing monitoring of applicants varies

* Ironically, during WIN's start-up phase, when projects were too harried to be able to institute special work projects, regulations did provide for full federal funding. This provision was subsequently changed, however, and now that many projects are in a position to consider special work projects, the funding provisions are much less advantageous to the sponsor.

from project to project. In some it is very good, and in one exceptional, In many, however, it is virtually nonexistent.

C.4.5.1 Component Monitoring

Though not strictly follow-up, the continuing maintenance of contact with applicants and instructions in components is the first step to providing the procedures and relationships which should carry through for the first six months of placement. Too often, there is no formal procedure for such contacts. Once in a component, the enrollees may virtually lose contact with the main WIN program. Very few programs had any positive control over absences-- a few could not say even if an enrollee was really attending the classes.

When enrollees are in holding the situation is even worse. Though holding periods are supposed to be "down" times during which personal problems can be corrected, and other services provided, most holding periods are used for no such purpose. These are simply periods during which the applicant must wait for a component and service, and he is lucky if any contact at all is provided by the staff.

These long periods of unproductive holding are sources of friction between the ES staff and the Welfare staff. Holding is not supposed to be "dead" time, and the HEW manual is specific on the point:

(46.6)...Because of this responsibility, the welfare agency should satisfy itself that the manpower agency is providing meaningful employability services to the individual during its so-called "holding" periods in between assignments to major program components.

When no service is provided, most caseworkers who are concerned with their clients become increasingly wary of the WIN program itself. That the situation is serious can be illustrated by one incident in the field. One interviewer went to the home of the WIN enrollee who was classified as being in holding. The enrollee mistook the interviewer for a member of the WIN staff and said, "Thank God you've finally come for me."

Numerous examples were found where records indicated that the applicant was in one component, when it was actually learned that he had not attended for months. In several places applicants were thought to be in one class when actually they were in another; in one case not only could an applicant who was listed as being in a vocational training class not be found--neither could the class!

C.4.5.2 Placement Follow-Up

One of the important placement-related components is follow-up. The goal of the program is not to make placements but to provide long-term suitable employment to enrollees. This means that the staff must act as liaison between applicant and employer during the critical early stages of employment to improve the enrollee's chances of remaining on the job, and to ensure that the applicant does return to the program in the event that the job is lost.

Despite the importance of this follow-up procedure, it is not faithfully carried out in many programs. Some records have shown elapsed times of up to six months between any enrollee and program contact. Some provide, though, more contact with applicants once placed than they did when the enrollees were in components. (This usually happens because follow-up is a separate function, and persons, once placed are transferred to this unit for follow-up action.) In a few centers, follow-up was rigorously and faithfully adhered to. Contacts were made with both employer and employee according to a clearly defined time sheet, and each call or visit, and its results, were recorded. Surprisingly, there were also problems with this system. Counselors who were charged with the follow-up responsibility in one project indicated that several employers were not happy about the calls from the center, and were suspicious of the reasons--in some cases they assumed there must be something wrong with the applicant. To avoid hurting the enrollee, and damaging the chances of others to be placed in the same company, calls were eliminated to these employers--the enrollees were still called, however, according to the schedule.

Regardless of how performed, follow-up not only lets the program know where the enrollee is and how he is doing, but also lets the enrollee know that someone is interested in his progress. It also provides him with an opportunity to complain about service he has received, or to bring up personal problems which may be inhibiting his progress. In many ways it is as essential to the program, from the first day of contact through placements, as any of the other recognized staff functions.

C.4.5.3 Other ES WIN Considerations

There are other factors in the Employment Service's WIN participation which, although not of the magnitude of other areas discussed above, do have a bearing on the effectiveness of WIN projects. Two frequently mentioned by ES WIN staff during on-site evaluations were: (1) lack of available cash for enrollees' immediate needs, and (2) inadequate physical facilities for WIN.

From an administrative point of view, the "ready cash" problem may be minor, but from the enrollee's viewpoint it is serious. Few programs have enough financial flexibility to reimburse program participants for out-of-pocket expenses for immediate needs such as car fare, a uniform needed for a job, or a personal emergency. In many projects visited, staff related stories of enrollees with desperate immediate needs for small sums of money--usually for transportation, but sometimes for such basics as food. To their credit, many WIN team members have dipped into their own pockets to help enrollees with financial emergencies. In one large West Coast site, the staff regularly held a raffle, the proceeds from which went to a petty cash fund to be used for enrollees' emergency needs.

Physical facilities used by WIN programs vary incredibly. In some projects, offices are attractive and spacious, with individual offices provided for counselors, and sometimes for other team members as well. In others, the WIN teams are located in the midst of a gigantic Employment Service operation, with no private facilities of any sort, and with overcrowding, high noise level, and a general air of confusion. Counseling and other intensive work with enrollees is extraordinarily difficult in such circumstances. In a large Midwest project, ten fully staffed teams shared one huge room, which also included space for some supervisory personnel. The noise level was so great that counseling

sessions had to be conducted in a near-shout.

Projects also vary greatly in location of facilities. Some large projects, like the one just mentioned, centralize all WIN staff in a single location. Other multi-team projects scatter teams throughout areas. Each approach has its advantages and drawbacks; basically, the decision of which approach to follow involves a "trade-off" between easy program coordination, and easy access to the program by enrollees. There was no pattern observed of relation between program effectiveness and facility location; it is likely that the location of the projects is of little consequence as long as they are not too difficult for enrollees to reach within reasonable traveling time.



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