

## ***“Rational” and Ecocultural Circumstances of Program Take-Up Among Low-Income Working Parents***

**Christina M. Gibson and Thomas S. Weisner**

New Hope (NH) is a random-assignment, antipoverty program in Milwaukee, Wisconsin, that offers child care subsidies, wage subsidies, health insurance, and, if needed, a temporary community service job to participants working 30 or more hours per week. Despite the relative generosity of the program and supportive caseworkers, take-up was far from universal, and participants rarely used all services. Ethnographic analysis of a random sample of experimental participants found that NH's economically based offer was theoretically too narrow to motivate all participants. Four categories of personal and family circumstances were associated with take-up: 1) the constrained-by-information group (participants' understandings about the program differed from what NH in fact offered); 2) the disruptive-life group (significant personal troubles and instability); 3) the pro-con group (used often explicit cost-benefit calculations); and 4) the daily-routine group (used particular benefits but only if they helped sustain their family daily routine). Analysis of take-up of other services by the control group showed similar patterns, suggesting that these take-up patterns are not specific to NH. We conclude that use of welfare-to-work interventions reflects ecocultural conditions and personal goals and values, as well as a more conventional cost-benefit approach. Economic rational choice as well as local, situated rationality models are needed to fully account for benefit use.

**Key words:** rational choice, ecocultural theory, welfare reform, program take-up, working poor, Wisconsin

*I couldn't wait for that day. I just wanted to know, yes or no? When? And how much?... I could almost cry when I found out... I was acting like a little kid. I was so excited when I got in. I was going to be a participant and it wasn't going to cost me nothing. If anything it was going to give me money to just do what I was already doing.*

Conchita, age 41, single mother of two

Conchita is talking about her reaction when she found out she was an experimental participant in New Hope, a randomized-design, work-based intervention program conducted in Milwaukee, Wisconsin. New Hope (NH) sought to reduce poverty and promote employment by offering experimental participants a package of benefits in return for a demonstrated work effort. If experimental participants worked 30 hours or more a week, they could receive a wage and child care subsidy, access to health insurance, and a community service job.

The program was effective. Evaluations of NH found significant program impacts on earnings, employment, and children's academic behavior. It also lowered some measures of material hardship and reduced stress and worries for parents (Bos et al. 1999; Huston et al. 2001). But the use of NH benefits was relatively low and therefore diluted program impacts. Although NH offered a "package" of benefits, use of benefits was far from universal, and participants who took up at least some benefits rarely took up all of them. Why was take-up of this relatively generous offer not greater?

We examine the issue of take-up and offer an explanation for the mismatch between positive program intent and partial program use. Data come from the New Hope Ethnographic Study (NHES), a longitudinal study of 46 randomly selected New Hope families. We describe four patterns that reflect the common responses to the NH experiment and find that a work-based offer such as NH is likely to appeal to only a select group of participants. Additional analyses using the

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control families' responses to other social services confirms this conclusion.

New Hope, like many current welfare reform programs, was implicitly predicated on rational choice theory. This theory stipulates that people are motivated by calculations of abstract utility in a cost-benefit framework, informed by exogenous tastes and preferences. However, we show that embedded ecocultural circumstances of family and community life, which typically lie outside the realm of rational choice theory, had a large influence on take-up. Furthermore, some families' lives were simply too disruptive to be able to enjoy the benefits in any systematic way, while other families had serious misunderstandings about the nature of the program. The importance of such nonmaterial tastes and preferences indicates that rational choice theory, which is opaque to personal values and cultural scripts, is insufficient to account for heterogeneity in program response.

This is because low-income families vary in their use of social services. If we are to ease the transition that many families are making from welfare to work, we need to better understand these features.<sup>1</sup> The better we can predict how people will respond to public services, the better we should be able to provide them. Otherwise, a misunderstanding of the motivations behind social service use hurts not only program designers and evaluators, who are troubled by puzzling patterns of participation, but also low-income populations, who do not benefit from effectively targeted services. Ethnographic data provide insight into processes and dynamics of benefit use that are often obscured in survey data.

### Sample and Data

The New Hope program grew out of long-standing activist traditions in Wisconsin progressive social philosophy and politics (Riemer 1988). Enrolling the first volunteers in August 1994, the New Hope project offered participants a comprehensive benefit package. If employed for 30 hours or more a week in a given month, participants were eligible for four benefits.<sup>2</sup> First, they were eligible to receive a wage supplement that ensured that the net income of families increased as they earned more on the job. The supplement did not phase out until families were at 200 percent of the poverty line. Second, the program offered subsidized health insurance through a health maintenance organization (HMO). The third benefit was a child care subsidy. New Hope participants who had at least one dependent child under the age of 13 were able to choose any state-licensed or county-certified child care provider, including providers of both preschool programs for young children and extended-day programs for school-age children. Finally, if public-sector employment could not be found, NH participants could enroll in a community service job (CSJ) for at least six months. Although these jobs paid only minimum wage, CSJ participation ensured that families could receive the other NH benefits.

New Hope advertised heavily in two targeted neighborhoods in Milwaukee, primarily through pamphlets, word of

mouth, and announcements in churches and social service agencies. Potential participants had to meet four criteria. They must have: 1) lived in one of the two targeted neighborhoods; 2) been older than 18; 3) had an income at or below 150 percent of the poverty line; and 4) been willing to work 30 or more hours a week. Between August 1994 and December 1995, the New Hope project enrolled 1,357 volunteer participants who were randomly assigned to either the control or experimental group.<sup>3</sup> Members of both groups were free to seek out any federally or state offered public assistance programs, but only individuals randomized into the experimental group had access to New Hope benefits.

Data were compiled from five sources. First, at randomization all participants filled out a baseline demographic and opinion survey. It asked basic questions about the participant's household structure, employment, and welfare history, as well as attitudes toward work and welfare. All 1,357 people in control and experimental groups completed the interview. Second, an intensive two-year follow-up survey asked members of the control and experimental groups about their experiences of employment and work-related outcomes during the time of the intervention. Of the original 1,357 who filled out baseline information, 1,086 (80%) answered this two-year follow-up survey. Third, a subset of 812 experimental and control parents also answered additional questions about their family practices and children's well-being for the Child and Family Survey (CFS). Every family who, at baseline, had at least one child between the age of 1 and 10 qualified; up to two children were chosen from each family. Of the original 812 families, 745 completed the baseline form and 578 completed the two-year follow-up survey.<sup>4</sup> Fourth, a database maintained by New Hope as its management information system (MIS) provided data on the use of benefits by all program participants.

### Ethnographic Methods

The fifth source of data comes from the New Hope Ethnographic Study (NHES). The NHES is a longitudinal study of 46 families who were randomly sampled from the CFS. Begun in April 1998, the NHES continued until late spring 2001. Family visits are made approximately every other month. Due to incomplete information, three families were dropped from the analysis for the present study, providing a total of 43 NHES families (22 experimental and 21 control families). Descriptive statistics for both the CFS and the ethnographic sample are presented in Table 1. More information is available from Duncan and Gibson (1999) and Weisner et al. (1999b).

Fieldworkers listened to parents tell their stories, did participant observation in homes, took families out for lunch and dinner, went with them to church, shopping, and family visits, and visited children's schools. Researchers jointly developed a lengthy set of topics to organize these discussions and home visits and to probe for relevant material. If parents did not bring up topics (including their views on NH and the take-up of the NH offers), fieldworkers raised these questions

**Table 1. Descriptive Characteristics at Baseline of the Child and Family Study (CFS) and the New Hope Ethnographic Study (NHES)**

	CFS	NHES
% Black	55.0	51.2
% Hispanic	29.3	34.9
Parent's average age	29.4	29.6
% Female	89.8	95.3
% Married parents	20.8	20.1
% of parents who have a GED or high school diploma	59.4	65.1
% of parents working 30 hours or more	29.8	39.5
% Earning less than \$5,000 in previous year	76.2	81.4
% Families receiving aid	80.7	83.7
% Three or more children in family	46.0	44.2
Sample size	745	43

and systematically probed for information, ensuring that fieldwork data are as complete as possible across all the ethnographic cases and that there are no "false negatives" in field data. Fieldnotes, organized according to the relevant topics in our shared set of fieldnote categories, were posted on a secure project Web site after each visit.

To understand how people viewed and used the New Hope benefits, we analyzed the data collected through a year's worth of fieldwork by the New Hope Ethnographic Study team. After reading all relevant data, we developed decision rules for take-up of the NH benefits based on the central motivations and circumstances of the families. We used parents' own words and stories as a key to their decision-making processes, extrapolating based on context where necessary. Then we systematically analyzed the fieldnotes and classified people in regard to take-up based on these decision rules. After all experimental families had been classified, we sent these preliminary classifications to the fieldworkers to ensure we had not misidentified a case they knew well and that the decision rules and classifications fit with their experiences with families. We also wanted to ensure that our categories were sufficient to explain all responses. After receiving fieldworker feedback (reclassifying the case if necessary), we applied the same process to the control sample. This analysis process ensures that our typology is due to NH participation and that it can be independently verified.

Since the first year of NHES data collection coincided with the final year of the New Hope program, fieldworkers had to rely on each participant's recollections and reconstructions of New Hope benefit use.<sup>5</sup> These recollections were supplemented by observations of concurrent use of New Hope (if participants were still eligible) or other publicly available

social services. We heard rich and detailed accounts from NH participants, and we had management information system (MIS) and survey information about the use of NH and other social services to complement the fieldwork data. We thus were able to use fieldworkers' own overall assessment of the family situation as well as independent evidence from administrative and survey data.

## Rational Choice and Ecocultural Theories

New Hope assumed that participants would rationally weigh costs and benefits insofar as it offered benefits to participants only if they worked 30 hours a week and met the necessary logistical requirements (e.g., meeting with case representatives and turning in pay stubs). This assumption was based on rational choice theory (or the rational actor model), which predicts (or models) how a rational actor will behave. Rational choice theory views actors as rational insofar as they act instrumentally, are utility maximizers, possess stable and exogenous preferences, and are self-interested. Becker (1993:403) sums up the usefulness of this model: "The rational choice model provides the most promising basis presently available for a unified approach to the analysis of the social world by scholars from different social sciences." The rational actor model predicts that agents, when deciding on a course of action, survey the possible options and conduct a cost-benefit analysis. They are motivated to do what is rational—whatever action brings about the most utility with the least cost. People are assumed to undertake the same type of economic cost-benefit calculus in response to all public services, including welfare. Given a low enough cost and a high enough return, for example, the rational thing for people in need is to seek public assistance. That is, "welfare clients choose rationally when they act to maximize economic gain" (Oliker 1995:253). They presumably should do the same for New Hope benefits.

However, there is much debate about the limits and validity of rational choice theory (see Boudon 1998; Kiser and Hechter 1998; Somers 1998). Rational choice theory postulates rational behavior as a utility-maximizing function. It does not specify what utility looks like for any given agent, nor does it specify the particular means used to bring about that utility. It "assumes that individuals maximize welfare as they conceive it" (Becker 1993:385). Everyone is assumed to have a set of personal tastes and preferences. To act rationally is to choose an instrumental course of action that maximizes the realization of these tastes with the smallest amount of cost. It is an understanding of "rational human qua economic human" (Zafirovski 1999:50). The theory does not consider actions based on beliefs, emotions, or impulsive actions (Boudon 1998; Denzin 1990; Zafirovski 1999), considering them either "irrational choices or socially conditioned responses" (Denzin 1990:174). Economists conceive of agents in the rational actor model as objectively detached from their surroundings. Yet actors are deeply embedded in context; such models are not so much a prediction of behavior

as a thought experiment unconstrained by "social structures and social relations" (Granovetter 1985:483). That is, while the rational actor model assumes people have tastes and preferences, it is silent on how contextual tastes and preferences inform particular decisions. We are left wondering with Denzin (1990:173): "Is the postulate of rationality which structures this theory suitable for the analysis of the structures of rationality and emotionality that organize daily life, or is its utility limited only to the ideal norms which organize certain forms of economic action?" The question thus becomes whether rational choice theory sufficiently informs program take-up, given the value placed on abstraction from current circumstances.

Unlike rational choice theory, ecocultural theory predicts take-up of social services only insofar as take-up aids in the sustainability of a meaningful daily routine for users (Weisner 1997; Weisner et al. 1999a). Ecocultural theory is based on the idea of action organized by a local, culturally situated rationality (D'Andrade 1986; Gellner 1982; Shore 1996; Shweder 1991; Strauss and Quinn 1997). It suggests that actors use connected, schematized knowledge of the cultural world, along with cost-benefit rationality, to adapt and make complex decisions. The local context, scripts, plans, and intentions of the actor are central to this analysis. The human inferences leading to action are conceived as multiply determined and shaped by many cognitive processes in addition to economic utility calculations (e.g., Dawes 1988; Garro 2001; Glovich 1991; Mattingly and Garro 2000; Nisbett and Ross 1980; Schacter 1999). An ecocultural perspective takes account of the macrostructural and institutional features affecting the poor by considering those forces as they impinge concretely on the everyday lives of families. Parents sustain their daily routine through use of local resources that are predictable, dependable, and acceptable, given their cultural models of family, economic, and political life. From the perspective of ecocultural theory, use of a program implies that program benefits fit into the ongoing project of sustaining a daily routine for parents and children.

In sum, rational choice theory expects that the greater the economic utility for a family, the more likely it would be to take up the offer. Ecocultural theory expects that take-up will depend on whether the offers fit into the cultural models and motivations of parents and into the everyday routines of life important to them and their families. Here we show that patterns of use depend heavily on ecocultural and personal circumstances, along with some cost-benefit utility decisions.

### Survival Strategies of Low-Income Families

Programs like New Hope reflect shifts in the contemporary American political climate that favor supports for those who work and are therefore "deserving" of assistance (Handler and Hasenfeld 1991; Katz 1989). Federal and state programs to assist the poor are work-based supports, rather than cash grants alone. Newman's study of fast-food workers in New York City describes the pressures on the working poor:

downward pressure on their wages, absence of benefits, and declining public subsidy. At the same time,

despite all of these difficulties, the nation's working poor continue to seek their salvation in the labor market. That such a commitment persists when the economic rewards are so minimal is testimony to the durability of the work ethic, to the powerful reach of mainstream American culture, which has always placed work at the center of our collective moral existence. (Newman 1999:61)

The life circumstances of economically poor families show substantial variability. Poor families often use strategies that mix wage earnings and other formal and informal resources. Just making ends meet is a significant achievement for many (Edin and Lein 1997; Holloway et al. 1997). Despite full-time work, many families live near or below poverty and have jobs that do not offer security, benefits, or flexibility in hours to help parents manage their children (Anderson 1990; Burton, Allison, and Obeidallah 1995; Burton, Obeidallah, and Allison 1996; Edin and Lein 1997; Friedlander and Burtless 1996; Handler 1995; Holloway et al. 1997; Jencks and Peterson 1991; Newman 1999; Wolfe 2000; Rosier and Corsaro 1993; Simpson 1990). Many families lack adequate transportation (Olson and Pavetti 1996; Sherman et al. 1998; Simpson 1990; St. Pierre and Layzer 1998). Most are working single mothers (Garfinkel and McLanahan 1986; Gordon 1994; Quadagno 1994; Sherman et al. 1998; Wertheimer 1999). Working poor parents face greater problems with drugs, alcohol, or mental health than others (Olson and Pavetti 1996; Schmidt, Weisner, and Wiley 1998).

Poor families use a variety of strategies to manage the complex environments in which they raise their children (Duncan and Brooks-Gunn 1997; Rosier and Corsaro 1993). For example, while some single mothers break all ties with ex-partners or spouses, others work hard to keep fathers involved with children, shaping and monitoring the father-child relationships and encouraging instrumental and financial support (Garfinkel et al. 1998; Holloway et al. 1997). Other mothers, in an effort to insulate children from violent neighborhoods, seek opportunities for the children outside the home, particularly in church-related activities (Burton et al. 1996; Rosier and Corsaro 1993). Parents also insulate their children from dangerous communities by encouraging them to feel different (e.g., better) than their neighbors (Furstenberg 1993). Extended family and other economically poor parents can be of great, if at times fragile, value (Newman 1999; Simpson 1990). Those with direct work experience want flexible support programs to help solve these problems (Schneider 1999, 2000).

### Analysis of New Hope Benefit Use

We consider the New Hope Ethnographic Study data in the context of the entire Child and Family Survey sample (Table 2) and analyze the use of all four New Hope benefits by indicating the percentage of the 366 experimental

**Table 2. Use of New Hope Benefits at Two-Year Follow-up: New Hope Child and Family Study Experimental Group**

% Ever Used	Mean	Std. Dev.	n
Wage supplement	79.2	40.6	366
Child care	46.7	49.0	366
Health insurance	39.9	49.0	366
Any financial benefit	80.9	39.4	366
Community Service Job <sup>a</sup>	33.5	47.3	287
# of Months Used <sup>b</sup>	Mean	Std. Dev.	n
Wage supplement	9.3	6.1	290
Child care	11.6	6.0	171
Health insurance	9.1	6.3	146
Any financial benefit	11.2	6.8	296
Community Service Job	10.5	6.5	96
Number of Spells <sup>b, c</sup>	Mean	Std. Dev.	n
Wage supplement	3.1	1.6	290
Child care	2.7	1.5	171
Health insurance	2.7	1.6	146
Any financial benefit	3.0	1.6	296

<sup>a</sup> N is lower for community service jobs due to missing data.

<sup>b</sup> Numbers presented are only for those who used the benefits.

<sup>c</sup> Spell information is not available for community service job participants.

participants who received the benefit, the number of months it was received, and the number of spells associated with each benefit type.<sup>6</sup> Information presented on months of use and spell length is only presented for those who received that benefit and not the whole experimental sample (hence the sample size will be smaller than 366). Additionally, data are missing on the use of community service jobs (CSJs), so estimates of use of CSJs are based only on 287 experimental families. These data are taken from New Hope's Management Information Service (MIS).

Table 2 indicates that, for most families, NH benefit use was selective and not continuous for three reasons. First, the use of NH benefits varied a great deal by benefit type. Wage supplement use (the top panel of Table 2) was nearly twice that of either the child care or health insurance supplements. Almost 80 percent of the sample received a wage supplement payment at least once during the first 24 months, but only 40 percent ever used the health insurance benefit. CSJ use was also quite low (34%). However, as a whole, 81 percent of the CFS sample received at least one benefit in one month over the first two years of the program, showing a high number of participants with some program use. Second, the total length of time a benefit was received was less than one year. Both the health insurance and wage supplement use averaged 9 of the possible 24 months (panel 2).

Community service job length and child care supplement use was slightly higher, at about 11 months. Overall benefit use lasted slightly under one year. Third, people did not use the benefits consistently, but instead had multiple spells of benefit use. Regardless of the benefit used, experimental group members averaged three distinct spells of benefit use (panel 3). In sum, those who did use benefits used them selectively, sporadically, and for less than half of the time.<sup>7</sup>

### Ethnographic Analysis of NHES Benefit Use for Experimental Group Members

We identified four patterns of parental and family circumstances in the experimental group associated with take-up of the NH offer: 1) the constrained-by-information group; 2) the disruptive-life group; 3) the pro-con group; and 4) the daily-routine group.

Table 3 presents the NH benefit use for each of these groups. There are two reasons to interpret these numbers with caution. First, sample sizes are quite small and should be for general comparison only. Second, two of the NHES members who were randomized into the control group by NH are treated as experimental group members in our analyses. In both of these cases, the women had partners who were NH experimental group members. Soon after randomization, however, the partners disappeared, and the women assumed their place as NH experimentals. However, there were no survey data available regarding how they used the NH benefits, as they are classified in the survey as controls, and not experimentals. Excluding these two cases reduces our experimental sample to 20, a small number for statistical analysis.

### The Constrained-by-Information Group

For 6 of the 22 members (27%) of the experimental group in the NHES, lack of information or misinformation about the program seriously confounded their behavior. An additional four people were also confused about the program, but their confusion was due to ignorance of the program's mechanics, such as what evidence was needed to show 30 hours a week of employment, which did not significantly influence their relationship with NH.

To understand the choices of these parents, it is first necessary to hear what they knew to be true about NH. Conchita, for example, understood she had to work 30 hours a week, but she was confused about NH benefits. She did not understand, for example, how her wage subsidy was reflective of her work effort, as is evident in this excerpt from fieldnotes:

She said that she never understood, during her three years in the program, why the amount in her wage supplement always went up and down from check to check. Conchita believed that the amount of her check was somehow connected to who her project representative (i.e., case worker) was at the time. Conchita mentioned that when she had her first representative she was getting large checks, but with her last representative her checks were a lot smaller.

**Table 3. Use of New Hope Benefits: New Hope Ethnographic Study (NHES)—Experimental Group<sup>a</sup> by Take-up Group**

	NHES Experimentals		Constrained-by- Information Group		Disruptive- Life Group		Pro-Con Group		Daily-Routine Group	
% Ever Used NH Benefit										
Wage supplement	75.0	(44.4)	50.0	(54.8)	66.7	(57.7)	83.3	(40.8)	100.0	(0.0)
Child care	45.0	(51.0)	16.7	(40.8)	33.3	(57.7)	66.7	(51.6)	60.0	(54.8)
Health insurance	35.0	(48.9)	50.0	(54.8)	0.0	(0.0)	33.3	(51.6)	40.0	(54.8)
Any financial benefit	85.0	(36.6)	66.7	(51.6)	66.7	(57.7)	100.0	(0.0)	100.0	(0.0)
Community service job	22.2	(42.8)	0.0	(0.0)	33.3	(57.7)	50.0	(54.8)	0.0	(0.0)
# of Months Used a NH benefit <sup>b</sup>										
Wage supplement	9.0	(5.3)	7.0	(1.7)	7.5	(3.5)	8.6	(6.4)	11.2	(6.4)
Child care	9.3	(7.4)	1.0	(0.0)	1.0	(0.0)	9.8	(6.4)	14.3	(7.0)
Health insurance	10.4	(7.4)	12.7	(10.4)	0.0	(0.0)	5.0	(4.2)	12.5	(3.5)
Any financial benefit	11.1	(6.3)	11.3	(9.5)	7.5	(3.5)	9.0	(5.8)	14.8	(4.0)
Community service job	8.8	(6.2)	0.0	(0.0)	8.0	(0.0)	9.0	(7.5)	0.0	(0.0)
Sample size	20 <sup>a</sup>		6		3		6 <sup>c</sup>		5 <sup>d</sup>	

**Notes:**

Numbers in parentheses are standard deviations.

<sup>a</sup> Two NHES participants were randomized as control members, but were romantically involved with experimental group members. When their partners stopped using the NH benefits, these NHES participants began using the NH program. In our NHES analysis, they are coded as experimental group members, but they are not included in this statistical analysis.

<sup>b</sup> Months calculated for those who used a benefit.

<sup>c</sup> Does not include one NHES member who was randomized as a control but functioned as an experimental (see Note a).

<sup>d</sup> Does not include one NHES member who was randomized as a control but functioned as an experimental (see Note a).

Conchita said that the check always seemed close to the cost of her health insurance, so she thought that was why she received it.

She also did not know that NH offered a health insurance benefit—she thought she was supposed to use the wage supplement to pay for her health insurance. Perhaps due to this confusion, there is a discrepancy between Conchita's recollections and NH's report of what benefits she received.<sup>8</sup> Although she said she never got health insurance from NH, New Hope records indicate that she received the health insurance supplement for 22 of the first 24 months.

Georgia wanted to use NH benefits to help herself rise above the poverty line, but she was frustrated with the varying amounts of wage supplement she received. While she was working and receiving NH benefits, her mother became ill, and Georgia quit her job at the Salvation Army to take care of her mother full time. She did receive income from the government to take care of her mother, but she failed to understand that her change in pay would lead to a change in her NH wage supplement. Her explanation for the change in her wage supplement was that NH was fraudulent. She

thought that "somebody was dipping their hands in the pot," as she put it, and embezzling her money. She quit the program after a year and a half.

Georgia is not the only one who suspected fraud. Four of the 22 experimental group parents believed that NH was swindling them. David noticed, for example, that as his wage supplement payments got smaller, the cars in the NH parking lot got nicer. We talked with all the NHES families (not only those who distrusted NH specifically) about their thoughts on work and "getting ahead" in America. As in any client group, there is distrust of those in control, based on the frustrations and bitter past experiences of so many, but mixed as well with a sense of optimism, entitlement, and appreciation for benefits. We had conversations with all participants about their views on welfare, race, discrimination, and the fairness of the American economy. We summarized the notes ethnographically and asked fieldworkers to rate their family's positive or negative beliefs overall on a scale from 0 (very negative beliefs and feelings) to 8 (highly positive, optimistic beliefs and feelings). Independent raters reliably rated families using these fieldnotes. The range is from 0 to 8 for each topic; means are 4.8 (s.d. 1.8) for the economy; 3.7 (s.d.

1.5) for racism/discrimination; and 4.6 (s.d. 2.3) for welfare. Just as others report, using both ethnographic (Newman 1999) and survey studies (Blank 1997), we found some working poor families very positive and even resentful of those not working and others very bitter and suspicious of the system.

A mismatch of knowledge does not always result in a negative outcome. When Felicia signed up for NH, she really did not understand what NH could do for her. There was no particular aspect of NH she found appealing; she simply enrolled. But once she was assigned to the experimental group, Felicia took full advantage of the NH offer. She used the additional 10 hours of education, for which NH paid, to take English classes. By her own report, this not only improved her self-esteem but also allowed her to get a job as a teaching assistant. Felicia commented on the benefits of participating in NH: "In New Hope they built up my morale and my self-esteem; also, they invited me to workshops, and it was a very good place to practice my English." Felicia used most components of the NH offer, and the program "opened up the world" for her. Yet when she began the program, Felicia says that she did not know what she wanted from NH and did not know what the program had to offer.

How people understood NH influenced their use of its benefits. Save for one (Felicia) of the six cases in this group, lack of information led to little or no benefit use. If they had a better understanding of the program, then perhaps their usage would have been different. Yet some of the parents had expectations or beliefs (misunderstanding changing wage supplement rates, overestimating the educational component, or suspecting fraud) that no amount of information would have altered. Hence, it is difficult to account for their behavior from the point of view of rational choice because of the fairly prohibitive informational constraints.

Some of the misapprehension of the meaning of NH information does make sense, however, when framed to fit within the existing cultural models and beliefs some parents used in understanding the program. In this sense, the expectations of program take-up from ecocultural theory are supported. Actors interpret the world using assumptions that are partly cultural and based on local knowledge. These parents had a prior schema for services (e.g., some were suspicious) that shaped their experience of NH, and this local knowledge and prior expectations influenced take-up and, even with the careful preparations of the NH program, still needed to be taken carefully into account in program design.

### The Disrupted-Life Group

The New Hope sample, similar to other low-income populations, included people whose lives are unstable and marked by societal and personal ills. Three of the NH experimental cases (14 percent) fall into this category. These experimental families had multiple problems that prohibited them from approaching NH in a systematic or sustained way. For example, they might have been involved with drug or alcohol abuse, been trapped in legal entanglements, struggled

with physical violence in their homes, or suffered from poor mental health. Their lives were filled with disruptive, chaotic events that make prediction of their NH take-up behavior difficult.

Shasta is a mother of eight children, ranging in age from infancy to 13. She was not working when she signed up for NH, and unemployment insurance records show that she had earned a total of \$143 in the nine months prior to her random assignment. She had dropped out of high school with the birth of her first child and, although she had attended GED classes, had never obtained her degree. She did, however, have a clear understanding of what NH could do for her:

New Hope was to help people bring their income up to the poverty level such that when they get out they wouldn't need the program or go back on aid.... New Hope would've paid for my education. I wanted to go and learn how to read blueprints.

Despite this desire, Shasta never worked enough to qualify for any of the benefits. During her first two years in the program, she was homeless, had poor mental health, and had a drug problem. Thus, even though Shasta was in a fairly desperate financial situation, she did not use the benefits offered by NH.

Alice has a similar story. She is the mother of two children, ages four and six at baseline. Anxious to try something other than factory work, she was placed in a CSJ at Goodwill Industries, where she worked for half a day and received training the other half. Alice worked there for only six months before her drug habit forced her to quit. Alice subsequently had a number of other jobs, as well as another CSJ, but she could not maintain steady employment due to her addiction. The only benefits she used from NH were her CSJ at Goodwill and five consecutive months of wage supplement that was tied to the CSJ use. Child and Family Services subsequently took her children from her, and Alice continues to struggle with her addiction to crack.

We would miss the difficult life stories of Shasta and Alice if we explained their response to NH using rational choice theory alone. NH supports could have benefited them economically, yet neither used NH to any significant degree. This behavior is explicable with reference to their drug use and other life circumstances. Benefit use for them, then, was shaped by personal contexts and circumstances that fall outside a typical rational behavior model. Their personal struggles and ecocultural circumstances determined their take-up.

### The Pro-Con Group

This group of seven parents (32 percent) speaks of NH by referring to the advantages they gained versus what it cost them. Much like the rational actor model would predict, they used NH benefits when the gains of participating were greater than the costs. However, "costs" to them included more than just working 30 hours a week and the "hassle" of turning in pay stubs to NH case representatives. Costs included



considerations of family well-being, child mental health, effects on other relationships, and assessments of personal efficacy. Indeed, financial well-being was not always the primary criterion for decisions about participation. Thus, although these parents did use a cost-benefit analysis, their calculations included variables that lie outside the economic realm.

Anna, 21 and a single mother of two, was working as a temp at a nursing agency when she signed up for benefits. She was interested in NH for the child care assistance, and that was the only benefit she received. However, administrative records indicate that Anna used the child care supplement for only 7 of her first 24 months on the program. And she never received it for more than two months at a time. Although she liked receiving the assistance, she did not think NH made her life any easier. In her case, she was hampered by the 30 hour a week work commitment. She said:

I had my ups and downs [in New Hope].... Yeah, it was still tough because then you really had to work because you weren't getting the hours you were supposed to get. You had to make up for it [the 30 hours], and then you still had bills and stuff in the way, and things always come up.

Anna found it difficult to manage working 30 hours a week at her temporary job. She had taken the job because it allowed her flexibility to care for her two young children, a newborn infant and a two-year old, but job hours were uncertain. Thus she chose job flexibility rather than a job that would have made her eligible for benefits. Anna also preferred that her children be at home with trusted relatives, but NH only paid benefits for licensed or certified daycare providers.

Marissa is a Puerto Rican unmarried mother of two in her early 20s. When she signed up for NH, she was working part time in a pharmacy. Marissa understood the requirements for NH benefits and told her boss if he did not increase her time to 30 hours a week or more she would quit. Once her hours increased and her wage supplements became small, she instructed her case representative not to process her supplement check because it was not worth the effort. "When I started making more money," she said, "it [the wage supplement] started coming down. Okay, you know, I'm getting up there on my own." As the founders of NH had anticipated, Marissa calculated that the benefits of NH outweighed the costs. In fact, she believes low-cost child care allowed her to find and maintain a much higher paying job after she left the pharmacy. Marissa says of the program, "I could not be where I am without New Hope."

Felix, a married Mexican immigrant with three children, went to New Hope over the protestations of his wife, who wanted no help from the government. He had been repairing cars "under the table," but he wanted to receive the health insurance benefit NH offered. However, he did not like the CSJ job offered to him—work at an aluminum can factory—because it made him feel like a *mojado* (illegal immigrant).

He decided it was better to go back to his old job, even though the income was not steady and it offered no benefits. To Felix, the price of NH was not worth suffering the indignities of a job he felt was beneath him.

These participants' decisions to use NH exhibit the kind of cost-benefit analysis on which the rational actor model is predicated. Furthermore, each individual has a set of tastes and preferences, and their actions can be linked to satisfying those preferences. When we listen to them describe their rationales for NH program use, we can learn the meanings and strategies surrounding their actions. In each case, however, the dominant taste and preference were not necessarily for increased economic well-being. Other tastes, not necessarily exogenous, often superceded the desire for financial gain.

### The Daily-Routine Group

Six people (27 percent) were attracted to NH because of particular benefits that their lives otherwise lacked. If NH had meaning to their goals and beliefs, as put into practice in their daily routines, then they used a benefit; otherwise they showed little interest in benefits. Their conceptualization of NH benefits relies less on cost-benefit calculations and more on the meaning and greater stability NH brought into their lives. In particular, usage was connected to the contribution of NH to a meaningful daily routine that the parents were already working to achieve.

Maria is a mother of five. A nurse in Puerto Rico, Maria wanted nothing more than to become a practicing nurse on the mainland, and she signed up for NH believing the program could help her get a license from the state of Wisconsin. At first, Maria's case representative told her she could help her, but then told her she would have to attend a meeting the following Saturday. As a Seventh Day Adventist, going to this meeting would have violated her religious beliefs about working on Saturdays. When Maria went back to NH, she had a new case representative who said that NH could *not* help her get her nurse's license. Frustrated, Maria repeatedly asked for help finding a job that would pay her more than \$7 an hour. After NH could not do that either, Maria "forgot that New Hope existed" and looked for a job herself. New Hope did not make sense to Maria's daily routine, either from a religious standpoint or a financial one. Thus, she never used any of the benefits.

Wendy, in her early 30s and trying to raise two children, was attracted to NH "for all that health insurance." However, Wendy had a history of starting and quitting jobs frequently. As a result, Wendy had three distinct spells of benefit use tied to job changes and, 24 months into the project, had started a fourth job. She reported on the two-year survey that she only had held three different positions, yet ethnographic work indicates that she held seven or more. During her time in NH, Wendy was trying to raise her two sons while also caring for her elderly mother. She said that working full time was stressful because she was always worried about her children and her mother. "So many jobs!" she said. "I think I



would have been more stable with a job if it hadn't been for the kids or if there was a father in the picture." Thus, when her daily routine could include employment, she would seek out the NH benefits. However, when her life was too stressful to work, NH health insurance was unobtainable because she did not work more than 30 hours a week.

What sets this "daily routine" group apart from the "pro-con" group is the way they conceptualized NH. New Hope made sense to them insofar as it complemented specific features of their lives. They do not talk about NH in terms of costs and benefits, but rather in terms of how it augmented their day-to-day existence. If NH could help them sustain a meaningful routine, they would use particular benefits. But if they could not fit NH benefits in, they responded like Maria and "forgot that New Hope existed."

### Ethnographic Analysis of NHES Benefit Use for Control Group Members

Until now, we have only discussed how the experimental group thought about and took up the New Hope services. However, we needed to know if these patterns were specific to NH benefits or if they applied more generally to working poor families' use of other kinds of benefits. Our next step, then, was to analyze how the control group approached welfare and other social services to see if our categories were adequate to explain their motivation behind take-up of such services.<sup>9</sup>

Using the New Hope management information system and survey data, we first analyzed how the control and the experimental groups interacted with non-NH social service programs. In general, the population was extensively involved with other social services, with control members having slightly higher rates of use (Table 4).<sup>10</sup> Overall, 60 percent of experimental and 75 percent of control group members reported receiving at least one type of public assistance in the month prior to the survey. Almost half of both samples had received Food Stamps, while about two-thirds of both groups had used Medicaid. One in four experimental group members and one in three control group members had received cash assistance from Aid to Families with Dependent Children (AFDC). The high rates of usage and service involvement in the control group, similar to the experimental group, indicated this was an appropriate population on which to test the patterns we found for the NH experimental group.

Next, using the same time period as for the experimental sample, we analyzed the control group's approach to social services, including Temporary Assistance for Needy Families (TANF) (known as W2 in Wisconsin), Food Stamps, Medicaid, energy assistance, child care subsidies, and rent assistance. As with the experimental group, our analysis was not concerned with the effectiveness of such programs, but rather with the motivations that lie behind their use. All control families fell into one of the three relevant groups: the disruptive-life group, the pro-con group, or the daily routine group.<sup>11</sup> We used the same methods developed for the

**Table 4. Use of Public Assistance at Two-Year Follow-up For Child and Family Study (CFS) and New Hope Ethnographic Study (NHES)**

	CFS Experimental	CFS Control	NHES
<b>In Past Month %</b>			
<b>Received:</b>			
Medicaid	59.7	68.7	75.6
Food Stamps	45.0	53.6	58.5
AFDC	24.2	29.2	34.1
WIC	28.0	34.7	43.9
SSI	10.4	13.7	12.2
Unemployment	2.5	4.1	4.9
Social Security	4.6	7.2	2.4
General Assistance	1.4	.69	4.9
Received any of the above	60.0	75.3	78.0
Sample Size	283	291 <sup>a</sup>	41 <sup>b</sup>

<sup>a</sup> Baseline data are available for 745 CFS participants; 578 (285 experimentals and 293 controls) completed the two-year follow-up survey. Four of the 578 have missing data on these measures.

<sup>b</sup> Baseline information is available for all 43 NHES participants. Two of those participants did not complete the two-year follow-up survey, leaving 41 NHES members for whom we have survey data.

experimental group, and we found our categories sufficient to explain how the control groups approached and used social services. Of the 21 control families, four (19%) had lives marked by chaos and uncertainty and fall into the disruptive life group. Their stories are similar to those told by their experimental counterparts. Trisha, for example, was dealing with domestic violence, drug addiction, alcoholism, depression, financial insolvency, and a pregnant teenage daughter. Her life was so chaotic that a systematic approach to social services was impossible, as she simply tried to deal with the latest crisis. Marsha, another woman in this category, was homeless while trying to take care of three small children.

Eight of the remaining cases (38%) approached welfare use by weighing the costs and benefits and so were classified in the pro-con group. One such case is Juliette, who, although she had no children of her own, did have custody of her two nephews. A high school dropout who later got her GED, Juliette originally enrolled in W2, but soon quit because she did not like the intrusive nature of her caseworker, nor her caseworker's insistence that she find immediate employment instead of building up job skills. Juliette soon found a compromise; she received foster payments for the boys, although this forfeited her eligibility for welfare. Her opinion of the W2 program was very clear: "They can take it and shove it."

Jean, another woman in this group, received health insurance from the state of Wisconsin because her job as a

housekeeper did not provide health insurance for her and her two children. However, Jean had very negative views of Wisconsin's welfare system and wished she could take care of her children without relying on the state. To her, W2 was very inconvenient and her case workers unresponsive. Of the hassle of trying to get medical care for her daughter Samantha, Jean said:

Like the Title 19 [Medicaid] card, they don't even have the right address on them. Every other month it seems like they don't send one for Samantha and I always call her [the caseworker]. She never calls me back. Last time I called three weeks straight, and by then I was getting mad and leaving nasty messages on her answering machine.... I think everybody is like a number. They just expect you to answer questions. Now I have to go down there every three months and [it is] so much of a pain.

Jean knows she must provide health care for her children, but she hates the process, including even going to the clinic to seek health care. Just as for the experimental pro-con group, the control pro-con group had a clear idea of the costs and benefits of social services, and their involvement was predicated on the benefits outweighing the costs.

The largest category within the control group is the daily-routine group, with 9 of the 21 (43%) cases in this category. Although their motivation to use social services is similar to the pro-con group, the decision to use services is informed by whether or not such use makes sense, given their circumstances and constraints.

Bianca is a single mother of three who wanted to use the child care support offered by the state so she could work full time. However, one of her children was injured while in a W2 child care center, and Bianca resolved never to use a child care center again. "I was very upset," she said. "I took them out of that daycare and I will never put them in a daycare again. I'm not saying that all daycares are like that, but when you have a bad experience, you don't want to try it again." Bianca asked her grandmother to watch her children, even though she knew that W2 would not pay for an unlicensed caretaker. But in her moral economy, what mattered most was using relative care, not a daycare center.

Luisa, a Hispanic mother of two, arrived in Milwaukee with no way to support herself and her children. She was receiving welfare until shortly after her husband, Diego, arrived in the United States. Diego announced that they were not going to receive welfare anymore because he was "a macho man who will go out and work for you." For Luisa and Diego, the decision to stop using welfare involved no calculus of economic well-being, but instead stemmed from cultural beliefs that the husband, not the government, should provide for their family. To understand the use of social services for both Bianca and Luisa, then, it is necessary to understand their values and cultural practices, as well as how social service augmented or harmed their daily routine.

## Discussion

The working poor are remarkably heterogeneous, as our data show and many others have found (Blank 1997). Therefore, the expectation that NH families would approach social service use in similar ways, driven by a utilitarian trade of wage work hours for benefits, is too narrow. The transitions of our participants from prior service use to New Hope program use, or from AFDC to TANF to work, involve different paths, vary in timing, and have different motivations. If the rational actor model is to sufficiently account for take-up heterogeneity, it needs to "incorporate... a much richer class of attitudes, preferences and calculations" (Becker 1993:385). An ecocultural theory is required to more accurately account for the behavior of everyday working poor parents who face the common task of sustaining their daily routines.

New Hope was an outstanding program, but it was new and not part of people's routine institutional expectations of services, such as Food Stamps and Medicaid. New Hope needed time to become not just a strategic choice, however valuable that choice might have been, but also part of the expectable institutional landscape of life. New Hope did require additional paperwork, visits, and forms that were beyond expectations when taking on any wage job. Given these transaction costs, our findings suggest that even if New Hope had been used on a larger scale, it would nevertheless be insufficient by itself to eradicate the many obstacles in the lives of the working poor.

Our ethnographic data on NH take-up and on participants' views of social services more generally lead us to suggest a hypothesis regarding what would happen if NH benefits were automatically awarded to the working poor. Full-time employment would "naturally" bring with it an income floor, some health insurance, and child care supports. The "misinformation" group would have been eliminated or greatly reduced, and the "cost-benefit" and "daily routine" groups would have increased use of benefits. Only the "troubled" families, who for various reasons were unlikely to persistently work, would still require additional supports, including mental health services and drug and alcohol counseling.

## Conclusion

The New Hope project offered substantial help for those families who were willing to work 30 hours a week or more. For experimental participants, there were benefits in using the program. Relative to control group members, program group members showed significant increases in labor force participation, earnings, and children's academic behavior (Bos et al. 1999). Yet a surprisingly small number of participants made active or continuous use of all or most of the benefits. If they did utilize NH services, they did not use them for very long or very consistently. Our analysis of NHES data

suggests reasons for the heterogeneity of NH take-up—and similar patterns of take-up of other programs and services in the control group—based on ecocultural and personal circumstances.

Each of these patterns offers its own lesson for the prediction of antipoverty program use. To understand these patterns, we need to analyze the families' choices using both rational choice and ecocultural models. The rational actor model explains families who make benefit-use choices based on a cost-benefit calculus, which is primarily financial in nature. The ecocultural model explains benefit use for families who try to construct a meaningful, sustainable daily routine. In many instances, there are elements of both involved in take-up. However, the rational actor model is silent on what particular tastes and preferences might be and considers them only in the light of a cost-benefit utility. The ecocultural model adds explanatory power to traditional rational choice theories. Most NH take-up is accounted for by patterns other than primarily cost-benefit strategizing, based only on material gains from NH.

Our findings suggest that the theory behind the NH intervention—that families not employed and on AFDC will respond to economic incentives with increased work effort—is valid, but more so for some kinds of families than for others. Policy makers who wish to emulate the success of NH should be aware of the heterogeneity across low-income families, both in their composition and their use of services. Our results indicate that there is a range of implicit motivations behind service use and how these motivations are likely to influence participant response. We find that New Hope may have overemphasized economic motivation and thus may not have fit with many participants' ecocultural circumstances. Since states and counties are now faced with assisting families and children who will lose welfare assistance, grasping such patterns in the lives of the working poor is essential to better fitting programs to family life.

### Notes

<sup>1</sup>This paper is not an analysis of the welfare to work transition. Instead, it is a naturalistic study of families in an experimental worked-based program, who worked varying amounts (some worked a great deal, others were unemployed throughout the study). For that reason, we focus not on the transition to work, but rather on the holistic circumstances that contribute to economic and social well-being.

<sup>2</sup>To meet the 30-hour requirement, participants had to document their work effort. Wide latitude was given for participants who may have been self-employed (e.g., child care workers providing care in their home), but NH did not formally recognize domestic labor. This was in keeping with current state and federal policies that did not accept domestic labor as work.

<sup>3</sup>All enrollees were volunteers and understood there was a 50-50 chance they might not receive any NH benefits at all. NH was not a public welfare program, nor was it designed to replace W2 (Wisconsin's response to welfare reform, which was being phased in as NH was being phased out). The decision to enroll did not preclude participants (experimental or control) from taking advantage of other forms of aid.

Furthermore, all volunteers received compensation for completing a basic informational form. Some control group members resented or regretted being in the control group, but some NH experimental members never used NH or were upset about some of its features and were unengaged in it.

<sup>4</sup>Some 67 Hmong participants in the program were not included in the family study due to cultural and language differences that made a standard survey difficult to undertake in the time available. Disregarding this portion of the sample, the final response rate was 78 percent.

<sup>5</sup>There are potential problems with recollection and with selective bias due to unusually negative or positive experiences with NH benefits and staff. However, we have used other sources of independent information on "actual" take-up of NH programs, such as administrative and survey data. Fieldworkers also took into account the whole picture of the family in writing fieldnotes and weighed the memories and consistency of what participants said, as well as reporting what they said. Fieldworkers, in many cases, also saw the final year of NH participation firsthand. Overall, biases no doubt exist, but we believe they are modest, balanced by other independent sources of information on take-up. We also feel that bias is not unidirectional but rather balances itself out.

<sup>6</sup>A spell is defined as two or more consecutive months in which a benefit was received. A spell ends with the next month in which a benefit is not received.

<sup>7</sup>Poor management by NH staff is not the reason for the intermittent response. New Hope was well implemented, and its program staff was, by all reports and reviews, exceptional in dedication and focus (Brock et al. 1997; Bos et al. 1999). The innovative nature of the program, the widespread local community and political networks supporting NH, and the importance to participants of the "case representatives," who provided strong support for each participant, have been noted by independent reviews (Mead 2000). Hence, variations in response to NH cannot be attributed to a general weakness in program implementation or management.

<sup>8</sup>Conchita is not the only participant whose memory does not match MIS reports of benefit use; this same discrepancy existed in five other cases as well.

<sup>9</sup>We cannot model how the control group would have approached the particular set of NH services, of course, since by definition they did not have NH participation. Hence, a true counterfactual in this sense is not possible. Yet by applying our categories to the control families' use of welfare and other services, we can test whether our categories hold outside the narrow bands of NH intervention services. Although still suggestive, it might shed light on how families will respond to benefits offered as part of welfare to work programs.

<sup>10</sup>For the most part, NH experimental families did not simply substitute NH benefits for services available to controls. For instance, there were no statistically significant differences between experimental and control group members in the 24-month survey in the use of Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), general assistance (GA), energy assistance, Section 8, or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (Bos et al. 1999). The only significant difference between the two groups was that families in the NH experimental group were less likely to use food stamps. Many NHES families needed these supports in addition to NH benefits.

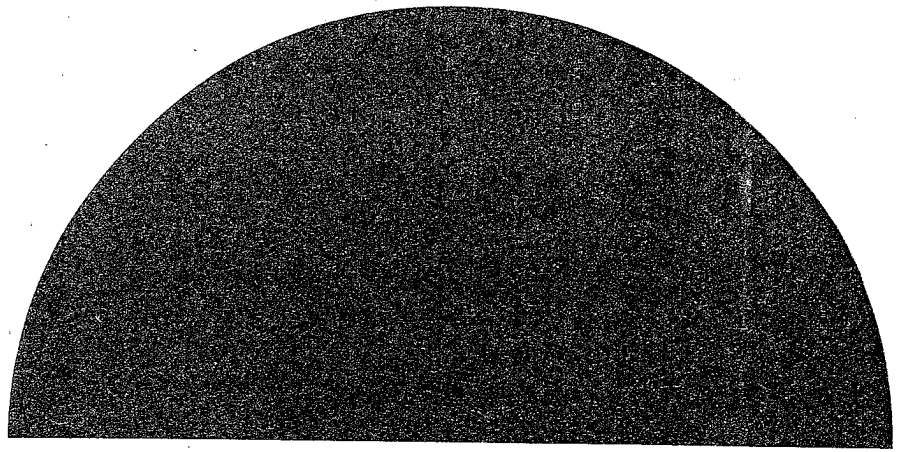
<sup>11</sup>For this analysis, we did not classify people in the constrained-by-information group because we do not know the full set of choices

available to them and thus cannot fully know how their choices were influenced by misinformation.

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