

# Ending Workfare as We Know It?

After eight years on welfare, Benita Andrews doubts she'll leave anytime soon. The city says it can provide enough help to prove her wrong.

By Tracie McMillan

Photographs by Angela Jimenez

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**I**t starts before Benita Andrews even makes it home. Five o'clock finds her walking to her South Bronx apartment, a ramshackle three-family covered in aluminum siding. Her kids—nine in all—spot her from their third-floor window, and they are already calling for her when she is half a block away. By the time Andrews passes the corner house, known as a drug spot, and a stoop blaring salsa music, her front stairs are lined with children. “It gets kinda crazy when I get home. Everybody’s all ‘Mommy, mommy, mommy.’” says Andrews, feigning irritation. “I about fall into a coma come 10:00.”

So far, the only sign of exhaustion from Andrews is a deep breath before the onslaught from her children begins. “I want to be working, but there’s too many loose ends at home,” she says matter-of-factly. Asked what it would take

for her to leave welfare, Andrews raises her eyebrows—I have tried and it does not seem possible, her look says—and ponders the question. “If I do Scratch n’ Match [a state lottery game], that might cover me for three or four years,” she says. Pressed for specifics, Andrews launches into a list.

She’d have to find affordable child care for her children; the biggest worry is Bianca, a timid 3-year-old with caramel skin, who’s been plagued with neurological, renal and developmental problems. But then there’s Alexis, a wide-eyed 10-year-old with seizure problems, and Camron, a startlingly pretty 8-year-old boy who has difficulty communicating.

She’d have to close her preventive services case with the Administration for Children’s Services, a lingering threat that she could lose her children.



**WeCare's New Recruits:**  
Benita Andrews takes her daughter Bianca home from an appointment.

She'd have to get Louis, her children's father and her partner for 20 years, off her Section 8 case and lease so his sporadic paychecks aren't counted against her housing benefits; she threw him out last year, after foster care workers explained that his drug use could lead to her losing her kids.

She'd have to find someone to help care for her ailing mother.

She'd have to get her blood pressure, so dangerously high that it causes pounding headaches that force her to lay down, under control.

She'd have to figure out a way to keep up her new apartment, the first she's had since entering the shelter system three years ago.

Bright, no-nonsense and world-weary, Andrews considers employment out of her reach. "What job am I gonna do with all these appointments?" she says, pulling a cheap calendar out of a plastic bag serving as her briefcase. Notes like "Bianca, neurologist" and "FEGS 10:30 AM" leave April and May covered in scribbles; fewer than seven days are free over the course of the two months.

At 38, Andrews has been a part of the city welfare system almost as long as welfare reform. In 1998 she joined the 1.1 million

New Yorkers who began to shuffle between its confines and the world of work after the passage of federal welfare reform in 1996. Andrews likes the idea of supporting herself, and has done so in the past, but she's grown jaded. "My experience is, the minute you get close to [getting off welfare], something happens—paperwork, a computer error—and you get screwed," she says. "There's nothing wrong with workfare, per se, but each individual case is different."

It's a declaration some people in the city's welfare office might agree with. This past February, the city Human Resource Administration (HRA) launched WeCare, an ambitious initiative intended to move the most challenging welfare clients into work using a careful, case-by-case approach. The program relies on two premises, the first of which is that a majority of New York's welfare population—56 percent in May—is at least partly unable to work, due to what policy wonks call "multiple barriers." These include anything from drug addiction to housing problems, domestic violence to mental illness, physical infirmity to child welfare problems. The second echoes Andrews' observation: In order to move people facing multiple barriers to work, the city

will need to pay close attention to the details of their lives.

#### **THE CITY STARTS WITH THOROUGH EVALUATIONS**

("biopsychosocial assessment" is the official term), conscientious casework and planning, linking those eligible to Social Security disability, day care assistance or training. By so doing, the city says it can reduce, if not eradicate, the use of public assistance.

Ten years after Mayor Giuliani won national notoriety for the city's strict work-first ethos and near-evangelical belief in the power of work alone, New York has found a new gospel: meeting its clients where they are at.

Welcome to round two of welfare reform in what, despite 740,000 recipients having left the rolls, remains one of the nation's largest public assistance caseloads. In place of the ideological fury that marked the Giuliani years are matter-of-fact discussions about helping clients achieve "maximum self-sufficiency," a rhetorical framework that plays well among conservatives and liberals alike. Though it's far from reversing course, the shift is a seismic change in the city's approach to welfare.

New York is hardly the first state to try something besides sending its welfare recipients to sweep the streets for their check. Many states

bypassed workfare from the start; for instance, Washington and Vermont created publicly funded jobs that paid clients a real wage, a strategy that successfully moved people into work. Others, like Tennessee, created intensive service programs for the toughest cases in the late 1990s, after caseloads plummeted. New York, whose welfare chief Jason Turner famously said “work sets you free,” mostly stuck with a strict “work first” approach. But if Turner’s critics argued that

native—a former public assistance beneficiary herself—took the reins of HRA in 2002 and now heads the nation’s largest municipal public assistance program. A former nonprofit executive director, Eggleston keeps a low profile. Nonetheless, her few public appearances have yielded frank criticism of the prior administration’s weaknesses, particularly its work-first myopia and “one size fits all” approach. At a February forum at New School

began to offer the option early this year.

The central theme, says HRA, is that its current clients are a mixed bunch, and efforts to move them to work will necessarily need to address that. “We shouldn’t be in a position where we’re regulating what someone’s self-sufficiency looks like. Everybody’s level...is different,” said Eggleston. “I will not put down a gauntlet and [say] ‘Our thing is work first.’ It’s more than that.”

WeCare is the flagship initiative of this new approach, with a \$200 million price tag for its first three years. After bearing years of criticism that the welfare system is too simplistic and too punitive, the city proposes to approach its clients in a “very holistic way...dealing with the family as a whole,” says Pat Smith, HRA’s first deputy commissioner who also served under Giuliani. Slated to be in full swing by July 1, WeCare is expected to screen nearly 46,000 clients in its inaugural year, more than one-fifth of the city’s welfare cases.

The approach is straightforward: Identify what’s keeping people from working and spend the time and money necessary to really fix it. That includes trouble-shooting problems that could make it hard to keep a job, like housing or child welfare. Then work to get clients into a job, even just part-time, or onto federal disability rolls. Even advocates for the poor, who’ve long criticized the city’s welfare programs, find the proposition encouraging. “We have an administration that at least recognizes very explicitly that the people they serve have a variety of abilities and needs,” says Ricky Blum, a Legal Aid lawyer who’s tangled with the city over welfare policy. “That’s a very positive step.”

If the city’s plan sounds familiar, it should. New York has long used city-regulated “wellness plans” for disabled citizens on welfare. A medical evaluator, HS Systems, assessed clients, handed them a plan to get well and sent them on their way—an approach characterized as “rather laissez-faire” by Dr. Frank Lipton, an executive deputy commissioner. It didn’t run smoothly. Advocates filed a civil rights complaint, alleging the system discriminated against people with psychiatric disabilities. Some clients filed suit; one judge, ruling in favor of a client last year, found HS Systems had been “arbitrary and capricious.” The starkest example of the system’s flaws came in 1997 when a welfare recipient died of a heart attack at her welfare work assignment. Despite a history of serious chronic heart disease, HS Systems sent her to work.

Though the system was flawed, it was not cheap. When Eggleston took over her post, she

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## With thorough evaluations, conscientious casework and planning, the city says it can reduce, if not eradicate, the use of public assistance.

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his system all but closed the door in clients’ faces, they might agree that current Commissioner Verna Eggleston is at least cracking it back open.

Keeping the door ajar won’t be easy. Even as New York has quietly acknowledged that its approach of 10 years ago makes little sense today, conservative Washington is angling to enforce the work first gospel in the states. Former Gothamites, most notably Turner from his perch at the Heritage Foundation, are now lauding New York’s success at shrinking the rolls, and are encouraging a TANF reauthorization law that would channel everybody into work, like New York circa 1999. If he succeeds, the city might be forced to either abandon WeCare or face serious fiscal penalties (see box).

Just how risky a wager is WeCare for those in its path? The worst case scenario, say advocates for the poor, would likely be a variant of the status quo: cumbersome, inconvenient and too often more of a hindrance than an aid.

If it succeeds, WeCare could launch a new era in how New York City takes care of its poor.

**VERNA EGGLESTON MAKES SOMETHING OF A** case for the term “compassionate conservative.” Black, openly gay and Republican, the Bronx

University, Eggleston recalled her response to a colleague who urged her to focus on reducing the welfare rolls even further: “I said, ‘Why? To do what? To serve who? To say that I had a success like the Giuliani administration?’ I don’t think so. That’s not how we’re doing it.”

Instead, says Eggleston, here’s how they *will* do it: by working carefully with clients to determine the surest path to “maximum self-sufficiency.” Though the phrasing makes advocates for the poor leery—it’s common among supporters of the work-first approach—Eggleston promises a more thoughtful commitment to the idea.

Under Eggleston’s watch, the agency has dramatically expanded outreach efforts around food stamps; at nearly 1.1 million, the rolls have grown by more than a quarter during her tenure. HRA has explored ways to offer child care to extremely low-income workers, and created a new division, Customized Assistance Services, to coordinate comprehensive and individualized client services. Most notably, the agency has quietly begun to chip away at the assumption that education should always be secondary to work experience. After successfully lobbying the state to expand education and training options for single, childless welfare recipients, the agency

ordered a study of the city's welfare recipients to help inform policy. The numbers spoke for themselves: In one instance, said Eggleston at the February forum, the city had spent more than \$300,000 running a client through assessments, trying to prove the person could go to work. "I don't want to spend time having a debate with people who are chronically ill and critically ill, wasting government money," said Eggleston. "If I...got up enough gusto to come to you and ask you for anything, then let's just make the assumption that I need something."

WeCare is making an effort to do just that.

At the end of it all, Andrews was judged to be "employable with minimal accommodation." She's been linked with a city doctor, who's suggested a stronger dose of her blood pressure medication. Five days a week, she sits through six hours of vocational evaluation and job readiness courses—one hour and two buses away. Andrews isn't entirely sold on the program. Her own doctor advised her to stay home, she says, and, with a work history that includes eight years as an administrative assistant, she's found the vocational program a bit basic. One day saw her class counting hundreds of screws, nuts and

getting a job, according to a 2003 Mathematica study. According to the model set in the study, Andrews' likelihood of finding full-time work is roughly 23 percent.

Moving Andrews into a job will be a tall order, and the city has been careful to phrase its goals in terms of "maximum" self-sufficiency, a subtle admission that not everyone will end up employed. While the city would not comment about its goals for the fledgling program as it unfolds, an examination of the WeCare contracts suggests as much. In its first year, the program is expected to screen more than 45,000



■ Multiple Barriers: Leaving welfare while caring for nine kids, says Andrews, would require winning the lottery.

When Andrews complained to her caseworker in April that she had strained her back, and that her high blood pressure was bothering her, the city transferred her case to WeCare; by mid-May, HRA had referred 5,164 cases to the program. Instead of going to her local job center, Andrews headed to one of the city's three WeCare hub centers. (Two longtime welfare services contractors, Arbor and FEGS, are running the program.) There, Andrews got an appointment for a physical. She also sat down with a social worker to undergo a screening for mental health and social issues—child welfare, housing, child care, legal problems, substance abuse.

bolts; they later moved on to setting tables.

Still, says Andrews, it's better than before. She goes to WeCare six hours a day instead of eight, and the city covers her child care. It's also more flexible than she ever found regular welfare to be. Whenever she has an appointment to go to for her kids or herself, "it's just a matter of bringing them a letter," says Andrews. "I couldn't do that on a regular job."

Apart from her large family, Andrews is fairly typical of the clients expected to be in WeCare: facing many problems, of which medical or mental health is but one. These problems place her at a distinct disadvantage when it comes to

clients; of those, the contractors estimate that about 3 percent will get jobs and another 10 to 11 percent are expected to end up on federal disability. The remaining 39,000 will likely be "engaged" in some kind of activity in exchange for their check, and will count toward federal work requirements—something many of the target cases fail to do (see "Roadblocks From Washington," next page).

It may not be a revolution, but it's a big enough shift that frequent critics of the administration are willing to wait and see. So far the only public criticism has come from advocates concerned about the consolidation of the pro-

# Roadblocks From Washington

The greatest hurdle in WeCare's path may not be the devil in the details but a federal administration intent on revamping Temporary Assistance to Needy Families, the federal welfare program, and pushing work-first even as New York tries to leave it behind. In Washington, D.C., "the general accusation is that the Bush plan is trying to make everyone run a New York City program" from the old days, says a Democratic Senate staffer who worked on reauthorization in 2002.

It's hardly a coincidence. A Giuliani welfare aide, Andrew Bush, was reputed to have crafted the strategy while a top official at the U.S. Department of Health and Human Services.

For WeCare, the most important challenge comes from the heightened work requirements Congress is considering. Currently, less than half of New York's welfare recipients meet federal work requirements; once reauthorization hits, the city will likely be required to have 70 percent do so. The increase in work rates is a "foregone conclusion," says David Hansell, HRA's chief of staff, but what New York is most concerned about is what will count as work.

Currently, most of the activities that clients will perform under WeCare—notably rehabilitation—don't count as work. So far, that hasn't mattered because existing law reduces states' work requirements—50 percent—by one percent for every percentage drop in the welfare caseload since 1996. After seeing its welfare cases drop by 64 percent, New York doesn't have to have anyone in work activities.

The Senate would set a six-month limit on rehabilitative efforts that could be extended, and provides for up to a year of vocational training. The House is far more restrictive, limiting rehabilitative activities to three out of 24 months, and excluding training.

If New York can't meet the new work rates—far more likely under the latter scenario than the former—the city could face serious fiscal penalties. "Something that looks like the House proposal would put the WeCare proposal in real jeopardy," says Margy Waller, a fellow specializing in welfare



and workforce at the Brookings Institute who has followed the New York program.

Resistance to the direction of federal reauthorization crosses party lines. New York State Senator Raymond Meier, a lifelong Republican and chair of the body's social services committee, has been a vocal critic, testifying before Congress. Even the conservative Pataki administration has sought greater flexibility and child care, though "the No. 1 priority [is] level funding. It's too important to get overly obsessed with little details," says Robert Doar, Commissioner of the Office of Temporary and Disability Assistance, New York State's welfare agency.

For its part, the city is actively selling the WeCare program to legislators. HRA Counsel Hansell's testimony before Congress in February lauded the program and called for more flexibility on the local level. At the same time, the city's Washington, D.C. office has devoted a staffer to the issue; she meets regularly with staff from the New York Congressional delegation in the House and Senate, as well as interested legislators from other states; has brought HRA in to talk to staffers and to testify on

the Hill; and has convened an informal working group of policy makers, Hill staff, and advocates.

Mayor Bloomberg, after setting forth the administration's priorities for reauthorization in 2002, has since left the issue to lobbyists and program administrators. When he visited Washington, D.C. in April to meet with legislators, "he didn't actually bring up TANF issues, which we thought he would," says a Senate staffer. "He brought up something else, a stadium." Nonetheless, New York "is on the forefront of this," says Jennifer McGee, senior legislative counsel at the National League of Cities.

The push for legislation friendly to WeCare has also generated an unusual common ground between HRA and advocates for the poor. "We very much stand with HRA in their insistence that any federal law not make it more difficult to serve people with disabilities," says Ricky Blum, a Legal Aid lawyer and frequent critic of the agency. "We don't want to see the city penalized for doing the right thing."

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gram into three centers, which requires many disabled recipients to travel farther than before. The city says it will deal with access issues on a case-by-case basis, though advocates are skeptical. “That was not a good sign for how that stuff on paper will play out,” says Don Friedman, a senior policy analyst at the Community Service Society. But he’s found the initiative encouraging nonetheless. “If they make a real effort to address those limitations, and go the extra mile to avoid punishing people for the first time they slip up, it might be as good as I can hope for,” says Friedman.

There’s no guarantee that WeCare will live up to its marketing. Done poorly, it could create little more than a churning army of WEP assignments—though, it’s worth noting, that’s roughly where most of WeCare’s target clients have resided for years. Despite Eggleston’s rhetorical shift, the program still mandates participation and retains a focus on moving people to work—hardly a rejection of Turner’s approach. “The way [HRA has] developed the Giuliani policy and the way they’ve defended it is very effective,” says Larry Mead, a professor of political science at NYU who was a regular consultant to HRA under Turner. “What Verna is doing is basically downplaying [enforcement] in favor of the service orientation.”

Yet it’s a frank admission that, for many on welfare, having one rule—work first—and being expected to follow it without help and without fail, has been anything but effective.

**SUNLIGHT IS STREAMING INTO BENITA ANDREWS’** living room as her children hurtle down the short hall nearby. After nearly a year in her apartment, Andrews still hasn’t been able to afford any furniture besides the beds, two tables and a dresser; most of the clothing sits in bags neatly stacked in the corners. Andrews barely registers the squealing in the front room and doesn’t miss a beat as she talks about why she went on welfare.

“I could talk you into tomorrow,” she cautions, patting down her jeans and T-shirt. “I had five children at the time, and I’d already been out of work for three years,” when she opened her first welfare case, says Andrews, who’d left an administrative position to care for her ailing mother. “When I resigned, I had a 401k and a pension, so I lived off that first. Then I did babysitting. And when the babysitting ran out, I ended up on P.A.”

Andrews’ prospects under WeCare are still uncertain, but there are a few hopeful signs. For one, the city paid attention when she explained her situation to her caseworker.



■ **Better Off:** Andrews hasn’t been able to afford much furniture but hopes WeCare will help her get a job to change that.

Her WeCare assessment frankly lists positive attributes—(work history, household management skills, a high school diploma) and charts them against her problems (special needs children, health problems, signs of depression). The recommendation goes on to note that her major difficulties are “more psychosocial than medical,” and that a therapist might help her deal with stress. “Before, it used to be that they just throw you in a program,” says Andrews warily. “This is better, but I’m waiting to see what type of job interviews they send me on.”

It’s a telling moment, one when the shaky evolution of welfare reform meets the anger of someone who’s found little hope in its past incarnations. Even at its best, the city’s innovation won’t be nearly as giving as Andrews would like; with some prodding, Andrews says that she’d prefer to just stay home with her kids until they go to school. The first round of welfare reform removed that option forever for poor families.

But within that reality, WeCare might begin to shift welfare toward something entirely unexpected, at least for New York City: a government program that thoughtfully sets realistic goals for its clients, and offers concrete help to achieve them. It’s a lofty approach, and one that garners raised brows from liberals and conservatives alike. Andrews, ever the skeptic, and a little embittered, isn’t so sure about that, but she’s willing to give it a shot. “You got to play the hand you’re dealt,” she says. “And that’s the hand I was dealt.” •

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