

**Not All Boats:
Disability and Wellbeing among Single Mothers**

Policy Brief
Center on Poverty, Work and Opportunity

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Introduction and summary

In the late 1990s economic expansion and the new welfare policy led to a dramatic growth in employment, and pushed down rates of welfare receipt among single mothers. Because employment increases reached so far down the economic ladder and official poverty declined, moreover, a conventional wisdom emerged that American had turned a corner with respect to poverty and its attendant social ills. Andrew Natsios spoke for many when, in the summer of 1999, he wrote, “Americans are wealthier, more law-abiding, and more willing to work in a booming economy, which gives credence to the old adage that a rising tide lifts all boats.”¹ However, largely unnoticed at the intersection of these trends, and beginning in the early 1990s, was a *decline* in employment for a smaller and less visible population: single mothers with disabilities. That divergence turns out to be at the center of the growing disparity in wellbeing between single mothers with disabilities and the general population of single mothers that is the core issue for this report. As we will see, this disparity has important implications for the relationship between work, family and the state in the United States.

The report begins with a brief theoretical framework and review of existing research, and then presents an analysis of trends in survival strategies and wellbeing for single mothers with and without disabilities. I conclude with a discussion of some policy approaches and recommendations for policy change.

Summary of empirical findings

¹ Boston Globe, 7/18/1999.

Single mothers with disabilities were situated very differently than those without disabilities at the end of the 1980s, and they experience diverging trajectories of poverty and wellbeing over the 17 years that followed. The most pronounced aspects of these differences were:

- *A growing disability gap in poverty.* I find much higher levels of poverty and extreme poverty for those with disabilities, and the gap grew on both of these measures. In the most recent years, single mothers with disability still experience poverty rates of more than 50%, and are more than twice as likely to live in poverty or extreme poverty as those without disabilities.
- *A growing disability gap in employment.* The data show increasing employment rates for single mothers without disabilities, but decreasing rates for those with disabilities. Those without disabilities are now more than four-times as likely to be employed (78% versus 18%).
- *A growing disability gap in state dependence.* The extent to which these two groups depend on state benefits for survival and wellbeing diverged. The gap in state benefits receipt has increased from 2-to-1 at the beginning of the 1990s to 3.7-to-1 in the most recent years.
- *Less state support for single mothers with disabilities.* Results show rapidly falling rates of receiving AFDC/TANF for single mothers with disabilities, which were not met by commensurate increases in disability-related benefits. The percentage of single mothers with disabilities receiving state benefits peaked at 77% in 1993 before falling to 64% in 2004.

- *More dependence on extended households.* I find a greater prevalence of extended household living arrangements among both groups of single mothers, but more rapid growth and greater tendency to live in the households of others among those with disabilities. More than one-third of single mothers with disabilities live in households with other adults, almost half of those living in someone else's household. Extended households emerge as a key survival strategy. Income from other adults is responsible for more than 40% of non-poor single mothers with disabilities living above the poverty line when calculated for households.

In summary, the evidence presented here shows that, even in a context of economic expansion, the wrenching shift from state dependence to market dependence – for women with children to care for but no spouses' income to depend on – did not lift the boats of the most vulnerable mothers. After reviewing this evidence, I discuss several prominent policy approaches to the employment problems of single mothers with disabilities, and their weaknesses, before offering some policy recommendations.

Market, state, and family

People in modern societies achieve their survival and wellbeing through families, the market, and the state. They receive care and support from family members, work at jobs to earn income, and draw benefits of various kinds from the state. Each of these may be thought of as an institutional arena – a set of relationships governed by informal and formal rules – and each of these arenas is subject to a set of state policies that are closely interconnected (Esping-Andersen 1999; Fuwa and Cohen 2006). Single mothers inhabit a uniquely disadvantaged location with regard to two of these arenas. In the family, they

shoulder greater carework obligations in the upbringing of their children, and receive less support from spouses (they don't have one), than do married parents. They also face obstacles to their success in the labor market, where their earning potential is limited by carework burdens. Thus, although the married couple is the model for the story of work and family in modern life, it is single mothers more than any other group who confront the dilemmas and contradictions of the work-family collision that has become a defining characteristic of American society (Hochschild 1997; Robinson & Godbey 1999). As a result, they often have been left to draw from the third arena, the state. But in recent years that avenue has become less supportive of those who need it most.

Historically, as state actors recognized the barriers to independence experienced by single mothers, government targeted public assistance at them, including especially those with disabilities.² So when state policy in 1990s shifted away from supporting the poor and toward promoting their dependence on the market for income – with the assumption that families would help fill the remaining gaps – single mothers with disabilities found themselves in a uniquely tight spot. In a modern society that defines families as nuclear/coresidential and enforces an ethos of independence that is based on individual market success (Bourdieu 1998), single mothers with disabilities appear to possess neither. This report will explore the disparate experience of this population with a focus on poverty status as an outcome measure of wellbeing.

² This support was not purely altruistic, instead representing a form of social control and enforcement of normative family behavior through the nature of its assistance and administration (Skocpol 1992; Gordon 1994). Note that the conditions that define single mothers' social position may not be inherently problematic, but are made so by several broad general tendencies: that children live with their mothers when their parents aren't married, that unmarried fathers are not responsible for most care and support needed by their children, and that women earn less than similarly-situated men in the labor market. These underlying conditions are beyond the scope of this report.

The Market: Employment

For single mothers, employment often is essential for economic survival, yet highly problematic for managing child care. To the extent that parents do not perform the carework for their children, this work must be done by other unpaid caregivers (usually family members) or else commodified and provided through the paid labor market – at much higher out-of-pocket cost to the family (Uttal 2002). A third alternative, state-provided care support, has historically not been a meaningful option for mothers in the United States. The difficult tradeoffs required of many mothers suggest that employment rates themselves are not adequate indicators of wellbeing. However, if mothers can manage employment and obtain quality child care from one or the other of these sources – and if their jobs are of high enough quality (Kalleberg, Reskin, and Hudson 2000) – then employment provides important economic and social benefits (Sayer, Cohen, and Casper 2004).

Sociologists have long studied employment problems for single mothers. This research has addressed such issues as racial-ethnic differences in employment rates (Cohen 2002; England, Garcia-Beaulieu, and Ross 2004) the role of human capital, industrial restructuring and welfare programs (Browne 1997; Browne 2000), and household structure (Cohen 2002). However, despite the well-documented growth in the employment disparity across disability lines generally (Hotchkiss 2003; Stapleton, Goodman, and Houtenville 2003), the concentrated problems among single mothers and their families still have not drawn adequate attention from the scholarly and policy communities. More recently, research and public debates over the 1990s welfare reform have raised the issue of increased burdens imposed on women with disabilities, or women

who have children with disabilities (Brandon and Hogan 2004; Cohen and Petrescu-Prahova 2006; Gardiner and Fishman 2001; Litt 2004). But this research has not focused extensively on employment difficulties.

Meanwhile, economists have monitored a decline in the employment rates of people with disabilities (Hotchkiss 2003; Houtenville and Daly 2003), which some attribute to the improved availability of disability insurance, or to the changing health profile of people with disabilities, especially the increased prevalence of obesity (Kaye 2003) and mental illness (Gresenz and Sturm 2004) – although most researchers do not believe changing health status is behind the drop in employment rates (Hill, Livermore, and Houtenville 2003). Others argue that the ADA itself has perverse effects, discouraging employers from hiring people with disabilities (Bound and Waidmann 2004), even as some findings suggest the ADA has improved work opportunities, as intended (Kruse and Schur 2003). Unfortunately, this economics research has not focused on the special problems of single mothers in the wake of welfare reform.

The State: Welfare and disability benefits

Families led by women with health problems have consistently been slower to leave welfare than those without such problems (Brandon and Hogan 2004). For mothers without jobs, poverty relief, disability benefits, and public health benefits comprise a bureaucratic maze that confronts them during the time of their greatest need, and many fail to secure adequate support. For example, compliance problems lead mothers with disabilities to receive higher rates of punitive sanctions under the new Temporary Assistance to Needy Families (TANF) welfare program (Kaiser Family Foundation

2003). By one estimate, poverty rates among single-parent families would be 28% lower if family heads were able to take full advantage of existing government security programs (Zedlewski, Giannarelli, Morton, and Wheaton 2002).

As millions of women and their families have left TANF, some by choice and all under pressure, many have tried – but failed – to replace the support they had previously, especially if they have transferred to disability programs (Bound, Burkhauser, and Nichols 2003; Moffitt 2002). Partly in response to federal welfare incentives, state governments have attempted to move women with disabilities off TANF and onto the federal disability rolls of Supplemental Security Income, or SSI, for which prior work experience is not necessary (Timmons, Foley, Whitney-Thomas, and Green 2001). Unfortunately, many poor women with health problems, especially mental health problems, fail to qualify for disability support (Corcoran, Danziger, and Tolman 2004). Even for those who do successfully move from one program to another, many end up without adequate income and health insurance coverage. More than 40% of women who left TANF in 1997 were uninsured two years later (Kaiser Family Foundation 2003), and a third of low-income women with depression have no health insurance (Roberts 2004).

The Family: Extended households

Supporters of welfare reform often exalted the role of informal family and social networks in replacing state support. Thus, most states require teenage mothers to live with their parents to qualify for TANF, and some permit the use of program vouchers to pay family members for child care. In fact, a long tradition of research shows that extended households do play an important role in the coping strategies of single mothers

(Angel and Tienda 1982; Cohen 2002; London 2000; Tienda and Glass 1985). Family support, including household extension, has been found to be a response to poverty or the loss of welfare benefits (Hao 1995; Henly 1997; Sarkisian and Gerstel 2004). It is also more common where local rents are higher (Sigle-Rushton and McLanahan 2002), and among disadvantaged groups, such as African Americans (Cohen and Casper 2002). However, such support often falls short, in large part because of the simple fact that poor people have poorer networks upon which to draw (Harknett 2006; Henly 1997; Newman 1999).

By living in extended households, single mothers might gain access to child care and other forms of support, and practice cost sharing. This could either reduce the necessity of employment – allowing mothers to remain out of the labor force rather than take jobs that would not cover their costs – or make it possible to get and keep jobs. We do not know how these patterns and responses differ for mothers with disabilities. In general, however, living in extended households is not the first choice of American adults, although this varies by ethnicity and cultural background (Cohen and Casper 2002; Kamo 2000).³

Data and Measures

As suggested by the above review, this report will focus on the state, the market and the family (broadly defined) as sources of support for single mothers, using the

³ In previous work (Cohen and Casper 2002) I have distinguished between those who live in extended households headed by others (guests), and those who live in their own households with others present (hosts). This distinction helps identify the nature of the extension from the point of view of the single mother. Living in another's household reflects greater need on average – symbolized by the lack of one's own home – while bringing others into one's household often reflects an advantage relative to others in the family or social network. In the absence of detailed measures of family and network exchanges, this distinction is useful for assessing the nature of the support sought and received by household members.

comparison between those with and those without disabilities to illuminate the effects of recent overlapping policy and economic shifts. In this section I will outline the data and measures to be used.

The best source of data for this project is the Current Population Survey (CPS), conducted by the U.S. Census Bureau for the Bureau of Labor Statistics – specifically the March files, formerly known as the Annual Demographic Supplement, now known as the Annual Social and Economic Supplement, from 1989 through 2005. The primary purpose of the survey is to measure labor force trends, including the monthly unemployment rate and other key economic indicators such as poverty; social demographic data are its secondary purpose (U.S. Census Bureau 2006).

This survey has several strengths with regard to the present research:

- First, it is a large, nationally representative survey of very high quality, conducted on an ongoing basis with strong comparability over recent decades. Because there are relatively few single mothers with disabilities in the country, the large sample size is especially important. Even with more than 50,000 households interviewed, there are only a few hundred single mothers with disabilities in each year, a merely sufficient sample for confident estimates.
- Second, the survey offers the best combination of data collected regarding the central dimensions of this report: disability, household composition, employment, income, and benefits receipt. Although there are weaknesses in the survey's measurement of each of these (see below), no other data source offers sufficient breadth and temporal coverage.

The weaknesses of this survey also are noteworthy:

- First, there is only one consistent measure of disability, a single item that asks respondents (or people in the household for whom respondents are answering) whether they have a health problem which "limits the kind or amount of work" they can do. There is no follow-up on the type of disability, medical confirmation, or health history. There are other sources of data that include much more comprehensive health information. However, for our purposes this distinction is the most valuable – the presence of a disability that limits potential employment. The alternatives (for example, the Health Interview Survey) are not comparable with regard to economic and employment information.⁴
- Second, the household relationship identifiers are not comprehensive. For example, the relation between secondary household or family members is sometimes opaque, and nonmarital cohabitation is not explicitly identified before 1995 (Casper and Cohen 2000). However, the survey with a better household "relationship matrix," the Survey of Income and Program Participation, does not offer the same coverage over time.
- Finally, the CPS is not longitudinal, so individuals and households are not explicitly tracked over time, which would permit, for example, analysis of welfare and employment spells with entry and exit timing. However, the best

⁴ It is possible that simple measure of disability obscures changes in the health profile of single mothers over the period studied. There is one way to check this with the CPS data, a one-question measure of health status which inquires into respondents' overall health on a five-point scale (1=excellent, 5=poor), asked since 1995. From 1995 to 2005, there is no change in the average scores on this variable for single mothers with and without disabilities: it is 2.2 every year for those without disabilities, and 3.7 or 3.8 every year for those with disabilities. There also are no trends in the percent reporting extreme values of 1 or 5. The same holds when the sample is broken down by employment status as well as disability.

longitudinal alternative, the National Longitudinal Surveys, does not offer sufficient sample size and age coverage to address these questions.

Thus, with recognition of the limitations inherent in this or any other individual research effort, I have selected CPS as the basis for the analysis here, as have others whose research focuses on disability and work issues (Burkhauser, Daly, Houtenville and Nargis 2002). The unit of analysis employed is the individual, and the sample is limited to single mothers, with and without disabilities, in the prime working ages of 25-54 (thus excluding those more likely to be full-time students, and those who may be retired). Because of the small sample size among single mothers with disabilities, for trend figures I present three-year moving averages. All statistics are weighted with population weights.

Measures

A number of measures used here are standard demographic indicators common across federal surveys, and I will not describe these in detail. The key measures I will describe are those I use for disability, household composition, income, and poverty. As noted, women are identified as disabled if they report a health condition or disability that “limits the kind or amount of paid work” they can do. This is a dichotomous indicator. Women are identified as mothers only if they are living with their own children in the household; single mothers are those not married (by their own account). Single mothers are further identified as cohabiting or living in extended households by examination of others listed in the same household. Before 1995, cohabitators are women living in their own homes with an unmarried, unrelated man and no other unrelated adults present; from 1995 forward they are women living with men identified as their “unmarried partners”

(Casper and Cohen 2000). Households are considered "extended" in this analysis if they include any other adults besides the single mother and her children, including their cohabiting partners. Among those in extended households, "hosts" are those who live in their own households – that is, the home or apartment is owned or rented in their own name – while "guests" live in the households of others. This is an important, if simple, distinction that connotes residential independence (Cohen and Casper 2002).⁵

Most measures in the CPS refer to the time of the interview, for example disability status and household composition. However, measures of income and benefits receipt – and, therefore, poverty – refer to the previous calendar year (thus, the official annual report on poverty for each year is based on data collected in March of the following year). The CPS includes a detailed record of income received from 17 sources plus a residual "other." I have grouped these incomes sources into four categories: (1) employment earnings; (2) state income sources (Social Security, Supplemental Security Income, public assistance, veterans' benefits); (3) spousal or parental obligations (child support and alimony) and a residual other category (e.g., non-governmental disability benefits, retirement, unemployment compensation, interest, dividends, and rents).

To differentiate the economic wellbeing of single mothers with and without disabilities, I use an important variation on the standard federal definition of poverty. The federal poverty line is the point at which income received by members of a coresidential family is more than three-times the standard family food budget, adjusted annually for inflation since the time of the measure's creation in the 1960s. To calculate this budget, needs are adjusted by the number of family members above and below age 18, on the

⁵ Some mothers with disabilities, especially mental disabilities, do not have custody of their children partly as a result of their disability, and would thus not be included as single mothers in this analysis.

assumption that children cost less to sustain, and that economies of scale reduce income needs for larger families. A large body of research has investigated different methods of identifying poverty levels (Iceland 2003; Institute for Research on Poverty 1998; London 2000). Nevertheless, the official poverty line represents a convenient, comparable, objective standard that allows comparison over time and across groups in the rate at which families lie at the bottom of the income-to-needs distribution.

However, for our purposes the federal poverty line has one significant problem: it assumes income is pooled within coresidential *family* units only (by the government's "traditional" definition of families), with no additional sharing outside family boundaries. Thus, with regard to single mothers, income from their unmarried partners or other extended household members without a direct marital or parental relationship is not considered part of the pool. Given the increase in nonmarital cohabitation, and research showing the role of extended households in the resource pools of poor families, this exclusion seems archaic and arbitrary. Therefore, in this report I simply redraw the "family" to include all household members and assume income sharing among them – including all incomes and counting all adults and children. Thus, for example, a single mother living with two children and her unmarried partner and his mother in the official definition would simply be a mother and two children. In my measure, which pools the entire household, she is less likely to be in poverty if her partner is employed, but the addition of her partner's mother would increase the chance the household is below the poverty line. I will refer to this as "household poverty" to distinguish it from the official poverty line, which I refer to as "family poverty." The inclusion in the income-pooling unit of cohabitators in particular was one of the recommendations of the Panel on Poverty

and Family Assistance of the National Research Council (Citro and Michael 1995). I will use this household poverty line to identify the extent to which state support, market earnings, and other household income pooling succeed, or fail, at substantially improving the wellbeing of families headed by single mothers with disabilities.⁶

Analysis

Employment, state benefits, and household extension all may play a role in surviving with the low income, childcare demands and disabilities experienced by some single mothers. Each represents a strategy for acquiring resources and protecting against economic hardship. Before describing the relationship between each of these factors and poverty, I present a brief overview of differences between the two groups in wellbeing measures, the prevalence of each strategy, and important demographic qualities. The yearly trends in poverty levels follow, before the detailed analysis. I will show that the disparity in wellbeing associated with disabilities among single mothers has widened as a result of a divergence in sources of income. While all single mothers were being pushed toward the labor market by welfare reform, those with disabilities were growing less likely to be employed even as state support fell away. Single mothers with disabilities have grown more dependent on state support even as the state has grown less supportive in response to their needs.

Population characteristics

⁶ The general result of using this “household poverty” measure for single mothers is to reduce poverty rates, because the non-family members of their households are usually adults with their own incomes, which increases the income per person in the household. See the note to Figure 1 below.

The wellbeing of single mothers can change from the rising or declining fortunes of individual women over time, or from entry and exit into the population. In addition to cohorts aging through the population, women can become mothers or non-mothers, and become single or married, and disability status can change as well. This is not a longitudinal study that tracks a single group of women over time, but rather a trend analysis of the status of two distinct groups at many points in time. From the beginning of the period (1989-1991) to the end (2003-2005), the number of single mothers with disabilities grew from 492,000 to 729,000, representing a slight growth of from 7.3 to 8.6 percent of all single mothers in the CPS (Table 1).

To help establish the context for these trends, Table 1 presents descriptive statistics for the outcomes of interest in this study, as well as important demographic characteristics, for the beginning and end points of the period under study (with three years of data pooled at each end for more stable estimates). For each period, the difference between single mothers with and without disabilities is shown (as ratios), with tests of significance for the disparity.

The outcome measures include three indicators each of income (in constant 1999 dollars) and of poverty (as defined above). By personal income, single mothers with disability have fallen further behind, to just half the income of those without disabilities. On the other hand, by household income the gap has actually narrowed slightly. This reflects the more rapid increase in household extension among those with disabilities, which can only increase household income pools. However, by household equivalence – an adjusted per-capita income measure⁷ – the income gap has remained constant.

⁷ The equivalence scale weights each child in the household by 0.7 and applies an economy of scale factor of .65 (Citro and Michael 1995).

Table 1 includes rates of receipt for three potential sources of income, labeled “survival strategies”: employment, state benefits, and household extension. State benefits here include any unearned income from government sources, such as public assistance or social security disability payments. These are not mutually exclusive categories. As measured this broadly, single mothers with disabilities increasingly draw their support from state sources, which has become much rarer among single mothers generally, relative to employment, which has otherwise become more common. Both groups have become more likely to live in extended households, but the increase was greater for single mothers with disabilities. These survival strategies will be investigated in more detail below.

Also worth noting in the descriptive overview is that single mothers with disabilities have fallen further behind in educational levels, and remain older, with fewer young children in their households. There has been some change in the racial/ethnic makeup of the two groups, most noticeably in the growth of the Latina population among those without disabilities. Finally, while single mothers without disabilities have increased their unmarried cohabitation rates (along with the population as a whole), those with disabilities have become less likely to live with partners.⁸

Household poverty

⁸ The cohabitation trend is complicated by the change in measurement for cohabitation, described above, as mothers with disabilities are more likely to be identified as cohabiting under the pre-1995 system of indirect identification – that is, living with an unrelated man and no other adults. When direct identification became possible starting in 1995, the cohabitation rate for mothers with disabilities dropped sharply. Still, just looking at post-1995 rates shows an increase for those without disabilities and no trend for those with disabilities. However, due to the complication this poses for trend analysis, in the analysis that follows I count all cohabitators as “extended households” below.

Single mothers with disabilities and their families have long been much more likely to be poor than families headed by women without disabilities (Kaiser Family Foundation 2003). Households in poverty clearly are at the bottom of the income-to-needs distribution, but because the definition of “bottom” is arbitrary, I begin by presenting two indicators: the poverty line and one-half the poverty line, sometimes referred to as “extreme poverty.” Figure 1 presents these rates for single mothers with and without disabilities for the years 1988 to 2004, as reported in the March survey following each year. For those without disabilities, the trend for both measures is roughly flat in the early 1990s, declining in the middle- and late-1990s, and flat or trailing slightly upward in the 2000s; over the whole period, both measures drop by about a third. This is the progress against poverty that captured headlines toward the end of the Clinton administration.⁹

The trends for single mothers with disabilities are not so positive. There is a decline in overall poverty, but it is much more modest, only about one-sixth over the period. As a result, the ratio in poverty rates between the two groups increased from 1.8-to-1 in the late 1980s to more than 2.0-to-1 in the mid-2000s. At worst, in 2000, single mothers with disabilities were 2.3-times more likely to be in poverty than those without disabilities.

Extreme poverty is a dire situation. The poverty line for a single mother with two children in 2004 was about \$15,200, so extreme poverty would mean attempting to survive on an income of just \$7,600 from all sources of income, including welfare or

⁹ For comparison, these household-based poverty rates produce lower poverty levels than the official, family-based poverty measures, but the trends over time are the same. This implies that non-“family” household members contribute more to the households of single mothers with their incomes than they burden them with additional mouths to feed.

social security payments (but excluding in-kind benefits such as food stamps or health insurance). While this condition became increasingly rare among single mothers in general, those with disabilities exhibited stubbornly high rates of greater than one-in-five. The ratio in extreme poverty rates between the two groups reached a peak of 2.4-to-1 in 2001.

As a result of these trends, the proportion of poor single mothers who live below half the household poverty line fell slightly for those without disabilities, from 48% to 45%, while rising for those with disabilities, from 38% to 43%. Thus, poverty declined more for those without disabilities, and became less concentrated at the very bottom of the income-to-needs distribution – but for single mothers with disabilities slower progress was combined with greater concentration at the very bottom of the scale. This is the disparity in wellbeing trends that the rest of the analysis is designed to illuminate.

Sources of income

To understand the general direction of change in survival strategies for single mothers, I first consider the overall distribution income by source. This is shown in Figure 2. In the early 1990s, about 65% of all income for single mothers without disabilities came from earnings, and this increased sharply at the end of the decade to almost 80%. At the same time, the share of income coming from state benefits dropped by more than half – beginning before federal welfare reform – settling below 10%. In contrast, single mothers with disabilities have been and remain much more dependent on state benefits, with more than 50% still coming from this source despite a decline during

the same period. The share coming from earnings for this group increased much less during the late 1990s, and decreased more during the post-2000 economic slump.

As a result of these trends, single mothers with disabilities receive almost three-times as much from state benefits as from earnings, while those without disabilities receive nine-times as much from earnings as from state benefits. This is a dramatic divergence in sources of incomes across disabilities lines for this group, and as we will see it is largely responsible for the disparity in wellbeing we saw in poverty rates. Next we turn to employment patterns specifically.

Employment

We saw in Table 1 that employment rates for single mothers without disabilities were much higher at the start of the period, and that they further diverged from those with disabilities during the period 1989 to 2005. Figure 3 shows the timing of this divergence, with changes in the percentage of each group employed plotted across time (three-year averaging smoothes the trends but in this case does not distort the timing of the changes). The important moments are the increase in employment for those without disabilities, which precedes national welfare reform (though some states had already started imposing work requirements on welfare recipients) and subsequent decline during the 2000s; and the decrease for those with disabilities which begins the 1990s, interrupted by a moderate rebound as mothers with disabilities left the AFDC/TANF rolls, before returning to the pattern of decline at the end of the period.

We know from previous work (Sayer et al. 2004) that the general employment decline shown in Figure 3 at the beginning of the 1990s was related to the recession, and

that the overall trend for single mothers was toward increasing employment rates through the 1980s. Thus, the secular trend for those with and without disabilities is in opposite directions, with shocks such as recessions and welfare reform imposing short-term parallels on the trends. Because the late 1990s increases are so much larger for those without disabilities, I suspect that the parallel for that period was driven by welfare reform, while the benefits of the economic expansion were mostly experienced by those without disabilities.¹⁰

The decline in employment rates for single mothers with disabilities had serious consequences for their poverty levels, but employment has not been as effective a survival strategy for these mothers even when they do have jobs. Figure 4 shows the household poverty rates for each group of mothers, separately by employment status (in this case employment indicates any paid work in the year for which poverty is measured rather than current employment). Clearly, employment is a more successful strategy for those without disabilities; single mothers with disabilities are much more likely to be poor even when employed. As a result, employment matters less for those with disabilities. Single mothers with disabilities are less market-dependent for their wellbeing, consistent with the greater state dependence we have already observed. We now examine the pattern of that state dependence more closely.

State benefits

We have seen that from the mid- to late-1990s state benefits fell as a proportion of all income received by single mothers with disabilities (Figure 2). However, the mix of these benefits has been a subject of concern among researchers and policy makers. Even

¹⁰ Some of this increase is also due to the expansion of the Earned Income Tax Credit (Furman 2006).

before federal welfare reform, the proportion of working-age people with disabilities receiving federal disability benefits had begun to rise (Acemoglu and Angrist 2001).

These benefits include:

- Supplemental Security Income (SSI), which provides cash benefits to people with disabilities based on financial need, and;
- Social Security Disability Insurance (SSDI), which is available only to adults who worked long enough to qualify before becoming disabled. SSDI is the more desirable program.¹¹

Single mothers with disabilities are different from other disabled workers, because they have a greater chance of qualifying for general assistance (TANF, formerly AFDC). Thus there is a complicated interaction between three major state benefit programs, each with its own eligibility criteria and benefit levels.

The percent of single mothers with disabilities receiving benefits from each of these sources, and the percent receiving any state benefits, are shown in Figure 5.¹² The trends are counterintuitive. During the early 1990s, qualification criteria for SSDI were liberalized, leading to an increase in recipients (Goodman and Waidmann 2003). This is seen in the rising levels of SSDI receipt through the mid-1990s, during which time SSI receipt rates increased as well. However, AFDC did not start to decline for this population until 1995, and the proportion receiving any benefits increased during the early 1990s. Then, when AFDC rates plummet starting in 1995, the growth in the other

¹¹ Recipients can earn more from jobs, child support and alimony while on SSDI without jeopardizing their cash benefit compared to SSI, and some are eligible for a “dependency benefit” for their children, which may be several hundred dollars per month.

¹² for simplicity, AFDC, TANF and other general public assistance are combined into one category here, labeled AFDC/TANF; the great majority of these recipients receive AFDC/TANF, but a small number receive general assistance from state or county agencies.

programs levels off as well. So, although we cannot be sure without longitudinal data, it does not appear that SSDI and SSI have been used as substitutes for AFDC/TANF as the latter program imposed work requirements and time limits. Rather, the overall proportion of single mothers with disabilities receiving state benefits fell continuously from 1993 to 2000. The only evidence of substitution between the programs appears in the 2000 slump, when SSI rates increased as TANF rates continued to fall.

These trends indicate a sharp decline in state benefits receipt for single mothers with disabilities, representing a reduction in the leading source of income for this population. This contrasts with the experience of those without disabilities, who experienced falling state benefits as well, but for whom this source was no more than a quarter of their total income before welfare reform.

One result of these changes was a decline in the proportion of poor single mothers with disabilities who received any state benefits, as shown in Figure 6. At the start of the period, 81% of single mothers with disabilities and household incomes below the poverty line were receiving some state benefits (about 50% out of 61% total poor). In contrast, about two-thirds of poor single mothers without disabilities were receiving state benefits. By the end of the period that percentage had fallen to 70% for single mothers with disabilities, and less than one-third of those without disabilities.

We have seen that state dependence has remained very high for single mothers with disabilities, and their employment rates have fallen, even as more of those without disabilities began drawing their support from the labor market. However, this does not imply that state support actually increased for those with disabilities, who were more vulnerable to the decline in welfare support. Although they have access to other benefits

programs, we have seen declines in the proportion of their income coming from state sources and in their overall benefits receipt, even among the poor.

If the state and the market have failed to fill the gaps for poor single mothers with disabilities, what about the family? Although we cannot assess all forms of informal and family support in this report, we can look at the role played by household extension.

Extended households

The trends in household extension are quite similar for single mothers with and without disabilities; both have seen increases. However, it is important to distinguish between “guests” and “hosts” in this regard. Single mothers with disabilities have grown more likely to be “guests” as well as “hosts” – with the former increasing about 5 percent – whereas those without disabilities have only increased their host rates. The trend is presented in Figure 7, which shows that after a steep run-up in the early 2000s, more than a third of single mothers with disabilities live in households with other adults – including those who are related or not, and including cohabiting partners. (This illustrates the problem of not including non-“family” members in official poverty calculations.)

Is this an effective survival strategy? Figure 8 offers one answer, showing the percentage of non-poor single mothers whose household incomes would be below the poverty line if not for income brought in by others in the household. This percentage has been flat at around 20 percent for single mothers without disabilities, but has risen to more than 40 percent for those with disabilities. By this measure, household income pooling is a very important strategy for lifting household incomes over the poverty line.

Those single mothers living in the households of others may have sacrificed their residential independence for the benefits of income and expense pooling, childcare sharing, or other arrangements necessary to improve their standard of living. Faced with declining fortunes in the labor market, and increasing dependence on a system of government benefits that is providing less aid with more restrictions, such pooling mechanisms have become crucial. As the state and the market have grown less supportive for single mothers with disabilities, then, the family arena has become more vital as a source of survival.

Policy responses

Much of the federal government's changing response to the needs of people with disabilities has followed the direction of welfare reform: attempting to move poor people in the direction of employment and away from state benefits. As President George W. Bush declared in his 2002 State of the Union Address, "Good jobs must be the aim of welfare reform. ... We must always remember the goal is to reduce dependency on government and offer every American the dignity of a job."¹³ In the period covered by this study, policy for people with disabilities has followed this mantra. I will briefly discuss two aspects of federal government policy: the Americans with Disabilities Act (ADA), and the Ticket to Work (TTW) program.

The Americans with Disabilities Act

As noted above, there has been considerable debate on the question of whether the Americans with Disabilities Act has discouraged employers from hiring people with

¹³ State of the Union Addresses are archived at CSPAN.org.

disabilities or removed barriers to their employment (see Acemoglu and Angrist 2001; Bound and Waidmann 1996; Kruse & Shur 2003). This report does not have an empirical contribution to make to that debate, so I will only address several points regarding the ADA.

First, employers who do hire workers with disabilities face greater risk of ADA enforcement than those who do not. In general, anti-discrimination enforcement is much more effective after the point of hire – hiring discrimination is very hard to prove. Consider the two lawsuits initiated by or intervened in by the U.S. Department of Justice under Title I of the ADA – which covers employment practices of state and local government – from October 2004 to March 2006, the most recent reporting period. In both cases, the alleged discrimination involved workers already employed – one with HIV and one a stroke victim. They report *no* action to prevent or punish hiring discrimination. For the population of single mothers with disabilities, less than 20% of whom are employed, obtaining employment is a more pressing issue than on-the-job discrimination.

Even if ADA enforcement on employment issues could be beneficial to single mothers with disabilities, there is also evidence that such enforcement dropped off under second Bush administration. Figure 9 shows the number of employment-related charges filed under the ADA, and the average monetary benefit received per charge, for the fiscal years 1993 (the first complete year of enforcement) through 2005, as reported by the Equal Employment Opportunity Commission.¹⁴ There has been a steady decline in the number of charges filed – which could reflect, in part, the lower employment rates among people with disabilities. If the falling number of charges reflected adjustment to the new

¹⁴ Reported at <http://www.eeoc.gov/stats/ada-charges.html>, accessed 9/15/2006.

law and restraint from filing frivolous charges, one would expect the average award per charge to increase during the same period. However, there also was a steep increase in average awards until 2000, then a sharp drop in benefits received – starting with the first year of the Bush administration.

The ADA, like the Civil Rights approach to employment discrimination in general, relies more on removing barriers in the labor market than it does on creating opportunities. This is the market-based approach to addressing inequality, which sets the United States apart from most other rich countries (Esping-Andersen 1999). Unlike race or gender, however, in the case of employing people with disabilities, there may be real costs involved, and the market-based approach runs up against the immediate problem of who should bear the burden of such costs. The ADA addresses the issue by exempting small employers (under 15 employees), but there is a large class of mid-sized employers who may not be able to profitably accommodate some disabled workers under existing tax incentive policies (Acemoglu and Angrist 2001).

Ticket to Work

The Ticket to Work program approached the problem of employing people with disabilities more from the supply side, by supporting training, job search, and other support services for job seekers. Acting on a 1999 law, the Social Security Administration, through the private contractor Maximus, in 2002 began distributing red, white and blue “tickets” to all SSI and SSDI recipients. These tickets made the bearers – who are classified as unable to work as requirement of their benefits programs – eligible for employment-related services from state or private agencies, which were then to be

compensated by the federal government once the ticket-holders got jobs. The tickets were distributed starting in 2002, and to date more than 12 million have been mailed.

Two formal evaluations of the program have reported near total failure. The more recent, from January 2006, found that participation in the first round of states to get tickets was just 1.1%, an increase of just 0.36% from the 0.74% level reported two years earlier. But even that may be too generous. The newsletter for the program, "Inside Ticket," reports that for 11.5 million tickets mailed as of its Spring/Summer 2006 issue, there had been \$4.8 million in payments paid on behalf of 2,076 beneficiaries. So although the number of "tickets in assignment" was 128,324 (1.1% of all tickets sent out), the number of beneficiaries was only 0.017%. The second evaluation concludes that the program has had no effect for the great majority of recipients or most agencies that aim to serve them. Further, interest and participation are now waning among both state and private providers. In October 2005, Maximus was awarded a 5-year contract renewal from Social Security for \$49 million.¹⁵

On market approaches

The ADA plays an important role in the civil rights struggle of people with disabilities, and even if that accomplishment is limited it should not be diminished. However, as policies to increase the employment and self-sufficiency of people with disabilities, both the ADA and the TTW are undermined by the assumption, on which they are both based, that the labor market will be able to profitably accommodate and

¹⁵ Maximus information from a company newsier statement, 10/26/2005. The evaluation reports are: Evaluation of the Ticket to Work Program: Initial Evaluation Report - February 2004 and Evaluation of the Ticket to Work Program - January 2006; both are available at <http://www.ssa.gov/disabilityresearch/research.htm>, accessed 9/7/2006). *Inside Ticket* is at <http://www.yourtickettowork.com>.

exploit the labor of workers with disabilities. The experience of the past two decades suggests that, given that option, “the market” declines the offer.

It is worth questioning the equation of employment and “independence,” when in fact the effect of recent policy shifts is a move from state dependence to market dependence. In the case of mental disabilities, in fact, a persuasive argument has been made the state support increases rather than decreases overall independence (Frank and Glied 2006). Still, working for pay is something most adults aspire to, so genuine attempts to help people with disabilities achieve that goal are welcome. However, in the case of single mothers, the issue of work is more complicated, because they are already responsible for the care of their children, which is generally performed as unpaid work. Therefore, the question is not whether to work or not to work, but rather whether to substitute one kind of work (a paid job) for another (unpaid care), and one kind of pay (wage) for another (welfare).

And what is the work these single mothers with disabilities would do if they were to enter the labor market? Analyzing the most recent three years of data (which coincide with a new occupational classification system), I find that the average employed single mother in the sample works in an occupation that is 67% female. The most common occupations for this group are (in descending order): nursing and home health aides, child care workers, maids and housekeepers, personal and home care aids, retail sales workers, and secretaries. Having a job may be better than not having a job in many respects, but cooking, cleaning and caring for someone else for low pay – in a job without health insurance or other benefits – is not necessarily more dignified, more rewarding, or

more productive economically, than caring for one's own children while drawing state benefits.

Recommendations and Conclusions

Based on this review of the recent experience of single mothers with disabilities, and previous work in this area, it is reasonable to recommend both policies that improve access to the labor market, and those that improve state support for those who remain out of the labor market.

For labor market access, potential reforms include:

- More support for small and mid-size companies in hiring people with disabilities. Small companies are currently exempt from the ADA, and large companies are more able to afford reasonable accommodations (Acemoglu and Angrist 2001).
- A Disabled Worker Tax Credit, to increase returns to employment for workers with disabilities.
- Extension of current incentives, especially those that make it possible to continue receiving Medicaid and SSI while working for pay. Current research suggests fear of losing benefits is one of the main reasons people with disabilities do not seek employment, or participate in Ticket to Work (Hotchkiss 2003).
- The creation of public sector jobs for people with disabilities. In addition to providing job access, this could be used to increase the supply of stable part-time employment, which would particularly benefit single mothers.

- The occupational status of single mothers with disabilities I find strongly suggests that they would particularly benefit from increases in the minimum wage. The draw of higher wages at the low end of the job market also might increase their employment rates.

For supporting those who remain out of the labor force, there are small steps that reduce poverty and enhance wellbeing among single mothers with disabilities:

- Expansion of covered disabilities for the current programs, especially in the area of mental health, where access to disability benefits has been problematic (Corcoran et al. 2004).
- Extension of time limits or waivers from TANF work requirements. Although there are extensions granted at the state level, current reform proposals would further to limit acceptable alternatives to paid work, including various educational and self-improvement activities. Given evidence that mothers with disabilities are more likely to be penalized for compliance problems (Kaiser Family Foundation 2003), these steps seem reasonable.

As helpful as such policy changes might be, however, they do not address the underlying problem with regard to supporting single mothers – one that is only made more visible in the case of those with disabilities. U.S. social policy does not proceed from the assumption that unpaid carework, and care for children in particular, is an essential public good. Therefore, the practice of caring for children instead of working for pay is easily classified as “idleness,” and public compensation for the time and effort expended is considered charity or demeaned as dependence.

This is an argument that has been made most succinctly by Paula England and Nancy Folbre, who wrote:

“Increased public support for child rearing – such as subsidized child care, universal health insurance, and more generous assistance to poor families with young children – would redistribute income from men to women, from adults and the elderly to the young, and, most likely, from the rich to the poor. In the short run, it would benefit the least powerful groups in our society at the expense of the more powerful. In the long run, however, a more equitable distribution of developing children's capabilities could help equalize opportunities and enhance economic efficiency” (1999:195).

We have seen that single mothers with disabilities face unique disadvantages, as the demands of carework, the competitive labor market, and the vagaries of a shifting welfare policy landscape assemble formidable barriers to wellbeing. In recent years, reforms in the areas of work, disabilities and poverty – especially the welfare reform of the 1990s, the implementation of the Americans with Disabilities Act, and the expansion of eligibility for disability benefits – have buffeted these women and their families in chaotic ways. Although the story is complex, the conclusion that disability increasingly differentiates single mothers on many dimensions, and most crucially on wellbeing outcomes, is inescapable. In particular, they have been left to cling to the supports of what I called the third institutional arena – the state and its benefits – even as state actors were increasingly reluctant to provide necessary support.

Among single mothers with disabilities in the United States, the rock of disability has met the hard place of welfare reform, and the result is official poverty rates of 56%

(only marginally minimized by household extension), employment rates below 1-in-5, and an increasing tendency to surrender residential independence for basic survival or wellbeing. For this group of about 700,000 mothers, more than 20% of whom live below *half* the poverty line, only sustained policy attention from government and, ultimately, substantial transfers of wealth, will lead to adequate standards of living.

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Table 1. Descriptive statistics: Single mothers by disability status

	1989-1991				2003-2005			
	No Disability	Disability	Disability / No disability		No Disability	Disability	Disability / No disability	
<i>Income (Mean \$1999)</i>								
Person income	19,917	11,046	.55	*	24,484	12,362	.50	*
Household income	29,431	16,714	.57	*	36,382	21,539	.59	*
Household equivalence ^a	15,046	8,501	.57	*	18,482	10,453	.57	*
<i>Poverty (%)</i>								
Official poverty	37.5	65.0	1.73	*	28.7	56.3	1.96	*
Household poverty	34.4	61.8	1.80	*	24.7	51.6	2.09	*
Household extreme poverty	16.4	24.9	1.52	*	10.9	22.2	2.04	*
<i>Survival strategies (%)</i>								
Employed	68.0	24.2	.36	*	78.3	18.2	.23	*
State benefits	35.1	68.9	1.97	*	17.3	64.0	3.71	*
Extended household ^b	30.2	23.9	.79	*	39.8	35.0	.88	*
<i>Education (%)</i>								
Less than high school	22.4	37.9	1.69	*	15.3	27.4	1.80	*
High school graduate	45.4	41.0	.90	*	33.9	36.5	1.08	*
Some college	20.8	15.8	.76	*	34.9	28.3	.81	*
BA or more	11.4	5.3	.46	*	15.9	7.8	.49	*
<i>Race/ethnicity (%)</i>								
White	53.8	52.0	.97		49.2	49.5	1.01	
Black	31.8	33.9	1.07		28.3	32.9	1.16	*
Latina	11.7	11.0	.94		18.1	14.0	.77	*
Other race/ethnicity	2.8	3.0	1.10		4.4	3.7	.83	
<i>Marital status (%)</i>								
Never-married single	22.6	23.3	1.03		30.8	34.3	1.11	*
Formerly-married single	67.3	68.3	1.01		57.2	57.9	1.01	
Cohabiting	10.1	8.4	.83		12.0	7.8	.65	*
<i>Other characteristics</i>								
Age (mean)	35.0	37.6	1.07	*	36.7	39.0	1.06	*
Number of children (mean)	1.8	1.7	.96		1.8	1.7	.98	
Any child under 6 (%)	47.5	35.0	.74	*	41.2	31.1	.75	*
Population (annual average, 000s)	6,281	492			7,725	729		
Percent of single mothers	92.7	7.3			91.4	8.6		

Note: Disability / No disability ratios are tested with a two-tailed *t*-test ($p < .05$).

^a Household equivalence is household income divided by a per capita equivalence scale (Citro & Michael 1995).

^b Extended households include any adults beyond the mother and her children, except cohabiting partners.

Figure 1.
Household Poverty and Extreme Poverty:
Single Mothers by Disability Status

Three-year moving averages

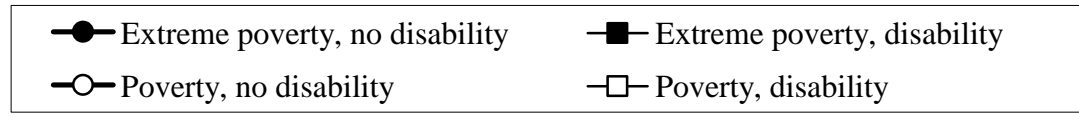
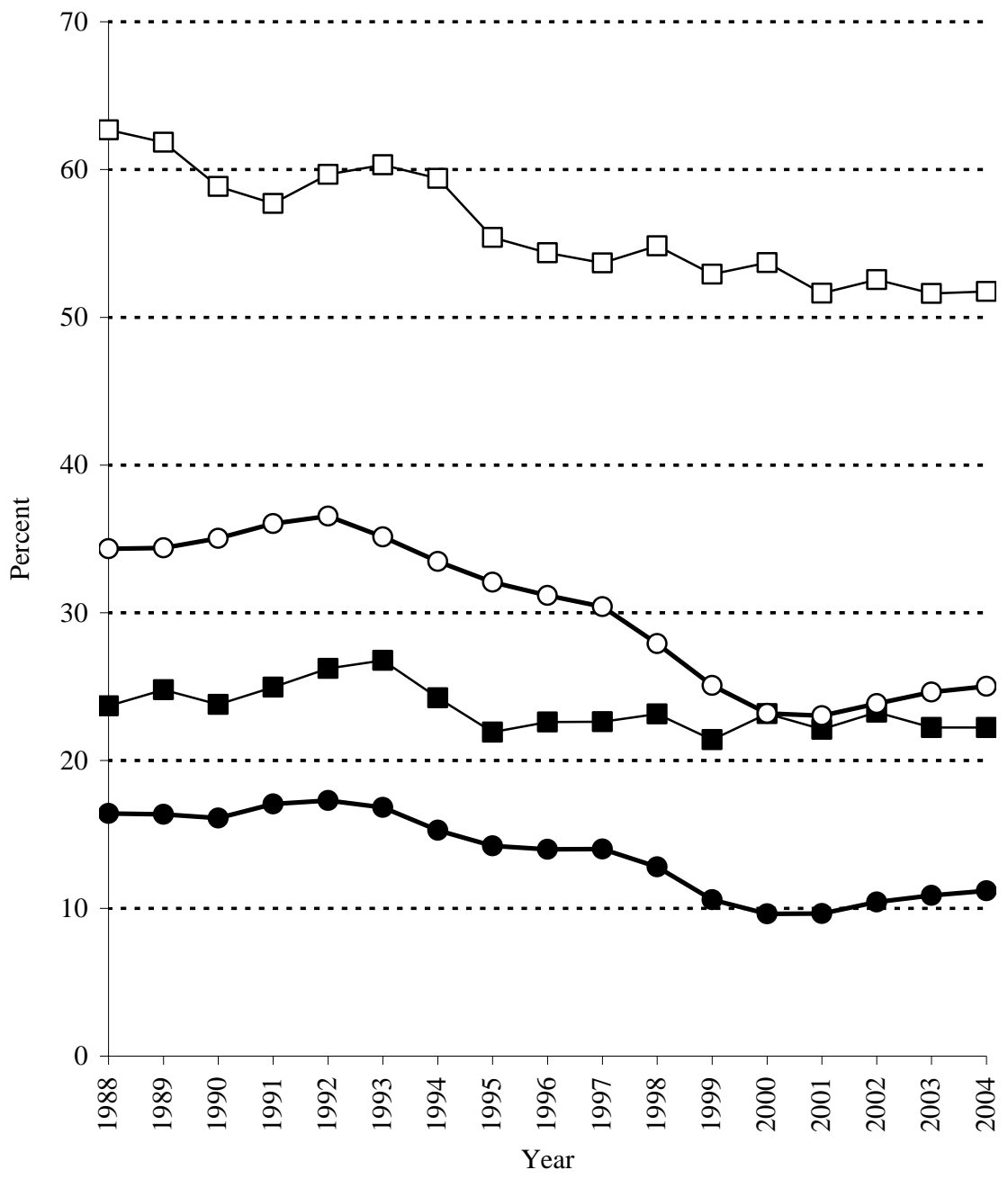


Figure 2.
Share of Total Income, by Source: Single Mothers by Disability Status
Three-year moving averages

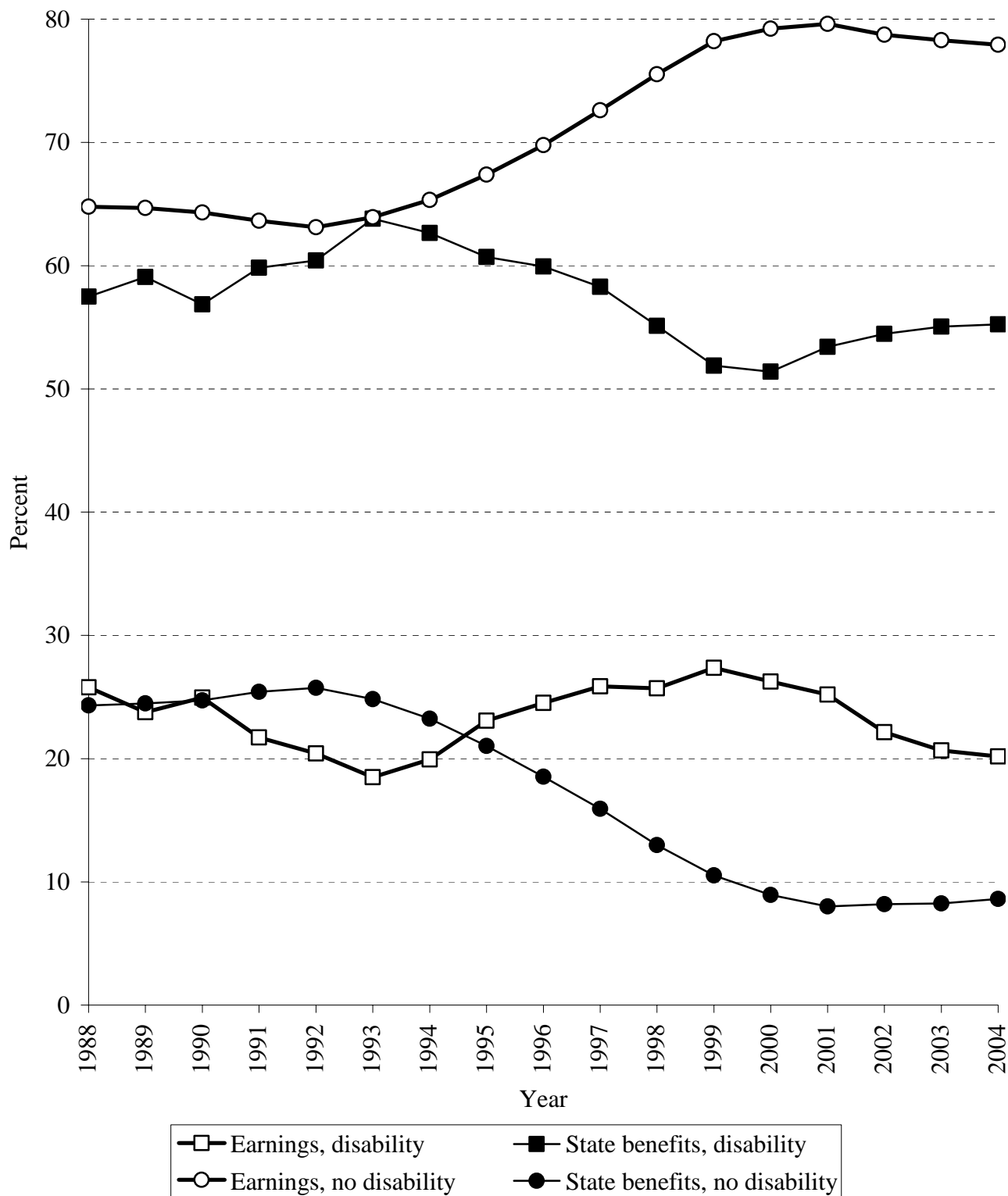


Figure 3.
Change in Employment Rates: Single Mothers by Disability Status
Three-year moving averages

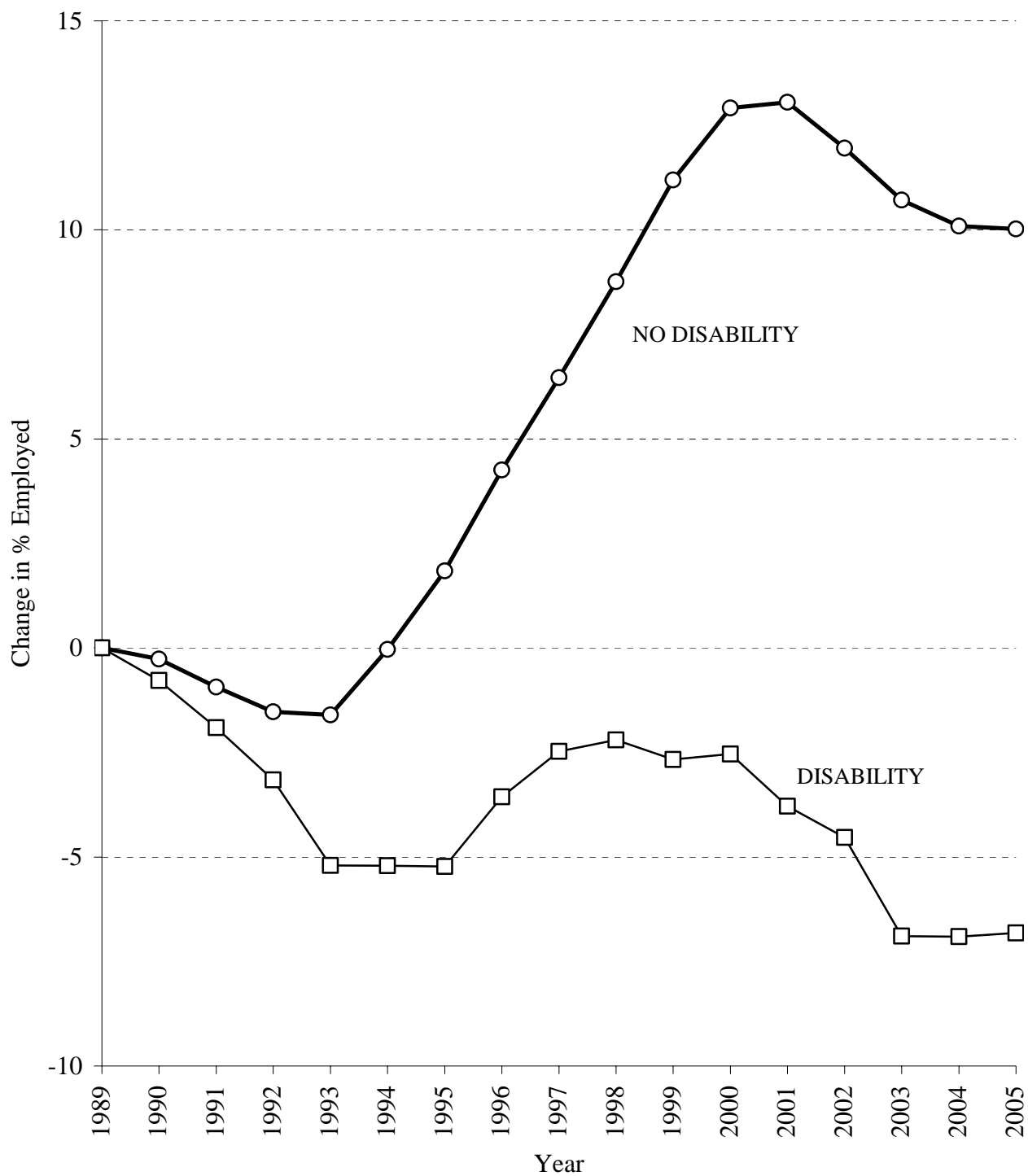


Figure 4.
Household Poverty Rates: Single Mothers by Employment
and Disability Status
Three-year moving averages

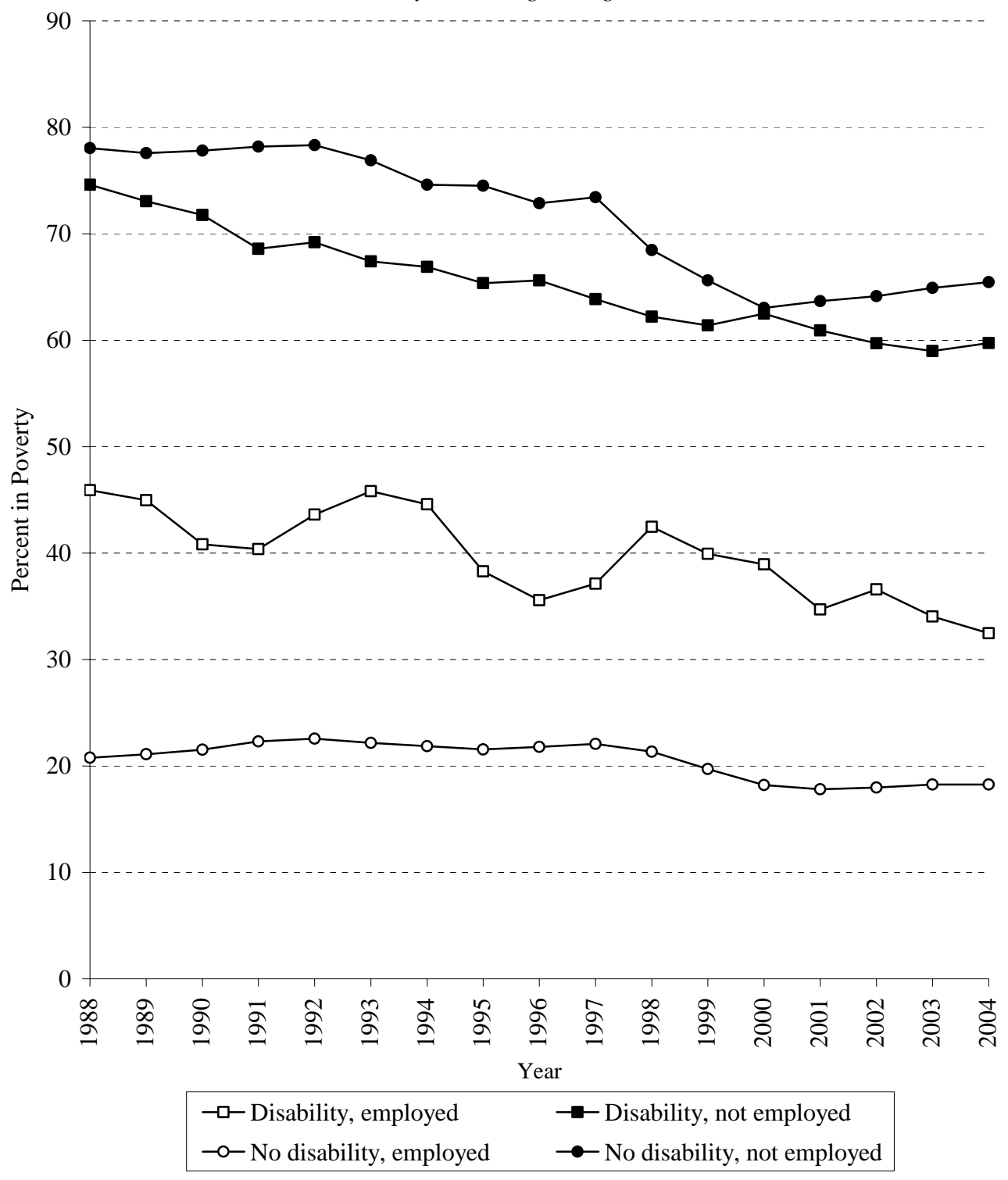


Figure 5.
Single Mothers With Disabilities Receiving State Benefits
Three-year moving averages

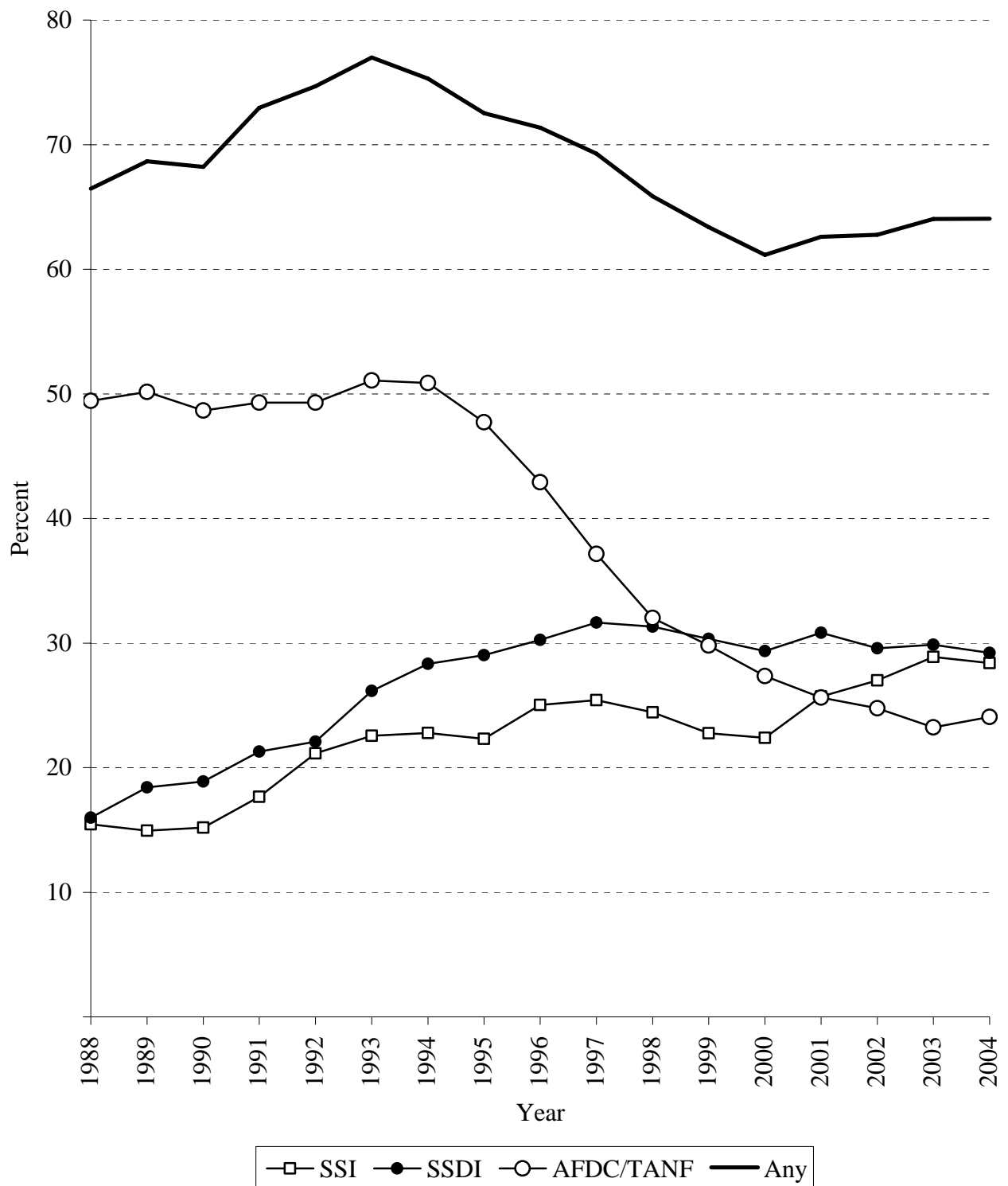


Figure 6.
Poor Single Mothers, by Disability Status and State Benefits Receipt
Three-year moving averages

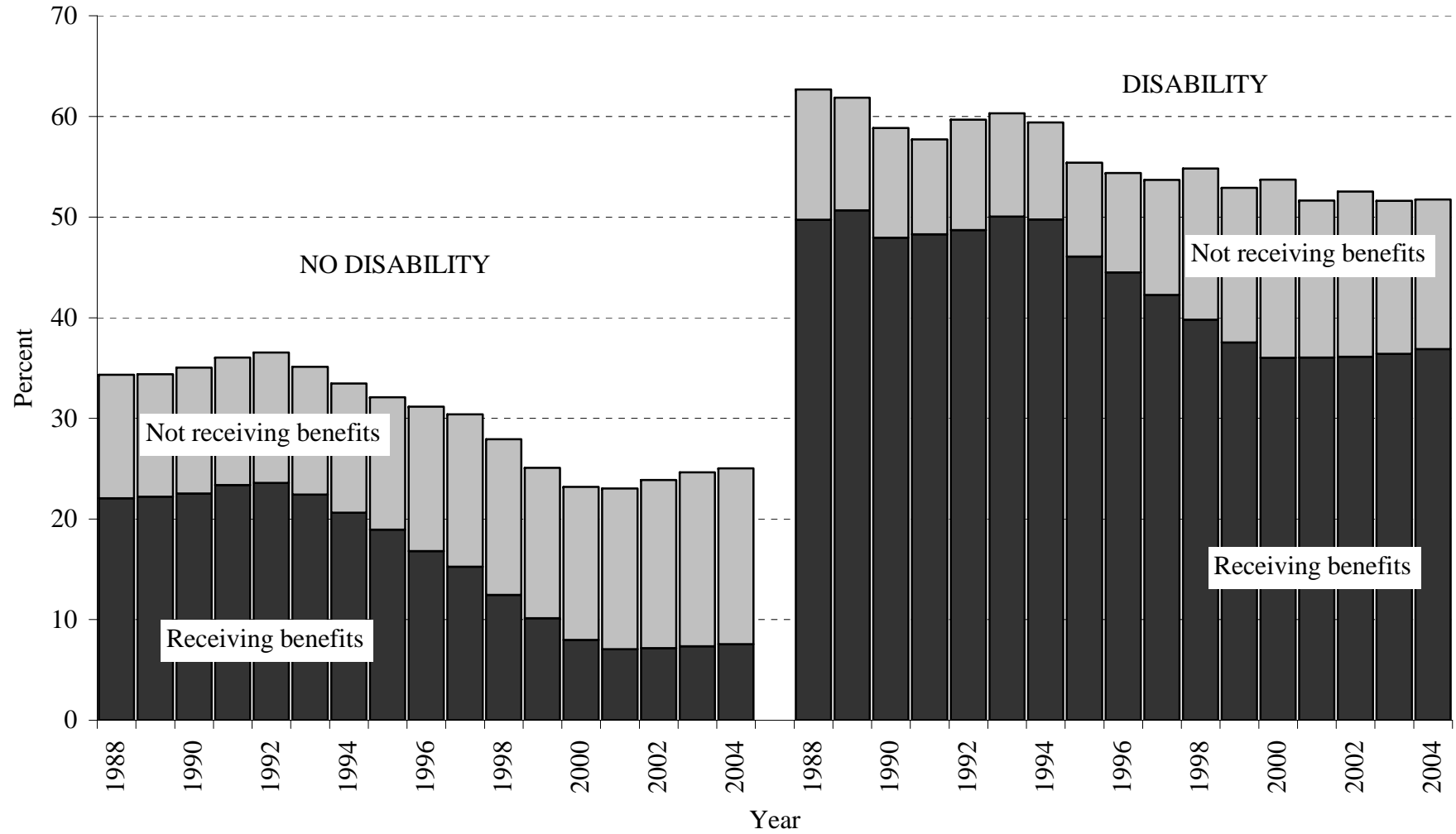


Figure 7.
Extended Households among Single Mothers With Disabilities
Three-year moving averages

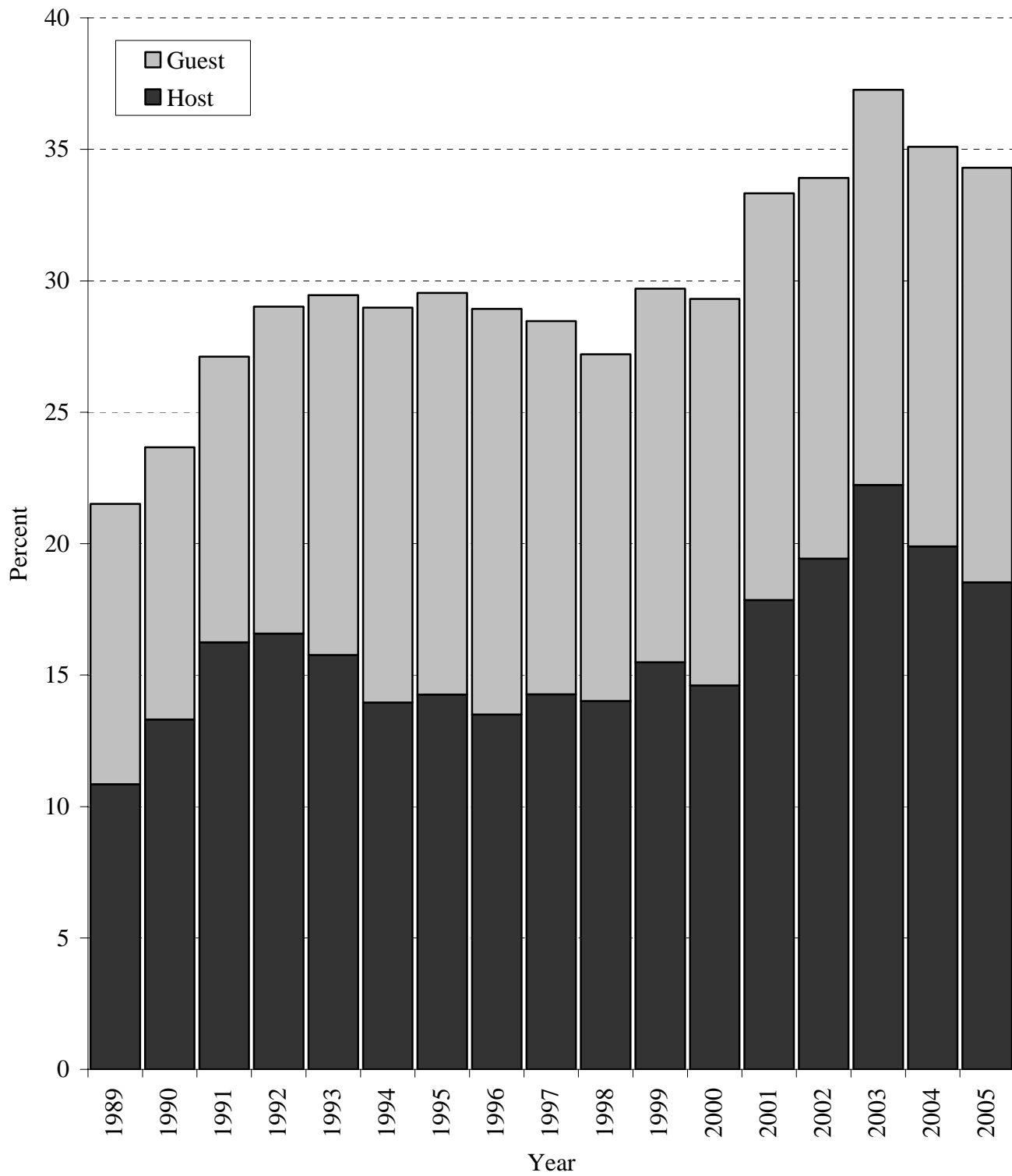


Figure 8.
Non-Poor Single Mothers Above Poverty
Because of Other Household Income
Three-year moving averages

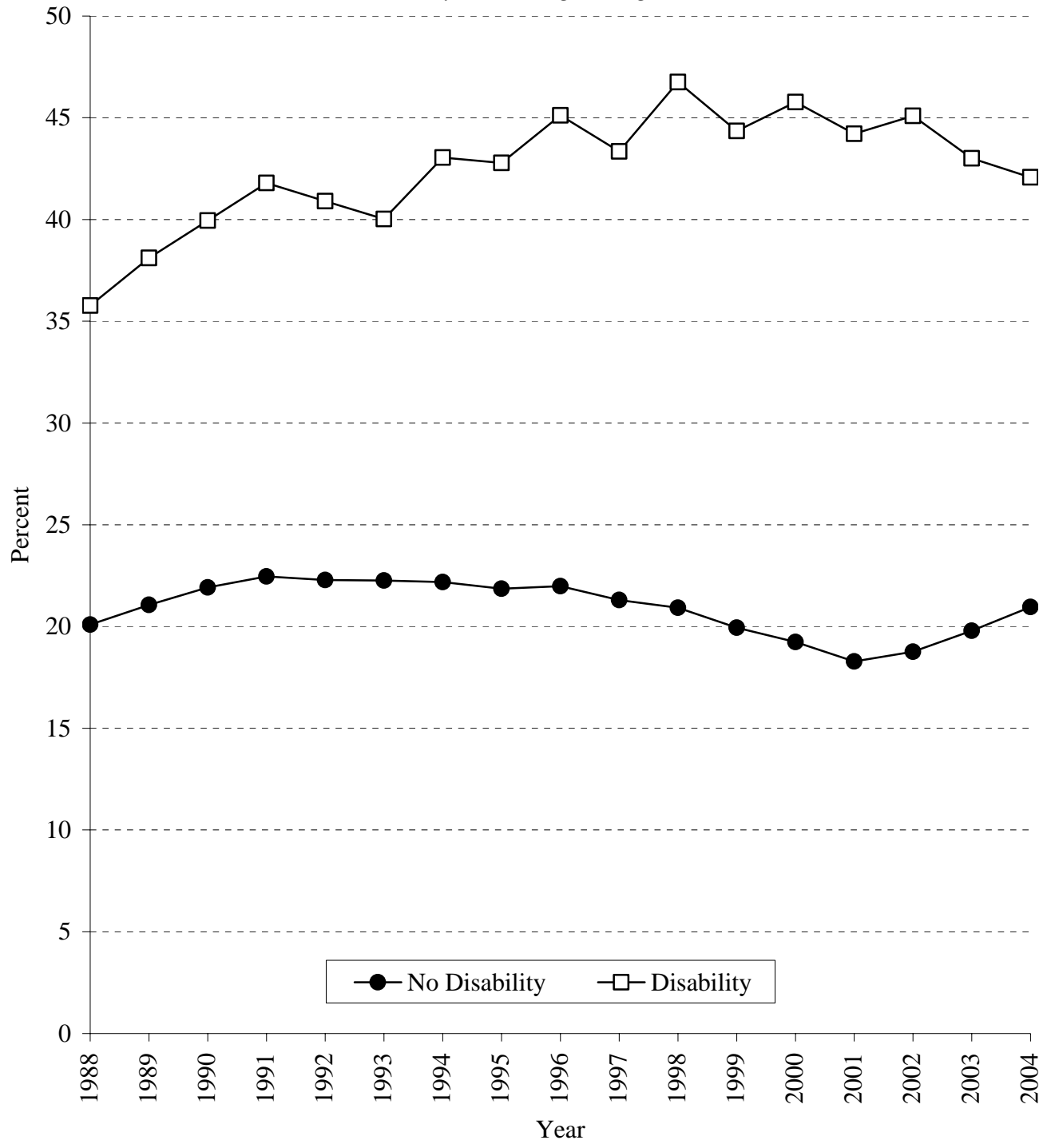


Figure 9.
Americans with Disabilities Act Employment
Enforcement

