

DISCUSSION

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Before making specific comments on the papers we have just heard, I should admit that I have a certain prejudice against surveying welfare clients yet again, particularly when the explicit or implicit purpose of the study is to say something about why welfare caseloads have been increasing. The choice of surveys as the method for answering questions about welfare arises, I think, from the client orientation of many of the welfare researchers, themselves from the social work tradition. In other words it reflects what I consider a mistaken point of view, that the answers as to why there are increasing numbers of people on welfare must lie in some attribute of the recipients themselves. I have even had the impression that there is an unspoken fear that if it's not something to do with the clients, then the only alternative explanation must lie in some failure on the part of social workers. Too often welfare administrators and researchers retreat into the position that we don't know enough about clients to explain caseload increases, rather than to ask, first, what is it we need to know to understand caseload increases, and then what are the appropriate means to go about getting answers.

Indeed besides my prejudice against surveys, I am also not really competent to assess the methodology of any particular survey. So Miss Burnside will forgive me if I confine myself to a very few remarks on her paper. I was impressed with the high response rate she reported. Since the purpose of the pilot study was to find the best means to maximize national returns, it would seem that the object was met. However it would have been interesting to know how useful the pretests were in explaining the somewhat lower national response rate. For instance, was the response rate lower in all parts of the country, or did particular areas bring the average down? And if so, were there any explanations for such differences? In reading Miss Burnside's paper, I was also sorry from the methodological research point of view that she hadn't broadened the concept of the incentive to respond. Particularly if she felt that an important reason for the high response rate was the motivation to contribute to changes in welfare policies, it would have been interesting to have tested differences in the wording of that introductory letter. But I realize this is being somewhat wise after the event.

Since I have been involved in a study of welfare caseloads in New York City, and have collected data similar to Mr. Epperson's, I have more experience to draw upon in commenting on his paper. As my introductory remarks also implied I do feel that there are more fruitful approaches to understanding the dynamics of welfare caseload than surveys of recipients. Indeed it is precisely the understanding of the inflows and outflows on welfare programs, to which Mr. Epperson's paper contributes, that is vital for us to begin to understand why families have been seeking government income support in ever increasing numbers. For this reason I was also particularly disappointed that Mr. Epperson refrained from making any interpretations of the data he presented.

My findings in New York City were similar to much that Mr. Epperson found in Illinois. Although I have separate data for ADC and the unemployed part of the program, I also found that

loss of a job, loss of a parent and illness were the primary reasons given for opening cases. Employment was also an important cause for closing ADC cases, although the reason "increase of resources" was as important in New York City. However it would seem that in the closings data the reasons are classified somewhat differently in New York from Illinois. Comparable figures on the status of mothers and fathers show that a larger proportion of mothers coming on ADC are unmarried in New York, 32%, and desertions considerably higher than divorces and separations, possibly due to some difference in the process of getting separations. I also found that only about 12% of ADC homes had fathers present. You may be interested to know that I collected such data for ten years, and over the longer period considerably greater changes had taken place than in the period 1965 to 1969, both with respect to reasons for opening and closing cases and for family status.

However, I dispute Mr. Epperson's conclusions that changes have been "small or insignificant", on conceptual grounds rather than on the basis of his data. Indeed I would contend that his data suggest the opposite of his conclusions. For while his data on the characteristics of the total caseload show unmarried mothers at 38%, desertion at 27-29% and divorce or separation at 11-13%, the data on incoming cases show a much lower proportion of unmarried mothers, a somewhat higher proportion of divorced and separated mothers. This suggests to me at any rate that the cases now opening are considerably different from the average, and thus in time would be expected to alter the average characteristics in this direction. This demonstrates the general proposition that small changes in characteristics may conceal important changes in inflow; for the inflow is generally fairly small compared to total caseload. And incidentally this is a good illustration of the deficiencies of surveys of the whole caseload in understanding current dynamics.

Finally while I applaud the generation of the kind of data Mr. Epperson presented, I do feel it is somewhat inadequate for his stated purpose of answering some of the questions raised about rapidly increasing caseloads. For the truth of the matter is that caseloads have been rising for a number of reasons, not least of which is that welfare administrators, for one reason or another, have been letting many more applicants on to the programs than hitherto. I do not know the situation in Illinois, but in New York City applications for ADC increased from roughly 4,000 a month in 1965 to 6,000 in 1967, but openings almost doubled, reflected in the increase in the acceptance rate from 64% to 76%. Another important factor in New York State was the 30% increase in benefit allowances in 1966, which automatically increased the eligible population. The basic problem of any adequate analysis of caseload increases is to isolate on one hand changes due to increased availability of welfare, which may be manifested in increased acceptance rates, rising allowance levels or both, from, on the other hand, the responses of the potential client population to these and other relevant factors. We are only just beginning to think about how this can best be done. Thank you.