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Rationing 'Rights': Supplementary Welfare Benefits and Lone Moms

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Abstract

Previous research has illuminated the effects of the welfare reform in Canada post-1995. However, very little research has focused upon the ways welfare is delivered. Using four supplementary benefits available to social assistance recipients as the backdrop, this paper explores the discretionary practices employed in determining eligibility. Based on interviews with lone mothers and a focus group with social assistance case workers the data illuminates that a lone mother's ability to access supplementary benefits is based upon rationing practices which may have little to do with her legitimate need and formal eligibility, such that practice, in the hands of caseworkers, contravenes the policy intention.

KEYWORDS: lone mothers, social assistance, case workers, discretionary practices, rationing practices, supplementary benefits

Introduction

Among the multiple effects of post-1995 social assistance reform in Canada are changes to the structure of welfare benefits and how these are delivered, which is the focus of this paper. Other research has highlighted the drastic effects of the severe rate reductions, the rules regarding 'spouse in the house', the adoption of the zero-tolerance policy for 'welfare fraud', and the introduction of workfare, particularly on the lives of lone mothers (Breitkreuz, 2005; Christie, 2000; Chunn & Gavigan, 2004; Evans, 1996; Little, 1998, 2001). A plethora of research in both Canada and the U.S. has focused on the "success" of welfare reform on the basis of the observed reduction of welfare rolls (Anderson, Halter, & Schuldt, 2001; Dunton, Mosley, & Butcher, 2001; Foster & Julnes, 2001; Frenette & Picot, 2003; Julnes, Fan, & Hayashi, 2001; Rickman, Bross, & Foster, 2001; Rickman & Foster, 2001; Westra, 2001). As Herd, Mitchell, and Lightman (2005) have argued however, very little research has focused on the welfare delivery system whereby an additional layer of welfare policy is effectively constructed through delivery practices.

It has been recognized that on discretionary matters such as welfare eligibility, front-line decision makers are actually the policy makers (Lipsky, 1984; Pottie & Sossin, 2003). Pottie and

Sossin (2003) argue that as front-line workers must apply general and abstract rules to complex personal circumstances policy and administration become interchangeable (p. 2). Sossin (2004) recognizes that “how one applies for benefits, how decisions on eligibility are reached, the training and qualifications of decision-makers, the degree of personal contact with applicants, and the nature and kind of documents which must be produced and verified, are all decisions which have a profound effect on applicants and recipients” (p. 1). Thus, decisions made by case workers have an enormous impact upon both the receipt and maintenance of a recipient’s benefits (Lipsky, 1984; Pottie & Sossin, 2003). Real policy impacts must be assessed by what happens on the frontlines.

While considerable research has focussed on the experiences of social assistance recipients including highlighting the moral regulatory practices utilized by case workers, relatively little is known about the specific decision making processes that case workers employ when determining eligibility for welfare benefits. Moreover, even less is known about the allocation of supplementary benefits provided by most provincial social assistance schemes, especially the frequency and basis for their provision. These benefits are particularly important for low-skilled lone mothers whose exits off social assistance are more problematic than for other categories of assistance recipients. Their low human capital, a lack of well-paid and flexible jobs, and the necessity of balancing income-earning with the responsibilities accruing to sole care-givers cause these families to have longer periods of reliance on social assistance (Cumming, Cooke, & Caragata 2008; Evans, 2007; Miller, 2008).

Klein, Day, and Redmayne (1996) have theorized that in the health care system, doctors and other health professionals shape health care utilization – and hence policy and practice – through rationing practices which are both largely invisible and highly discretionary. Rationing helps to manage the increasing gap between effective medical interventions and available resources (Kapiriri, Norheim, & Martin, 2007). In this paper, we suggest the applicability of these ‘rationing practices’ as we analyze the allocation of supplementary social assistance benefits for lone mothers’ in Ontario, Canada.

Using data from a focus group with social assistance case workers, we explore their decision making practices as they determine issues of eligibility. Additionally, we draw on longitudinal interview data from lone mother social assistance recipients to investigate their experiences in obtaining, or being denied access to the supplementary benefits available under Ontario Works.

The paper begins by briefly setting out the Canadian social assistance policy context, focussed primarily on Ontario. We then discuss several key theoretical and conceptual issues which guide our subsequent analyses. A methodological description follows and we conclude with an analysis of lone mother welfare recipients’ and workers’ experiences and perceptions with respect to eligibility/utilization of supplementary benefits. We argue that a policy, which is only as good as its delivery practice, requires coherence in its framing and competent, consistent application, which is seemingly absent with respect to the allocation of supplementary benefits as examined in this study. We suggest that social assistance recipients, particularly single mothers, are vulnerable to, at times, poorly trained and highly judgemental workers who are charged with the rationing of benefits. Rationing may always be problematic but these issues are magnified

when workers have little understanding of the profound relational and material deprivation that characterizes so many lone mothers on social assistance.

It is important to note that our focus on supplementary benefits is of particular importance in this welfare context because these benefits, if they were fairly and generously provided, would significantly ameliorate some of the hardship faced by lone mothers and others for whom social assistance exits are more complex than the policy imaginings. Their rationing is particularly frustrating as welfare policy would seem to indicate that their design, in policy, was specifically oriented to mitigating hardship in those areas in which supplementary benefits apply.

Background and Theoretical Framing

During the recession of the early 1990s, receipt of social assistance skyrocketed in Canada with 3.1 million individuals receiving assistance. As a result, all provinces instituted changes aimed at reducing welfare 'dependency' (Finnie & Irvine, 2008; Sceviour & Finnie, 2004). In 1995, the federal government announced drastic changes to social assistance; transfers to provinces were substantially reduced and the method of transferring funds moved from cost sharing to part of a fixed per capita transfer (Finnie & Irvine, 2008). These changes were precipitated by changes in the federal-provincial transfer system from the Canada Assistance Plan (CAP) to the Canada Health and Social Transfer (CHST), which in addition to reducing overall funding, also removed the stipulation that provinces provide universal access to social assistance without conditions. The stage was set for the provinces to cut benefits, impose lower income and means tests, and to impose conditions on benefits receipt (Bashevkin, 2002). The legitimacy of these actions was enhanced by the timing of the United States led welfare changes that claimed a crisis in welfare dependency. Canada, also facing soaring deficits and debt and eager to reduce public spending, was able to easily follow suit.

These trends, widespread across liberal welfare states, have approached welfare reform through a market-oriented approach known as welfare-to-work or "active" labour force policy (Peck, 2005). In Canada, workfare is but one example of Canada's increasing shift from a model of social citizenship, where all citizens are entitled to a base level of benefits, to a market-based citizenship, where entitlements are contingent on labour market attachment (Breitkreuz, 2005). This shift is of broad concern but has particular gender and racialized impacts. Among the groups most affected are low-income lone mothers. Women generally have different (and less remunerative) labour-market experiences than men, a situation which is exacerbated for lone mothers due to an increasingly precarious labour market (Caragata, 2003) combined with their greater burden of unpaid care work.

Gender and Lone Mothers

In spite of their long standing status as a population with a problematic public image, lone mothers receiving social assistance have traditionally been seen to have needs that differentiated them from other welfare recipients. The 'mother's allowance' programs of the past 100 or so years, in a sense acknowledged gender. In Ontario, these provisions ended in 1995 when the then titled Family Benefits program, with its more generous benefits and limited expectations of paid work, was combined with the general welfare Allowance program into a

single Ontario Works program, with drastically reduced benefits and an expectation of labour market engagement. These work expectations were imposed equally on lone parents with varying but minor work exemptions to those with very young children (Ontario Ministry of Community and Social Services, 2010). Public support for such change was enabled by the vilification of welfare users, claims that high levels of public debt were due to welfare state expenditures, combined with women's high levels of labour market participation (Bezanson, 2006; McQuaig, 1995; Teeple, 2001) As all women faced the continuing failure to acknowledge social reproduction demands, those unique to single parents were unlikely to receive a sympathetic public ear (Bezanson, 2006; Breitrkruz, 2005).

It is of course critical to any analysis that acknowledges gender, that more than 85% of lone parents are lone mothers and in a Canadian context more than 75% of these lone mothers are separated or divorced (Statistics Canada, 2002). Furthermore only 53% of lone mothers receive their court ordered child support (Statistics Canada, 2002). Many of these women are leaving violence and abuse at the hands of their male partner and this too remains unrecognized in policy (Caragata, Cumming, Hogarth, & Alcalde, 2010).

Welfare changes *in conjunction* with a labour market that has seen unprecedented increases in precarious or non-standard employment has created a high level of insecurity for lone mothers and their children. Thus, in spite of the job-promoting thesis of workfare, women and their children remain at high risk of poverty and a major component of the social assistance population. In 1996, there were over 1.1 million lone parent families with at least one child eighteen or under in Canada, and 83% of these families were headed by women (Beaujot, 2000). According to Statistics Canada's 2006 census, there are 1.4 million lone parent families residing in Canada, 80% of them headed by lone mothers (as cited in Dunn, Caragata, & Onishenko 2007). By 2005, the depth of poverty of lone parents varied from 45% to 70% of the poverty line with most below 60% of this level (Dunn, Caragata, & Onishenko 2007). In this context of a growing and vulnerable population estimated to be raising about one third of Canadian children, we explore the supplementary benefits that are provided under Ontario Works, the provincial social assistance program, which are intended to ameliorate some of the hardships which would otherwise be experienced by welfare-reliant families. We have focused on four supplementary benefits, chosen for their significance and potential in ameliorating hardship in lone mother-led families: *special diet allowance*, *transportation costs*, the *shelter enhancement fund*, and the *community start up and maintenance benefit*. A description of each follows.

Special Diet

Under the Ontario Works Act, if a recipient and/or her child/ren have a medical condition that may cause weight loss, she is eligible for a maximum of \$250.00 per month extra under the Special Diet benefit, after medical verification. Pregnant and nursing women also qualify for the Special Diet allowance (Ontario Ministry of Community and Social Services, 2010). There is a predetermined monthly amount attached to each condition that will be added to a recipient's cheque and was subject to annual review; however, this benefit is in flux as a result of orchestrated campaigns which sought to broaden the number of persons receiving it (Ontario Ministry of Community and Social Services, 2010).

Community Start-Up and Maintenance Benefit

This benefit is available to any welfare recipient with one or more dependent children who is establishing a new residence or has an exceptional circumstance in her present residence. The maximum allowable is \$1500.00 once in a 24 month period unless there are again, exceptional circumstances (Ontario Ministry of Community and Social Services, 2010).

Shelter and Shelter Enhancement Fund

The Shelter Fund is a product of the provincial claw-back of the Canadian federal government's National Child Benefit Supplement from social assistance recipients. In justifying the claw-back, the province of Ontario committed to reinvest social assistance savings into other programs that would benefit low-income families with children (City of Toronto, 2008). The Shelter Fund was established to help clients obtain and/or maintain permanent housing and to help clients move to more affordable and adequate housing (City of Toronto, 2008).

The Shelter Enhancement Fund differs from the Shelter Fund in that it is only available to families with dependent children who have accommodation costs in excess of the shelter allowance given under Ontario Works. This benefit is issued as a flat rate based on family size and is only available as transitional assistance, thus is time limited Ontario Ministry of Community and Social Services, 2010).

Transportation Costs

Recipients of Ontario Works who participate in any number of approved activities are entitled to an extra \$100.00 per month to assist with their transportation costs. These activities include employment placement, job finding, skills training, pre-employment development programs, volunteering, self-employment development program, and other educational programs such as General Educational Development (GED) or literacy and basic skills programs (Ontario Ministry of Community and Social Services, 2010).

This brief descriptor highlights only those special benefits discussed here, having been chosen on the basis of their frequency of use or potential significance in terms of the scale of the benefit. Key to understanding the processes by which these benefits are allocated is the idea of worker *discretion*. Discretion – at a conceptual level – derives from the idea that as regulations and mandated procedures are put into practice by workers; they may fail in allowing for an appropriate level of individualization (Diller, 2000; Evans & Harris, 2004).

These considerations have been long reflected in social services administration, often seesawing between, on one hand, privileging individualized responses through extensive discretion only to have such policies overturned in favour of highly scripted service delivery practices. These issues, discretion and individualization versus routinization and uniformity of benefits and their delivery, have been the focus of significant discussion in the fields of child welfare and social assistance delivery (Diller, 2000; Evans & Harris, 2004).

Classical theorizing on discretion posits that it operates on two fronts within the social service arena; “distributive and regulative” (Shnit, 1979, p. 439). Regulative discretion refers to the interventionist nature of discretionary power of the social service worker to either limit or eliminate those basic human rights and civil liberties available to citizens outside social services. The distributive aspect of discretion allows the social service worker leeway to either “comply with a request for the provision of a care service rather than to institute treatment against the party’s wishes or those of the family” (Shnit, 1979, p. 440). Discretionary power is also used to determine the extent to which circumstances and facts conform to rules and guidelines set out by policies and thus hypothetically allows for a certain (and potentially positive) amount of flexibility (Lipsky, 1984).

According to Diller (2000) and Evans and Harris (2004), where workers lack discretionary power, rules and procedures are followed without regard for individual circumstances. Arguments in favor of strictly codified practices suggest that fairness or equality derives from the ‘sameness’ of treatment or response and from the transparency of actions and outcomes. The absence of discretion is too, at times, a reflection of public confidence that workers have sufficiently skilled and fairly and appropriately applied *judgment* to make good discretionary decisions (Diller, 2000; Evans & Harris, 2004).

High levels of discretionary power in the provision of social services usually suggest a belief that service responsiveness will be enhanced when workers – who are believed to know and understand clients’ needs - are enabled to have broader decision-making powers. Thus, discretion has often been seen as a more progressive and individualized response. We believe this idea is however, problematized when discretionary powers are linked with a culture and orientation focused on the rationing of benefits. In these environments, which we suggest to be the prevailing context for the delivery of social assistance in Ontario, worker judgment is influenced and more likely reflects the dominant organizational culture of restraint and rationing, rather than clients’ best interests. Thus, we see the relevance of Klein et al.’s (1996) theory of rationing as it is taken up in the allocation of supplementary welfare benefits. The administrative *processes* by which public welfare systems are managed have the effect of minimizing the extent to which people seek welfare assistance. Thus, as Lipsky (1984) argues, we need to know what welfare workers *do*. While the Ontario Works Act (1997) states that any recipient entitled to supplementary benefits shall receive them, the wording of the Act allows for case worker and supervisory discretion in allocating benefits (Ontario Ministry of Community and Social Services, 2010).

The allocation of scarce resources shapes rationing practices at a macro or societal level as we establish welfare benefit rates or broad categories of eligibility for any social good, such as the age of old age pension receipt. At this macro level, rationing might be considered less problematic – because even though it may exclude and deny benefits to a large segment of a population - there is usually reasonable transparency with respect to the outcomes and their rationale (Maher, 1990 as cited in Wayland & Kleiner, 1997). At a more micro level, rationing determines resource distribution at an individual level, while *theoretically* also optimizing the choices made by the clinician and the patient (Maher, 1990 as cited in Wayland & Kleiner, 1997). It is our contention that social assistance case workers and their managers in the

allocation of supplementary benefits available under social assistance employ these micro-level rationing practices. Klein et al. (1996) identified nine types of rationing:

- *Rationing by denial.* Services are denied to specific individuals, or client groups. Particular forms of help may be excluded from the menu of services available.
- *Rationing by selection.* Staff ‘select in’ those individuals thought to have most to gain from the intervention; be deserving cases; or least likely to cause problems.
- *Rationing by deterrence.* Access to services is made difficult, for instance receptionists are unhelpful, telephone messages are not passed on or answered; information leaflets are not freely available.
- *Rationing by dilution.* Demand is diluted by reducing the quantity and quality of services provided: no-one is excluded, but instead everyone receives less.
- *Rationing by delay.* Access is discouraged through delaying tactics: appointments are weeks ahead; correspondence is slow; waiting lists are in operation.
- *Rationing by deflection.* Agencies protect resources by channeling prospective clients to a different program, service or organization.
- *Rationing by substitution.* Cheaper services are offered.
- *Rationing by termination.* Services are withdrawn; cases are closed.
- *Rationing by charges.* Charging policies are developed, and service users contribute towards the costs of the services they receive.

As we discuss and analyse data from the longitudinal interviews with lone mothers and the caseworker focus group we will specifically assess the extent to which these varied forms of rationing behaviour appear to be in play with respect to supplementary welfare benefits. However, even prior to this detailed analysis, it appears that the idea of ‘worker discretion’, which especially in social work has long been associated with promoting the best interests of the client, has shifted to reflect an increasingly management and accounting-oriented welfare system. We preliminarily suggest – and will look to the data for verification - that reflected in the discretionary power of welfare workers is a major ideological shift which emphasizes the rationing of what is purported to be a scarce social benefit to be allocated only in the face of the direst need.

The idea of ‘need’ too requires the briefest discussion as it is the ultimate determinant of what level of a social good should be provided. Need is a heavily contested concept – and this is made readily apparent by the strong ideological differences in how poverty should be measured. There are those who argue that needs are the barest of provisions for survival and that anything more by way of a social benefit acts as a disincentive to work and is thus unfair to those who earn what minimal amount they have. Amartya Sen (2000) powerfully argues that need is a normative concept that must be meaningfully assessed against the norms and expectation of the society of which one is part. Contrary to those who argue a poverty line based on need as merest subsistence, Sen suggests that deprivation is relative and encompasses both material and relational deprivation. Meeting needs must include sufficient resources to guard against material deprivation – but also against what he describes as “relational” and “capability” deprivations - enabling feelings of public worthiness and the capacity to engage in meaningful activity.

Methodology

Lone Mothers: Building Social Inclusion is a Community-University Research Alliance (CURA) project. The funding body is the Social Sciences and Humanities Research Council of Canada. This research project includes a national longitudinal study of the implications of labour market and welfare policy change for the lives of poor lone mothers (Caragata, 2003).

The qualitative component of this research has been guided by a feminist participatory methodology. A longitudinal panel of approximately 110 lone mothers in Toronto, St John's, and Vancouver, Canada was established, with interviews occurring every 8-12 months over a four-year period. Lone mothers on social assistance were selected and trained as Research Assistants, and conducted a majority of the interviews. The remaining interviews were conducted by women researchers, including academic partners, doctoral student research assistants, or project staff. For this paper, we analyzed the interviews from two rounds of semi-structured interviews with forty-two Toronto lone mothers on social assistance.

The single mothers interviewed in Toronto were purposively selected to ensure diverse backgrounds including age, numbers of children, time on welfare, newcomers to Canada, and Aboriginal persons. All of the women were receiving social assistance and all had at least one child residing with them when they agreed to participate in the research project.

Also reported are data from a focus group, which was conducted with social assistance case workers employed by the Toronto Employment and Social Services (TESS). These individuals were convened to explore how workers perceive the lives of lone mothers and their positions as caseworkers. Focus group participants were recruited through an email sent by the Toronto Employment and Social Services to their caseworkers informing them of the research and inviting their participation in a non-employer run focus group. Seven social assistance caseworkers attended the focus group, representing seven different welfare offices within the TESS. Five participants had been employed as caseworkers for between 5 and 8 years and two for between 15 and 20 years. The focus group was three and a half hours in length and occurred after two rounds of interviews had taken place with lone mothers receiving social assistance. The focus group was held to illuminate some of the issues that continually resurfaced in the lone mother interviews including their reporting 'arbitrarily' losing supplementary benefits and being frustrated by being denied, without explanation, benefits, such as community start up or the shelter enhancement fund. It was in this context that case workers were asked to discuss their decision making practices with respect to supplementary benefits.

Findings

Discretionary power is accorded to caseworkers under the Ontario Works Act (1997), which makes clear both the allocation of supplementary benefits on the basis of need *and* gives workers the right to assess and adjudicate such need (Ontario Ministry of Community and Social Services, 2010).. This discretionary power reinforces the power imbalance between worker and client and leaves clients vulnerable to 'luck of the draw' in terms of worker willingness to approve supplementary benefits.

Discretionary power – or policy-to-practice decision making - can be framed in policy, either generously or narrowly, and ‘corrected’ as necessary if policy makers believe a policy is being ‘incorrectly’ applied. Three of the participating caseworkers were quite optimistic about their potential to ameliorate some of the hardships lone mothers receiving social assistance experience, through the provision of supplementary benefits. Wendy expressed gratitude that she was working in a much more “*kind*” policy environment where “*legislation is softer*” than in the late 1990s. According to the case workers “*there’s all of this money*” available through community start up, shelter funds, special diet, and transportation funds that can help alleviate some of the financial hardship faced by lone mother led families. These case workers were adamant that there were many resources available and that they were required to say “*no*” to their clients less often than in the past.

This study shows that while the case workers may feel that they are far more generous than in the past, a complicated system of bureaucratic disentanglement occurs. As Herd, Mitchell, & Lightman, (2005) argue, in the current Canadian social assistance environment, administrative processes impose secondary barriers to benefits receipt and to continued eligibility for social assistance by encompassing a “deliberately cumbersome and complicated application process, excessive and inappropriate requests for information, and deliberately confusing procedures and language” (p. 76). These barriers are prevalent in the data and highlight the rationing practices that appear to be employed in the allocation of supplementary benefits. The following findings illustrate the ways in which case workers and managers ration by deterrence, dilution, selection, and deflection. These appear, in the data, to be the most significant of Klein et al.’s (1996) nine identified types of rationing, although there are also data that point in smaller ways to other types of rationing. In addition we discuss apparent discrepancies that occur between welfare offices, as well as the rationalizations that case workers employ when explaining their choices in the rationing process.

Rationing by Deterrence: The Power of Information

When discussing health care, Klein et al. (1996) argued that rationing by deterrence entailed making access to services difficult by not passing on important information to the client. The control of benefit information is revealed as a major constraint to receiving supplementary benefits in social assistance. The relationship between the case worker and client is power laden as the case worker controls the information that is given to the client thereby affecting the client’s knowledge of benefits for which they may be eligible and even more critically establishing the nature of the relational power dynamic.

When case workers were asked if they discussed or provided information about supplementary benefits with their clients, Tracy asserted that clients are all given a ‘rights and responsibilities’ booklet in which all of the benefits are listed in “*fairly clear terms*” (One of the authors has repeatedly requested a copy of this booklet but it has not been made available). However, most case workers acknowledged that merely handing over a booklet is problematic as there are at times language barriers. Some case workers argued that even for those without language barriers, the process of applying for social assistance and meeting a case worker for the first time is overwhelming and thus this information is easily lost in the shuffle. This process alone deters many from even applying for social assistance in the first place (Herd et al., 2001;

Lipsky, 1980). Additionally, Angie contended that it is hard to keep their clients informed as “*there's lots of changes.... it's hard to keep up with all the changes. The different amounts may change, who's eligible for certain benefits may change*”. It is not clear how, or if, such changes are reflected in the ‘booklet’ reportedly given out.

Lone mother interview data reveals significant lack of or misinformation regarding eligibility criteria for supplementary benefits. While several of the recipients appear to qualify, they insisted that they were not informed about a particular benefit or were told, without explanation, that they did not qualify. Donna, a lone mother with two children, including a newborn, was residing with her sister and niece at the time of both interviews. Donna explained that she was in dire need of furniture. She applied for the community start-up allowance when her first child’s father left and her claim was denied. When asked why she was ineligible, Donna stated that she was unsure and replied, “*[my case worker] just says no, you can't apply for it, you just split up with your ex so... I don't know. I didn't really get into it...*”.

Lone mothers who have social networks that share information fare better than those without such access. The comments of Patricia and Ann are indicative of the agency lone mothers can manifest when they have the right information but also their experience of seemingly arbitrary welfare decisions being made without accompanying information:

Well, I was getting a special diet and they cut me off for a couple of months [but] I started getting it back again because I went through [grassroots activist group].

When Patricia was asked why she was cut off, she replied, “*they just did*”.

Being on the system and meeting some people on the system, I found out a lot more about the system. Every year I find out more, and more, and more. And you realize that...even the first time when I moved, they have a shelter fund... When I moved the first time, we had no couch. I sat on the floor. Our T.V. was on the floor. I had a mattress on the floor. That's how we lived for a long time. Then when I got a student loan I used it to buy a couch, instead of using it to fix myself up to look good to go get a job. See, I didn't know that we were supposed to get a moving allowance... my worker never told me.” Marcia’s comment too reflects the power of information. Through informal networks

Marcia learns of benefits that her case worker, whose primary obligation should be her client’s best interests, might have advised her of:

I hear that the social services give money for children like my sons. My son has asthma and my other one is sick with sickle cell and those things. So, I'm wondering if we [might get a special diet benefit]

Marcia is effectively denied the benefit and like many of our interview respondents, she is deterred from pressing her request, as she assumes that if she were eligible she would have been told.

Madison offers this summing up with respect to the transmission of information:

“I mean -- like, I find that -- again, there are probably some great case workers, but I think on the majority from what I've seen and been through, and from what other people have been through, a lot of them don't tell you unless you ask.”

Rationing by Deterrence: Highlighting the Power Dynamic

The relationship between the case worker and her client can at times act as a deterrent to asking for supplementary benefits. Some of the lone mothers expressed fear of arbitrarily losing their benefits and thus avoided their case worker as much as possible. Julie feels so strongly about the negative interactions she has with her worker, she willingly sacrifices benefits in order to avoid her:

“I don't really have any interaction with [welfare]. As little as possible. I mean, people were saying “Oh, you could have got \$200.00 for clothes to go back to school and blah, blah, blah” and that's fine, and that's great that people can do that, but I just -- you know what? I just – I don't even – I just want– the least interaction with them, the least, and I know that that's not the way it should be. ... I'm terrified they'll cut me off...all because of a technicality, or something, because somebody didn't fax my paperwork, or when I moved offices, or – because that's what happened to me with my transportation allowance and my special diet. It was just – it just stopped. ... So – like, things like that just makes me not trust them.

Samantha echoes a similar feeling of being both vulnerable and dependent, yet she is not prepared to forego what she sees as her rights. The consequence for Samantha is having to cope with the feelings of stress that derive from the resulting conflict with her worker. Choosing to challenge the worker's power has consequences that will play out in subsequent interactions.

“I kept getting in fights with my social worker quite a bit. I told her, look what do you expect from me. I'm going to high school. ... I'm doing a computer course and you know, I'm volunteering over at [culturally specific community agency]. I'm doing as much as I can and you know you keep on giving me grief about the littlest thing. She didn't really want to give me a Metro Pass, for going to high school...”

Rationing by Dilution

The case workers acknowledged that some clients, when possessed of the right information, can effectively negotiate around stringent policy guidelines. Several case workers indicated that their clients had discovered ways in which they could obtain a special diet supplement. Prior to 2005, the special diet supplement was granted to any Ontario Works recipient whose medical practitioner identified a health condition that was affected by their inability to purchase enough food to eat properly. The benefit allowed up to \$250.00 extra per month (Ontario Coalition Against Poverty (OCAP), 2005). The Ontario Coalition Against Poverty (OCAP) held several community clinics with medical practitioners who signed significant numbers of people up for the supplementary benefit. In response to the influx of people suddenly eligible for the benefit (between 2002 to 2007, in Toronto, Ontario alone, the

number of benefit recipients increased from 5000 to 30,000 people) the Liberal government revised the policy, replacing it with a more stringent benefit that assigns a dollar value to specific illnesses or ailments. Only those illnesses identified are eligible and a physician must substantiate the claim (Levy, 2007; OCAP, 2005). Rose explained how this change in policy affected her family:

“With welfare for a while there, there was something called special diet you could get, and it’s up to \$250 each for you and your child ... For awhile I was eligible for that extra \$500 and I was getting it and it totally helped my situation. I could afford to buy the right food, I could afford to buy her clothes if she grew...and then they cut it, because they realized that everybody...that nurses were helping people to get it. So they cut the whole program out. So now even if you’re HIV positive and losing huge amounts of weight, they’ll give you \$25 a month for Ensure.”

As information regarding the availability of the special diet allowance became commonplace, the high demand for the benefit effectively led to the Canadian Government retracting it¹. While this is an unusual case, it does support the contention of many lone mothers and community activists, who believe that it is difficult to obtain full and complete information about supplementary benefits and the criteria for eligibility. When such information is protected, the kind of community organizing that brought the special diet supplement to so many needy families cannot happen. The effect of rationing by dilution is apparent in the current special diet provisions, which are very limited in scope and tightly tied to very specific medical conditions. The approval of Special Diet now requires stringent sign off by a physician. Going forward, doctors are not likely to take any risks in prescribing Special Diet, as they were previously publicly vilified by the province over special diet (Globe and Mail, 2009).

Rationing by Selection

According to the individuals interviewed for this research, the lone mothers’ who are able to exercise agency and fight for their rights appear to fare better – at least in the short run - than those who do not protest the decisions of their case workers. This is because case worker decisions are often based on their value judgments rather than strictly on a client’s eligibility for a particular benefit. When clients protest, they tend to receive the benefits to which they are entitled. Klein et al. (1996) found that health care staff privilege individuals whom they identify as having the most to gain or are most deserving of intervention. Similarly case workers acknowledged that they too assessed their clients based on some standard of deservedness. According to the caseworkers, lone mothers who are quiet and reserved are often the ones who are most in need and yet receive the least amount of help. It is perhaps not surprising that what might be seen to be quiet or compliant clients are assessed by their workers as deserving. This is illustrated by Angie who stated, *“[the] funny thing I’ve noticed is lately a lot of my clients I feel deserve things are the ones who are being soft, and the ones who are totally off base [and] aren’t doing anything are the ones who sometimes get things that I believe they shouldn’t”*. Michelle also argued that loud aggressive recipients tend to fare the best in terms of the amount of extra benefits they receive, *“whether you’re a single parent or whether you’re a single person,*

¹ As this article was being revised for publication the special diet benefit has again undergone a change which will further restrict eligibility and reduce the allowable benefit.

in my office if you shout you will be rewarded, you will get the benefits". Angie articulated her 'frustration' with 'undeserving' clients: "no matter what I deny them, they will just go to the supervisor or to the manager and scream to high hell and get what they want because they are a single mother and they know nothing will ever happen to them. So said and so done". While this discussion has certain parallels with the earlier discussion regarding clients who independently access benefit information and then use this profitably in their request for supplementary benefits, it is interesting to note how the caseworker discourse constructs those clients who push for what they need as 'undeserving'. Ultimately, these 'undeserving' clients may, through their willingness to challenge case worker judgments, get what they in fact deserve.

This caseworker discourse was modified by some caseworkers' awareness of the way interpersonal and interactional issues between workers and clients – they were able to acknowledge their power and the ways in which some types of people just 'rub each other the wrong way'.. While some of the case workers discussed their frustration with "loud", "aggressive" and "undeserving" lone mothers receiving extra benefits, they simultaneously acknowledged that at times the personality of a case worker can instigate such behaviour from their clients. Angie argued that:

"...there [are] a few caseworkers who you should hear them talk to clients, it's unbelievable! And then you think, you wonder why every second client you have you're in an argument with, you help fuel the fire, right? I think that some workers after years and years, they take things personally, they get fed up with the system, and they're just disgruntled."

In a sense, rationing by selection has always played out in the social welfare system as those seen to be deserving were more likely to be accorded social goods (Herman, 1999). Lone mothers have always been morally suspect (Little, 1998) and this moral assessment continues, largely under the radar through rationing by selection.

Rationing by Delay

Klein et al. (1996) argued that access to care is often discouraged through delaying tactics, including appointments that are scheduled weeks ahead, slow correspondence and/or documents that are misplaced or lost and must be resubmitted. The case workers acknowledge that this is an inadvertent reality for them due to the nature of their jobs. Like just about all other employers, TESS, has over the last 20 years, been forced to reduce spending and as a result has significantly changed the role of its frontline welfare workers. Now as much responsible for financial allocation and monitoring as anything else, the idea of case workers as social workers has been significantly eroded. Julie was part of a pilot project and as a result reported having the lowest number of cases, 68, while Tracy reported the highest caseload, at 135 cases. All of the caseworkers discussed the frustrations associated with maintaining such heavy case loads, especially when they maintained 'generalized' as opposed to 'specialized' case loads. Angie echoed the sentiments of many of the case workers stating, "We were better off when we were doing specialized caseloads because I think it's better to be a master of the craft". Caseworkers felt strongly that specialized caseloads allow the workers to become more familiar with the extra benefits and programs that one specific group of individuals is entitled to receive. Additionally,

the case workers asserted that large caseloads place unrealistic demands upon their time and are not conducive to serving the client's needs appropriately. As was discussed earlier, the large case loads make it increasingly difficult for case workers to keep their clients informed of changes as well as termination dates for time sensitive benefits.

Irrationality of Rationing

Although the Ontario Works Act (1997) is clear on the eligibility requirements for their supplementary benefits, there were profound differences between the offices that the case workers represented. Throughout the case worker focus group, Michelle was frustrated with the differences between welfare offices and argued that case workers needed to adhere to rules and regulations of the policy regardless of the attitudes of their supervisors. In reference to some welfare offices not allocating transportation costs to eligible recipients, she argued *"it's in black and white even if [the supervisors] don't want to give it to you. You can prevent that [supervisor refusal] and say 'this is what the policy states, and this is what we're mandated to do'"*. However, in defense of case workers who do not fight for their clients, Wendy stated: *"people don't want to ruffle the feathers on supervisor's heads... So even if you know better, you don't always want to go over the supervisors head"*.

The discrepancy in the allocation of supplementary benefits between the seven offices that the case workers represented was the most disconcerting revelation of the focus group. The case workers often engaged in surprised conversation with each other as they compared benefit allocations among offices and were often bewildered when listening to the others describe the "climate" in their respective offices. Given the wide ranging discretion that is enabled in allocating supplementary benefits, these office by office differences are not completely surprising. The welfare climate has changed – from a social service/best interest of the client model to a management/cost accountability model. However, in this process, there remain 'holdouts' – both managers and case workers who were part of the previous system. The new culture, which is one of restraint, rationing, and 'need as survival' has not been made fully functional. As an illustration of how this culture has changed in Toronto, Canada's largest city and 4th largest welfare delivery body, welfare workers used to be – almost without exception – trained in a social service or social science related discipline. Over the last 15 years, recruitment also focuses on those with management and business backgrounds. Clients have become customers. Thus, with respect to service rationing, the possibility afforded by discretion enables individuals – and in some cases whole office – to adopt a more liberal understanding of benefit entitlement.

When hearing of the stringent rules governing the allocation of funds in particular offices Julie proclaimed:

"...that's why I say I think it depends on the climate of your office because [in] my office we usually push to give. And now there's a push that we should be...developing a rapport with the clients even more in my office. ... now if we go in their home and you see that there's a need and you can justify[the benefit], they'll say just give them what they need now. So that's why I think it all depends on what's being trickled down from the particular offices."

Angie expressed her frustration with having a supervisor who will override any decision she makes if a client calls to complain:

“Another frustration is that you have all this legislation on paper, and you're there and you're carrying it out, and all the client has to do is talk to your supervisor and your decision is overturned. That makes you look like the bad guy. That I don't like at all. So you're fighting with the client but in reality are just doing what [you] are supposed to do [according to] the policy. ...I wish there was sometimes more of an even keel...”

While Angie’s supervisors overturn decisions she has made in favor of the client, many other case workers articulated experiences with supervisors that were quite the opposite. Julie argued that when you want to advocate for your client you learn which supervisors are more miserly than others, thus, ‘supervisor shopping’. She stated:

“In my office we have about 10 or 12 supervisors depending on which training supervisors are there or who is visiting, god knows. If you go and ask each of the supervisors a question you will get 10 or 12 different answers. And it's really bad because when I get to sit with new people who are just coming in, and they'll say they need to get this stuff, and I'll say you need to take it to supervisor so-and-so. Because you can supervise shop.”

Both Julie and Angie’s experiences reflect the issues inherent in discretionary policy. What seems black and white to some is without doubt grey to others, and these determinations are largely rooted in deeply held – and sometimes unexamined - beliefs. These in turn are shaped by shifting discursive constructions that have, over hundreds of years, moved only slightly from a view that lone mothers are at very least lazy, and likely as well, morally suspect. Discretionary power over supplementary benefits invites these judgments from those in the system – whether at the levels of senior management, supervisors, or case workers. As the preceding discussion reveals, although individual workers and managers can resist, can operate with a different ethos, the pressures of the organizational culture can be difficult for an individual worker to resist and these dominant cultural constructions affect the operating culture in an organization like TESS.

Rationalizing the Rationing

Tracy observed that “*some...caseworkers [act as though] the money is coming from their own bank account*”. Several of the case workers agreed that these types of responses often arise because a negative culture is passed onto new caseworkers who quickly realize that in order to fit in they too must take up the dominant rhetoric around social assistance recipients. Cory complained:

“One of my frustrations is ... with the culture of working as a case worker, ... there's a lot of negativity [among] my fellow caseworkers. I think it's also because we work so close to each other. We don't even have dividers between us, So there's always talking and it might develop a culture of the clients getting too much, and 'this special diet should be

taken away' [sarcasm]. ...And I'd have to say it's pretty constant and I find it happening daily. And if you're not on board with that, it's sort of like... 'we're not talking to you'."

Maggie, who has experienced many different caseworkers, articulates the interconnectedness among all of these spheres of interaction and their ultimate effects on the lone mothers who are reliant on welfare:

"All in all, I would say, [welfare system administration] needs help... They need a whole new cleaning out, a whole new system. They need to turn around and look at what they do to people. Not what they give them. What they do to them..."

Neety offers this concluding thought "they help you, but they destroy you" and such destruction that Neety feels occurs through these rationing processes that continually question her needs, rights to benefits, and overall deservingness.

Conclusion

Supplementary benefits could substantially ameliorate some of the financial burden lone mothers endure if their allocation was equitable. A lone mother's ability to access these funds is based upon factors that may have little to do with her legitimate need and formal eligibility, so that, effectively, practice, in the hands of caseworkers, contravenes the policy intention. Many of the same rationing processes argued to be employed in health care schemes are being employed in social assistance frameworks as well.

The findings indicate that how a lone mother and her children fare economically is often dependent upon the size and type of case load her case worker maintains. Case workers with smaller and/or specialized case loads argued that they were able to become 'masters of their trade' and were more aware of the supplementary benefits available to lone mothers. Additionally, the caseworker focus group revealed that regardless of what is stated in the policy itself, a lone mother's ability to access additional money is often contingent on the office supervisor, the relations between the supervisor and the caseworker, and the overall office culture. Interestingly, while the case workers who worked in offices with 'harsh' supervisors indicated that they could not fight for extra benefits for their clients, they all indicated that if their client screamed and yelled at the supervisor they would be more likely to receive extras. This did not appear to correspond to the reportage of lone mothers themselves who clearly saw a connection between having information about a benefit buttressing their claim for it, but did not voice awareness of a connection between assertiveness and self advocacy and getting a benefit approved. This disconnect raises questions about caseworkers' expectations and comfort with clients as informed consumers and advocates. In the same way that information detailing the various supplementary benefits seems so difficult to obtain, one wonders about the extent to which the culture of welfare policy has moved beyond an expectation that the modern day alms recipient should be grateful for what they get. The briefest perusal of the Canadian government website on pensions offers stark contrast to the experience of the welfare client, providing as it does detailed information on benefits and eligibility. Clearly the pension 'client', is seen to have a right to full disclosure of the potential benefits and on that basis to make their claim. While the supplementary benefits provided under Ontario Works indeed provide the possibility of

ameliorating the too-small standard benefit, their situating as a fully discretionary benefit puts too much power in the hands of a welfare delivery body which, as the caseworker dialogue so clearly reveals, is inconsistent in approach and lacks, at both frontline and management levels, a unifying ideology. That there are these values inconsistencies remains both troubling and not surprising as the very idea of 'welfare' reflects the conflicting ideologies that underlie a public discourse of disentanglement and moral judgment, softened by other ideological currents, contemporarily less dominant, of social justice and citizen equality. This idea, that welfare is ideologically driven and reflects the prevailing discursive values is not new (Little, 1998; Peck, 2005) but its continuing relevance is reflected in our discussion of the rationing of supplementary benefits.

These countervailing ideological perspectives run through the data considered here and reflect this continued public discourse that subjects single mothers to reluctant entitlement and intense scrutiny based on their perceived deservingness. As Fraser (1997), Mouffe (1992), Orloff (1993), and others have argued, women's citizenship claims continue to be more marginal and conditional than men's. This is evidenced as it is women - in such high percentage-who become the sole care givers of their children, occupy the marginal and precarious labour market roles that drive their application for state support, and are then subject to significant material deprivation through the basic welfare benefit. Although the supplementary benefits discussed might marginally improve these circumstances, worker discretion and its accompanying rationing processes reflect social values and their expression in the public discourse that makes invisible women's reproductive labour roles. Lone mothers are snared in a net of dubious morality, the extraction from which is itself fraught as it cannot involve resistance, assertion, or advocacy.

These deeply gendered social processes are reinforced as well by the precariousness of the very workers who are charged with rationing. The contemporary welfare worker is very likely a woman, less likely to have credentials particular to her role, and often a lone mother. In the City of Toronto, Canada's fourth largest welfare deliverer, a full 82% of caseworkers are women (B. Ruffett, personal communication, May, 2010). As women, and low-on-the-totem-pole workers, they are subject to the type of scrutiny and oversight congruent with a neoliberal welfare regime with its focus on cost containment and a meager benefit distribution. In one unnamed welfare office, management posted a picture of 'Santa Claus of the Month', identifying the worker who had issued the highest level of benefit payments in the month. Although this is perhaps an extreme response, perhaps not endorsed by senior management, it very likely reflects the ideology underlying welfare delivery and the message to workers is clear. In this environment keeping an emotional distance between themselves and those they serve is critical to their construction of the welfare lone mom as the 'other' which in turn sustains their own ability to function as a gate keeping 'rationer' of benefits and services.

Policy is always only as good as its delivery practices, and as we have discussed, practices that involve worker discretion in a welfare delivery system characterized by conditionality and disentanglement, are likely to reflect these values and their underlying neoliberal ideology. In this environment discretion becomes rationing. If there are policy goals oriented to different outcomes and practices, then these must be clearly reflected in the training provided to frontline and management staff in clear values statements and in the availability of full information about available benefits.

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