Babies as Barriers:
Welfare Policy Discourse in an Era of Neoliberalism

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Over the past four decades, shifting labor markets have severely diminished work and income prospects for low-skilled Americans. Partly as a response, public assistance programs have been redesigned to prod people into whatever jobs the changing economy provides (Peck, 2001). Under the neoliberal logic that guides these programs, paid work has been enshrined as the chief responsibility of citizenship (Soss, Fording, & Schram, 2011). Activities that were once seen as societal contributions in their own right (e.g., care of children or aging adults) are now widely viewed as impediments to paid work (Stone, 2007). In the process, a remarkable variety of life conditions have come to be known by a simple term: barriers

In this paper, we analyze the historical origins of barriers discourse and explore its contemporary deployment in the Temporary Assistance for Needy Families (TANF) program. TANF was created by federal legislation in 1996 that abolished the entitlement-based Aid to Families with Dependent Children (AFDC) program. It operates today as a federally funded cash assistance program administered at the state and county levels. Most TANF beneficiaries are poor families headed by single mothers who must comply with work and other behavioral requirements to be eligible for benefits.

TANF was widely hailed as a success during its first decade, primarily because it appeared to move welfare-reliant women into the workforce. Caseload reductions have varied by state (Pavetti, Trisi, & Schott, 2011), but their effect has been to produce historically small caseloads disproportionately populated with mothers who struggle to find consistent paid employment. In the parlance of welfare reform, these "hard to serve" mothers are said to "have barriers," which may include such disparate conditions as young children, an active substance addiction, limited access to transportation, or intimate partner violence.

The result is one of the more troubling paradoxes of contemporary welfare provision. Given the meager size of cash benefits and the high bar for program compliance, only those with the most complex and desperate needs tend to opt in to the program. On the other hand, work-centered performance benchmarks in the TANF program have become more stringent over time, making the remaining "hard-to-serve" clients ever-more undesirable. Their work-participation failures become the performance failures of case managers (and thus, of welfare agencies and state governments) with serious financial consequences (Soss, Fording, & Schram, 2011).

It should come as no surprise, then, that factors impeding employment are of deep concern to actors throughout the TANF system. We argue, however, that barriers discourse does far more than just label such impediments. It organizes understandings and practices in welfare administration, and does so in ways that accomplish important political and emotional work (Schram, 2012). Barriers discourse averts attention from the structural forces that marginalize and subjugate low-income families by assimilating them into a personalized roster of the individual market actor's characteristics. Many of these forces can be traced to durable forms of privilege and subordination in relations of gender, race, and class. Others arise more directly from labor market conditions and public disinvestments that have undermined life prospects for lower-skilled Americans. Regardless, such external conditions are recast as problems that individuals "have" and must overcome.

The "barriers" concept migrated to public assistance from discussions of disability accommodations and health access long before welfare reform in 1996. Nationally, it came to prominence alongside rising calls to incentivize work among the poor, gathering into its orbit a wide variety of physical and mental impairments, social relations and obligations, and conditions in community environments (see GAO, 1971). "Barriers talk" is pervasive today in discussions

of public assistance, whether one looks in governance settings or in relevant areas of scholarship. Yet it has largely escaped critical analysis. We know little about how barriers discourse arose, how it matters for politics and administration, how workers themselves understand and use this term, or how it affects their work with clients.

To advance such an analysis, we begin by exploring the "pre-history" of barriers discourse in public aid programs from the 1930s through the 1960s. Although workforce participation was not yet the norm for most U.S. women, we suggest that *for welfare recipients* the 1930s-60s era marked a key period of change in the gender balance of caregiving and labor-market roles. Indeed, by 1970 conditions were ripe for the emergence of barriers discourse, which was already starting to appear in its contemporary form. We then turn to the contemporary period to pursue an analysis of how barriers discourse operates in practice. We examine how barriers discourse has entered into the lexicon of frontline welfare administrators, when the term is used, how it is deployed and, most importantly, what political and practical work barriers discourse accomplishes.

To pursue these questions, we draw on in-depth interviews with fifty Welfare Transition (WT) case managers and administrators that were conducted as part of a larger project on TANF service delivery in the state of Florida (for a full description of our methodology, see Soss, Fording, & Schram, 2011). We find that barrier categories and scales provide rubrics for assessments of client needs and employment prospects. Understandings of barriers structure decisions about whether and how to penalize client noncompliance. They shape moral judgments of clients, ideals regarding service provision, and beliefs about how to improve welfare systems in practice.

Barriers discourse reverberates beyond the practical activities of street-level bureaucrats to frame perceptions and shape understandings in poverty governance. The discourse converts diverse circumstances, from the conventionally celebrated (e.g., giving birth) to the deeply traumatic (e.g., being abused and violated), into roadblocks to the normative destination of paid work. In the process, it rewrites the boundaries of the problematic: It normalizes life conditions that, however difficult, do not seem to impede work, just as it suggests that persistent hardships are unproblematic (and thus, undeserving of public concern and remediation) once paid employment has been obtained.

As it is deployed today, barriers discourse collapses the distinction between internal characteristics and external conditions, rendering both as traits of individuals who are expected to change their behaviors and become "self-sufficient." In so doing, it constructs a population defined and classified according to its enumerated work impediments, such that each additional barrier indicates a more problematic subject of governance. By making populations legible in this manner, barriers discourse produces more knowable and governable targets for state interventions. In these ways, barriers discourse is not merely indicative but constitutive of neoliberal shifts in U.S. employment and poverty policy.

A Pre-History of Barriers Discourse: 1930s-1960s

To illuminate the significance of barriers discourse in poverty governance today, it is helpful to begin by clarifying its historical origins. Dominant discourses are typically experienced as natural and unremarkable. They narrow the field of possible thoughts and actions, in part, because we find it hard to imagine the world otherwise. By interrogating the history of a dominant discourse, it is possible to expose its taken-for-granted terms as particular, contestable framings. In the discussion that follows, we attempt to open a space for critical analysis by

revealing that the rise of barriers discourse was far from inevitable or politically neutral. We do not aim to provide a comprehensive account of the frames in play during any particular period. Rather, we aim to clarify how discourses of welfare and work intersected from the 1930s to the 1960s and how hierarchical relations of gender, race and class shaped these developments. Because the destination of our analysis is the TANF program, we begin with the creation of its first federal precursor during the New Deal, the Aid to Dependent Children (ADC) program.

The Great Depression of the 1930s brought on a crisis of confidence in market institutions and solutions, as the harsh realities of unemployment and deprivation clashed with established free market ideologies (Hacker & Pierson, 2002). The sheer number of those thrust into the ranks of the poor made it hard to portray poverty as an individual failure or as a local community problem, and activists and reformers seized the opportunity to reframe poverty as a societal problem with structural causes and national solutions (Gordon, 1994). Under the New Deal, the federal government took on a far greater role in setting employment and public assistance policies and providing citizens with income and jobs outside the market. Cash relief programs for the poor, such as ADC, emerged alongside public jobs programs such as the Works Progress Administration (WPA) as federal initiatives for the first time.

The new programs quickly revealed the political ambiguities of "workfare" and the powerful ways that race, gender, and class shape its meanings and practices. By supplying the pay and dignity of a job, the WPA aimed to shield unemployed family breadwinners from the degradations of poor relief. To appease business interests, however, the WPA was designed to follow the same doctrine of "less eligibility" that kept cash relief programs from offering benefits high enough to provide adults with an alternative to the worst jobs at the worst wages (Piven & Cloward, 1993). Congress forbid the WPA from offering jobs that might be competitive with

private industry and required WPA applicants to file for need-based public relief first so as to reinforce the idea that support, even if work-based, should be seen as temporary "relief as an antecedent to a job" (Goldberg, 2005, p. 345). As a result, public jobs were often viewed as low-paid "make-work," hard to distinguish from the handouts offered to the undeserving poor. The relationship of work to relief, and the status of WPA beneficiaries as workers or welfare recipients, would remain the subjects of a bitter "classification struggle" throughout the course of the program (Goldberg, 2005).

The discursive relationship between work and relief during the New Deal was deeply rooted in gender ideology and a "family-wage model" built around male breadwinners (Gordon, 1994). WPA administrators, for example, sought to avoid "public criticisms for employing 'too many women'" and largely achieved this goal by limiting enrollment to one member of each family and by limiting women enrollees to "gender-appropriate" work such as sewing and filing (Goldberg, 2005, p. 343-4; Noble, 1997). The ADC program, by contrast, reflected maternalist interests and ideals, often rooted in a race-specific discourse of Republican Motherhood that identified white women as the holders of a special civic duty (and right) to raise and care for the next generation of citizens (Skocpol, 1992; Gordon, 1994).[1] Under the prevailing terms of discourse, men fulfilled their roles as citizens and family members by earning wages; women did so as mothers and homemakers (Mink, 1995). As former Children's Bureau director Grace Abbott explained in 1937:

> *Employment of mothers with dependent children [in federal work programs] is to be deplored, as experience shows that unless the mothers' earnings are sufficient to enable them to employ competent assistance in the home, the children will be neglected and the mothers' health will break under the double burden of serving as wage-earners and homemakers.* (quoted in Mink, 1995, p. 123)

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[1]	Maternalist reformers of the Progressive and New Deal era sought to draw attention to the significance of motherhood in social policy and politics, the civic contributions of mothers in childrearing, and the role that "private" familial interests can and should play in public policy (see Gordon, 1994; Mink, 1995).

Although some maternalists argued for better work opportunities and wages for women, employment was generally understood as a secondary role to be put aside in favor of caregiving as mothers. Occupational exclusions (such as those applied to domestic and charitable workers) in laws such as the Social Security Act of 1935 and the Fair Labor Standards Act of 1938 institutionalized the aberrational status of work for women – at best a temporary and less virtuous state preceding the familial roles of wife and mother (Mettler, 1998). In these ways, the New Deal charted vastly different economic courses for men and women (Gordon, 1994). For men, the impediments to employment security were varied and often framed in structural terms. For women, babies were not seen as barriers to work so much as work was seen as an undesirable impediment to having babies and fulfilling the roles of wife and mother.

The gendered discourse of the time, however, did not apply consistently to "men" and "women" *tout court*; it applied variously to groups of men and women who were subjected to vastly different social norms and experiences of governance depending (among other things) on their race and class positions. White women who could afford the services of mostly non-white, working class domestic assistants were morally free to pursue work outside the home (Mink, 1995). At the same time, *expectations* of work attached to women of color, and especially black women, far more than white women. To maintain racially exploitative labor relations, southern elites successfully excluded agricultural and domestic workers from coverage under social insurance programs and made sure federally funded public aid programs would be subject to local control (Lieberman, 1998). Almost from the outset of the ADC program, southern states began to institutionalize work expectation for black women by creating "employable mothers" rules in ADC programs "in areas where seasonal employment was almost exclusively performed by nonwhite families" (Bell, 1965, p. 46).

The ADC program's discourse of "employable" black mothers, which drew on racial understandings dating back to slavery, differed markedly from the discourse of work for male WPA beneficiaries. Yet as both flourished in the grey areas between welfare and work, neither incorporated a barriers frame. Neither framed poor people as market actors who carried with them a roster of employment-impeding problems in need of resolution.

In the 1940s, white women were repositioned in discourses of welfare and work, as the war effort created powerful labor market needs and the new patriotic role of "Rosie the Riveter." Maternalists pushed back by promoting a carefully crafted public awareness campaign that became the official policy of the War Manpower Commission of 1942: the patriotic duty of wives and mothers was to do "the home job better" (quoted in Mink, 1995, p. 163). Even so, the war effort continued to pull women into the workplace. In response, maternalists fought employer discrimination toward women with children but also resisted the idea that decisions to pursue paid work should be left to women's individual judgment. Stationed at job training and recruitment centers, "day care counselors" maintained a regulatory stance in determining whether a mother's work was justified by the extent of her family's economic need. Mothers seeking employment "merely" to improve their lives were often asked to reflect on whether this desire was worth the risks of turning their children over to day nurseries. With strength of conviction that is almost inconceivable today, counselors resisted the pull of labor-market demands and directed many (mostly white) mothers toward public assistance (Mink, 1995).

The economically prosperous years following World War II were marked by a reinvigoration of New Deal liberals' desires to expand social insurance coverage in a way that would allow public aid programs to wither away. Successive efforts to do so, however, were defeated in the1940s by Congressional conservatives and state officials loathe to cede power to

the federal level. In the wake of these defeats, liberals shifted their efforts toward making public assistance programs more "comprehensive."

As they did so in the 1950s, gendered discourses of welfare and work moved toward new terms that connected images of the "lone mother" with nascent conceptions of "social disability." From the earliest days of state mothers' pensions, maternalists pursued shifting strategies in response to discourses that stigmatized single mothers. Early narratives, which portrayed single mothers as innocent victims of husbands who had deserted their families, proved too vulnerable to the idea that women's immorality or incompetence may have driven their men away (Gordon, 2001). In addition to suggesting that deserted mothers were undeserving, this counter-narrative raised the specter of perverse incentive effects: By providing public benefits to lone mothers, officials might encourage husbands to desert their families and, more broadly, encourage women to engage in sexual promiscuity, illegitimacy, and generalized "immorality."

In response, welfare advocates shifted their focus to depictions of widowed women – i.e., a group of innocents victimized by an event (death) unlikely to be seen as resulting from perverse incentives. As "widow discourse" portrayed some lone mothers as blameless, however, it did so through a contrast with other mothers who were not. This feature of the discourse proved critical when the passage of Survivor's Insurance in 1939 moved so-called "worthy widows" out of ADC and into the superior Social Security channel of the welfare state. It was now quite easy to see the ADC program as a repository for groups of women who were less deserving than "worthy widows" – an image reinforced by the fact that the women left behind were disproportionately never-married mothers and nonwhite women (Mittelstadt, 2005).

As these developments strengthened images of ADC recipients as a deficient group, they converged with a second discursive shift that, like widow discourse, originated in liberal

reformers' efforts to protect public aid programs. During World War II, military institutions developed medical and vocational approaches that were widely viewed as successful in mobilizing less than able-bodied troops. In the 1950s, welfare officials sought to connect their programs to these well-regarded models and, toward this end, adopted "social disability" as an umbrella term for factors that kept poor people out of the labor market. Chief among these were the combined "handicaps" of lack of work experience and job training (Higgins, 1953, as cited in Mittelstadt, 2005, p. 52). But as a 1959 study of Boston ADC recipients demonstrated, such disabilities could also include problems of "disordered behavior" – a nonspecific category thought to include a broad range of maladjustments such as "personal insecurity," "feeblemindedness," "low mentality," and "illegitimacy" (Mittelstadt, 2005, p. 54).

The liberal strategy of linking program expansion to rehabilitation soon produced tangible results. The Social Security Amendments of 1956 extended ADC coverage to needy dependent children living with extended family members and increased federal matching maximums for cash assistance. The votes needed for passage were secured, in part, through provisions that devoted federal funds to maintaining and improving family life and encouraging "self support" among recipient families. The dual rehabilitative goals – stronger families and self-support – marked a new iteration of "the double burden" Grace Abbott had named two decades earlier. Indeed, welfare leaders themselves remained ambivalent on this point. In demonstration projects, they recommended work for some single mothers but not others, with no clear logic beyond the old dividing line of racialized work expectations (Mittelstadt, 2005).

In addition to embracing social disability and rehabilitation, liberal reformers in the 1950s and early 1960s sought to build consensus through two additional discursive strategies. The first reframed ADC recipients as *families* rather than morally suspect individuals (i.e.,

unmarried women and their "illegitimate" children). The second sought to protect ADC by

"erasing race" from the public image of the program (Mittelstadt, 2005, p. 77). Both strategies

responded to the erosion of consensus on the idea "that women with children were properly

unemployable" (Kondratas, 1986, p. 231). With larger numbers of middle-income women

starting to work outside the home, critics began to highlight the inequity of working women's

taxes being used to support the non-work of other mothers – and did so in ways designed to fuel

white outrage by portraying the non-working mothers as disproportionately black (Kondratas,

1986).

Against this backdrop, attempts to shift the focus from mothers to families found

symbolic expression in the 1962 change of the ADC program's name to Aid to Families with

Dependent Children (AFDC). Welfare officials also initiated public-awareness campaigns that

stressed the normality of recipient families. When a New York City study placed infants in need

of foster home care with ADC recipient families, for example, unmarried women headed 19 of

the 22 families initially selected for the program. Publicity for the program lauded these families

as warm and loving, deeply integrated in strong communities, and headed by eminently capable

mothers. Tellingly, published reports of the study omitted any mention of the fact that 20 of these

22 families were African American (Mittelstadt, 2005).

Indeed, with some notable exceptions,[2] most public welfare studies of the era avoided

mentioning family racial characteristics or problems of race-based discrimination. Although this

strategy may have provided some political cover for a time, Mittelstadt (2005) concludes that it

ultimately left liberals less able to respond to racist attacks on welfare that emerged in various

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[2]   Among these were important studies by Josephine Williams and Winifred Bell. Williams found that while low-income black women generally had more work experience than their white counterparts, they had greater difficulty finding jobs. Winifred Bell noted that not only were employers refusing to hire qualified black women, these women also could not find day care centers willing to accept their children (Mittelstadt, 2005).

media and government venues over the course of the 1960s. As media publicized public welfare

scandals and congressional investigations focused attention on welfare fraud in 1962 and 1963,

several localities engaged in racially targeted purges of welfare caseloads (Mittelstadt, 2005). By

the middle of the decade, the ineffectiveness of liberal attempts to position AFDC as a

deracialized "family" service had become clear. Increasingly, liberals now turned to work-based

rhetoric to protect welfare programs, defending them on terms that cast mothers as workers and

state supports as rehabilitative labor-market interventions.

Indeed, by the mid-1960s – prior to the period when women in the workforce became a

normative feature of the American landscape – the uneasy balance between caregiving and labor-

market roles in welfare discourse was tipping decidedly in favor of the latter. The 1962 Public

Welfare Amendments identified women in AFDC as targets for work and training programs and

created limited work incentives via earnings disregards and limited funding for child care and

other work-related expenses (Rose, 1995; Mittelstadt, 2005). To support these changes, the

Amendments also funded rehabilitation-focused research, with particular emphasis on fostering

self-support among women in AFDC (Mittelstadt, 2005). Two years earlier, in 1960, an APWA

study titled *The American Dependency Challenge* had already begun to set the tone for this new

body of research by enumerating a litany of family problems contributing to welfare dependency,

such as single parenthood, promiscuity/prostitution, desertion/abandonment, marital conflict,[3]

intergenerational patterns of illegitimacy, lack of job skills or training, physical and mental

health problems, and "inadequate housekeeping or neatness" (Mittelstadt, 2005, p. 74). The

political conditions of possibility for neoliberal barriers discourse were now falling into place.

Indeed, by the end of the decade, policy analysts would group these sorts of life

conditions under the label "barriers to employment." Prior to this time, the term appeared in

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[3]   "Marital conflict" would now likely be classified as domestic or intimate partner violence.

discussions of "barriers to access" for people with disabilities or in need of healthcare but was largely absent from discussions of public aid. Outside the mainstream of welfare discourse, welfare rights advocates in the 1950s used the term to suggest that a society that erected unjust "barriers" to work and adequate life conditions took on obligations to support those who suffered the consequences (TenBroek & Wilson, 1954, p. 248-9). It was during the 1960s, as work roles took on a greater value in aid programs for poor women with children, that "barriers" began to acquire its current meaning. By 1965, researchers were deploying the term "barriers" in a manner that listed individual characteristics – including racial patterns of "dependency psychology" – alongside environmental obstacles to work (e.g., Stone & Schlamp, 1965). By 1970, welfare researchers were asking, "How Employable are AFDC Women?" and seeking answers in "employment barriers" defined as "the conditions that could keep an AFDC woman from even applying for a job: poor health, lack of day care facilities, high unemployment or lack of jobs for which she is qualified, psychological problems, and the like" (Levison, 1970, p. 12).

By this time, the turn to work that would come to fruition with welfare reform in 1996 was well underway. The federal Work Incentive (WIN) program, which combined work expectations with earnings disregards and promises of work supports, was created as a voluntary option in 1967 and then mandated in 1971. As WIN failed to produce what its creators promised, calls for tougher modes of work enforcement grew and successive legislative interventions paved the way for work-first welfare reform in 1996 (Rose, 1995; Soss, Fording, & Schram, 2011).

The Pervasiveness of Barriers Discourse in the Era of Welfare Reform

Conditionality lies at the heart of contemporary welfare provision. Across a wide array of programs, poverty and need no longer suffice to establish eligibility for public assistance. Deservingness must be established through documented behaviors. Thus, sobriety is required

before housing (Dordick, 2002), a negative drug screen before food (National Conference of State Legislatures, 2013), and proof of employment before child care, job training, and cash assistance (Houser et al., forthcoming). In the TANF program that replaced AFDC in 1996, recipients must adhere to a variety of behavioral standards – first and foremost in areas such as work participation and paternity establishment but also in some locales in areas such as parenting practices (e.g., children's school attendance). Under federal guidelines, welfare administrators must impose sanctions (i.e., the reductions or eliminations of cash and benefits) when clients fall out of compliance with behavioral requirements.

Federal welfare reform produced roughly a decade of rapid caseload decline. Evidence suggests that the adults who remain on the rolls are mostly women who face substantial difficulties meeting employment and other behavioral requirements (Butler et al., 2008). As time has gone on, however, federal officials have steadily raised their expectations. Thus, as state welfare agencies and contracted service providers have been pressured to move ever-greater proportions of their caseloads into employment, the clients on their caseloads have become ever-less employable. Not surprisingly, evidence suggests that the vast majority of clients who exit the TANF program do not wind up in stable jobs that allow them to escape poverty (Anderson, Halter, Julnes, & Schuldt, 2000; Frogner, Moffitt, & Ribar, 2010).

Against this backdrop, the concept of "barriers to employment" – which maintained a modest profile in the era between WIN and TANF – has come to play a dominant role in welfare discourse.[4] Among researchers and policy experts, just as among elected officials and program officials, one finds the term "barriers" applied to conditions as diverse as low educational attainment, lack of work experience, low functional literacy, physical or mental health problems,

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[4] As an illustration, consider the results of a Google Scholar search for works containing the terms "barriers to employment" and "welfare" (performed 9 January 2014). The search produces 778 results for the period from 1974 to 1993. By contrast, it yields 8,840 for the period from 1994 to 2013.

substance abuse and addictions, a child who is young, a child with a serious disability, domestic violence experiences, lack of access to transportation, difficulties obtaining child care, inadequate or inconsistent housing, recent release from a correctional institution, involvement with the child welfare system, lack of English proficiency, obesity, being subjected to the negative attitudes of coworkers, work-related stress, spatial mismatch between available work and available workers, and neighborhood disorder (Loprest, 2002; Burt, 2002; Coulton, 2003; Allard, Tolman, & Rosen, 2003; Cawley & Danziger, 2005; Siegel et al. 2004; Haney, 2013).

Measures of barriers are routinely used today to delineate subgroups of welfare recipients and explain why they vary in their odds of exiting and returning to welfare programs (Smith et al., 2002; Gutman et al., 2003; Nadel, Wamhoff, & Wiseman, 2003; Taylor & Barusch, 2004). In addition to analyzing barriers separately and adding them up to create indexes, scholars have devised numerous frameworks of "barrier domains" to capture the ways that co-occurring barriers cluster together and affect employment opportunity and retention (cf. Danziger, Kalil, & Anderson, 2000; Hasenfeld, Ghose, & Larson, 2004; Kalil, Schweingruber, & Seefeldt, 2001).

Federal agencies now make extensive use of the term to bring order to the complicated challenges that surround poor people's lives. The U.S. General Accounting Office (GAO) offered a typical example in its 2000 report on state sanction policies: "Among families under sanctions, 76 percent had at least one barrier to compliance [with work requirements] and 39 percent had multiple barriers, more than double the rates among all TANF families." The language of "multiple barriers", here and elsewhere, collapses and erases vast differences between actual life conditions. Such conditions (perhaps all conditions) in the lives of aid recipients now derive their policy-relevant meanings from the end goal of work placement.

The language of "barrier reduction" plays an increasingly important political role in unifying those who seek to expand services for the poor and those who seek to speed the poor into low-wage labor markets. The term's meaning is broadly understood to encompass forms of treatment, rehabilitation, or support (desired by the first group) in order to make individuals available for employment (desired by the second group). Yet the terms of this discursive bargain are far from equal. Work promotion is the trump determining which policy actions are legitimate and how they should be pursued. Moreover, while the term "barriers" is applied to all manner of conditions external to the individual, *practices* of identifying and reducing barriers focus mostly on the individual alone. Consider, for example, Burt's (2002) enumeration of ways that employment barriers are identified: through an initial screening; through a standardized formal assessment; and through behavioral evidence that an individual has failed to find a job, received sanctions, or returned to welfare.

As this list suggests, barriers discourse is a language of case-level intervention. It frames structural conditions confronted by individuals as characteristics of individuals. Welfare clients are said to *have* barriers as if they were possessions or traits carried within. Thus, they *have* psychological trauma from an experience of violent sexual abuse just as they *have* limited access to reliable public transportation. Such barriers are diagnosed and enumerated at the individual level. They are used to classify individuals in relation to relevant populations and program goals. They are addressed through individual interventions designed to modify behavior and, ultimately, provide a form of therapeutic rehabilitation. To understand what barriers discourse is and does, then, one must looks to the ways it is put into practice in individual cases.

Barriers Discourse on the Frontlines of Welfare Reform

While it is important to understand how "barriers" are conceived and operationalized in policy research, a different kind of analysis is needed to understand how barriers discourse matters for the daily operations of welfare systems. For the latter, we turn to field interviews with welfare case managers in the Florida WT program (see Soss, Fording, & Schram, 2011). We focus on Florida because, by many estimates, it has been a leader in pursuing the core priorities of welfare reform: in devolving policy control to local actors, in privatizing welfare services, in placing service provision on a performance footing, and in shifting to what management explicitly calls a "business model" of service delivery (Soss, Fording, & Schram, 2011).

Government services, of course, are not legislative words on a page; they emerge through the interactions of street-level workers and citizens (Lipsky, 1980). "Insofar as the state is an actor," Korteweg (2003, p. 453) reminds us, "it acts through these representatives whose discourses are proscribed but not completely determined by the policies they implement." Thus, to understand how policy discourses shape poverty governance, we must study and listen to its agents. In the present case, we must learn how frontline workers deploy "barriers" as a term of art in administrative practice and how their uses of barriers discourse matter for governance.

In his 1977 monograph, *Political Language*, Edelman describes how simple phrases evoke webs of politically consequential meanings. To speak of "training programs" for the unemployed, for example, is to partake in a language that implicitly suggests "[…] job training is efficacious in solving the unemployment problem, that workers are unemployed because they lack necessary skills, [and] that jobs are available for those trained to take them" (p.16). Though each alone may be a questionable assertion, the term "training programs" condenses them in routine usage and, thus, allows them to structure thought and action in ways more likely to go unnoticed and unchallenged. Like "training programs," the term "barriers" provides a prime

example of how "strange talk," to use Becker's (1998, p. 151) formulation, can point "right to the heart of how a complex social activity is organized and carried out."

Indeed, the Florida WT program is an organizational world filled with the strange talk of neoliberal welfare reform. Commitments to the business model are expressed through a host of renaming practices. Caseworkers are referred to as "job coaches" and "career managers." They work alongside "job developers" and are overseen by "quality assurance managers" as they interact with clients now designated as "job candidates" or "customers." Barriers discourse fits easily into this linguistic milieu, and is easily assimilated into the actuarial ethos of the business model. Like the work participation hours logged for each client each week, like the agency's required performance indicators, and like a litany of work-relevant traits monitored for each client, barriers can be itemized, quantified, aggregated, and tracked. Discrete steps of remediation can be assessed for cost (and expected benefit), prescribed, and written into the client's welfare-to-work contract. Indeed, providers attentive to the bottom line can estimate per-client service costs given a particular barriers profile, much as an employer might calculate a salary based on factors such as experience and education.

As the concept of barriers turns complex and various life situations into enumerated client characteristics, it paves the way for policy implementers and analysts to exercise clinical authority. As Stone (1993) explains, clinical authority is a form of political power exercised by actors who (a) treat their external observations of individual traits as objective and, thus, superior to the person's own subjective reports, (b) enumerate and aggregate individual observations into population distributions, (c) diagnose and categorize the individual via their location in these distributions; and (d) present their preferred remedial actions as expert technical prescriptions rather than contestable moral and political claims on others. Through the logic of clinical

authority, citizens' private characteristics are subjected to the gaze of public officialdom and legitimated as objects of state remediation and control. Clinical authority, one might say, is where the actuarial ethos of the business model meets and meshes with aspirations to scientific objectivity, the exigencies of state social control, and the therapeutic culture of client transformation that is the signature of contemporary welfare reform. Through objective diagnosis, classification, and treatment, policy actors can judiciously apply state power to bring clients into right relationship with society as independent, wage-earning citizens.

The world of practice, however, is considerably more complicated than this logic. The women who sit across the desk from welfare case managers are visibly (and sometimes vocally) more than the sum total of a barriers checklist. As Soss, Fording, and Schram (2011, p. 202) explain, "case managers spend their days with clients whose problems are real and deep, who are anxious for their children, who long to escape poverty, and who have come to them for help. They want their difficult daily work to have a purpose and to mean something more than the numbers on a balance sheet." At the administrative frontlines, case managers deploy barriers discourse on a complex terrain where work-first performance pressures and professional investments in clinical authority run up against desires to be "sympathetic counselors who provide much-needed social services and help people solve their problems" (Soss, Fording, & Schram, 2011, p. 202).

Use at the Frontlines

Roughly 90 percent of the case managers we interviewed were women, and nearly the same proportion was non-white. About one-third of those we interviewed were single mothers who had experienced spells of welfare receipt. Many others alluded to histories of poverty or financial hardship in childhood or adulthood.

Interviews revealed that these case managers, their supervisors, and senior administrators made regular use of barriers discourse in ways that assumed tacit agreement on its content and meaning. All referred to clients as "having barriers," typically without any felt need to specify the referent for the phrase (i.e., barriers to *work*) or the nature of the barriers in a particular case.

When asked to describe their meetings with new clients, case managers almost universally reported that the first step is to "go over their barriers." "Barriers assessment" emerged as an essential step in initiating program participation and getting a fix on the client. Yet case managers' varied considerably in the ways they understood the norms and boundaries of barriers assessment, with some describing detailed, searching discussions of clients' circumstances and others stating that they were not permitted to ask highly "personal" questions.

Once clients are established in the program, barriers remain central to daily case management. Case managers routinely begin their work days by "checking [their] alerts," using a regional tracking system that identifies clients who are out of compliance with their welfare-to-work contracts. To make sense of these alerts and infer appropriate responses, case managers compare reported infractions with the information they have about a client's barriers. Assessing the two together, they make decisions about whether a sanction or some course of remedial action is warranted. Actors at all levels of the WT program also relied heavily on the concept of barriers when evaluating the current system. While very few questioned the normative goal of work promotion, many called for greater efforts to accommodate clients' barriers and said that more suitable "activities" were needed for clients with multiple serious barriers – i.e., activities such clients could complete in fulfillment of their contracts and, thus, avoid being sanctioned.

Putting Work First

In the WT program, as in neoliberal poverty governance in general, work functions as the primary goal, normative standard, and interpretive anchor. A key feature of barriers discourse is that it folds this non-negotiable imperative into a more ambiguous language that evokes images of needs and problems, caregiving and solutions. "Barriers" are barriers *to work*, of course, but this fact – and the power-laden act of reframing that it entails – is generally left implicit and cloaked in the taken-for-granted. The dialogue between case manager and client pivots on questions of how the former can help the latter deal with her barriers (which are ultimately *her* responsibility) so she does not have to be sanctioned (the ubiquitous backdrop of coercion) and can succeed in meeting her goals (an equation of low-wage work with success, and program goals with personal goals).

At the same time, barriers discourse at the frontlines flattens differences between life problems and reframes some hardships as unproblematic. Diverse conditions, from childbirth to child abuse, from a learning disability to a substance addiction, and from a lack of job skills to a rotten labor market, are designated and tallied as equivalent problems because, from a work promotion perspective, they are instances of the same thing: impediments to work. Thus, a WT client experiencing post-traumatic stress disorder, substance addiction, and domestic abuse is grouped with a client who lacks transportation, lives in an area of high unemployment, and has very limited job skills. Both are deemed clients with "multiple barriers" and treated accordingly.

On the other side of the ledger, a host of problems experienced and described by clients are kept off the agenda because they cannot be officially interpreted as limiting work. These conditions, in effect, cease to be "problems" within the social-service context. In this manner, barriers discourse functions as a mechanism for the construction of social problems: It frames some hardships as authentic problems, while pushing others to the margins. In the process, it

constrains case managers just as it provides them with a powerful tool for controlling the scope and terms of interactions with clients.

To be deemed an official problem within this discourse, however, it is not enough for a life condition to impede work. As case managers often emphasized in interviews, the threshold is reached, not when circumstances make it difficult for a client to work, but when the resulting limitation on work can be formally documented in a manner that conforms to program categories. One case manager (who was also a former recipient) explained this dynamic in recalling cases where she felt compelled to keep her personal and emotional response separate from actions as a policy implementer.

> *I follow the policy regardless of whoever it is. Because I've had people that was on chemotherapy… but their doctor was saying that they can still participate in some form of participation. I have very well sympathized with them, but if I have a documentation in my file, if a monitor comes in, and they see that this doctor said that this person can do this, I got to have backup as to why this person can't. So, what I would do in that situation is tell them, 'You need to go back to your doctor; if you are having these certain circumstances where right now your body's weak where you can't do this, you need to give me updated information.' […]. So, when we're talking about the sanctioning process, it's a process in place, and everybody follows the process.*

In gauging the "true" extent of a client's barriers to work, and thus their legitimate need for public services and supports, case managers often relied on a litmus test: a WT policy known as "diversion." Under a diversion plan, Florida families otherwise eligible for TANF may accept an up-front payment of $1,000 in exchange for giving up program eligibility for three months. According to Florida's TANF State Plan Renewal (2011), case managers are required to take steps to obviate the need for even this one-time payment, including screening for employment barriers, connecting the applicant to a job opportunity, offering services such as transportation and child care, and responding to emergency needs.

In interviews, case managers were united in applauding this option as a successful deterrent to TANF enrollment for those who could do something else. A decision to "go on" TANF, with its tough requirements and penalties for noncompliance, was viewed as signifying an inability to achieve employment without help and, thus, as an indicator of genuine need. In a kind of catch-22, however, many case managers also saw the client's act of choosing to enter the WT program – with its clear emphasis on the client's obligations to overcome barriers – as a contractual declaration of personal responsibility. In bypassing diversion, the client signifies she is unable to make it on her own and needs assistance, but in entering the WT program instead, she affirms her responsibility for overcoming her own problems.

> *Case Manager (CM): The case manager assesses the barriers that are holding the customer back, like if they are dealing with domestic abuse, not to get too personal, but we need to know these things. Then we can give them the alternatives and get them some help. I think it's just taking responsibility, and when they come into the program it is on the client at that point.*
>
> Interviewer (I): Because they had the choice of up-front diversion and they chose to enter the program?
>
> *CM: Yes, they have made a conscious decision to open up the cash, and they know that when they make the conscious decision they are expected to get a job or go to school or do some community service work. […]. And we're offering them the opportunity to get the skills that will help them, so I think yes at that point it is their responsibility.*

Individualizing Need

Consistent with its uses in policy research, "barriers" is used at the frontlines to frame a host of structural and environmental conditions as if they were properties of individuals. In interviews, case managers routinely spoke of clients as having barriers that they needed to personally identify, figure out, confront, address, take responsibility for, work on, overcome, and so on. Most case managers described their role as enforcing WT program rules and providing

clients with services and supports in order to help *them* overcome *their* barriers and reach *their* employment goals.

The individualizing nature of this discourse facilitates its assimilation into age-old moral distinctions between the deserving and undeserving poor. Even as case managers expressed sympathy for their clients with barriers, they continued to distinguish sharply between those who made an effort and those who did not. Indeed, personal lack of effort was sometimes cited as a barrier in its own right, just as "barrier" was sometimes used as a euphemism for lack of self-discipline. One case manager illustrated this tendency in distinguishing between complacent clients and those who are "seriously looking for work opportunities." When asked about clients with barriers, she responded without hesitation as if the term referred to a culturally rooted lack of individual resilience, a failure to be "mind-strong:"

> I: So you notice that people with more barriers get sanctioned a lot while other folks don't get sanctioned as much?

> *CM: That is correct. Because you have to be mind-strong to accomplish the activities. I don't know if it is a cultural thing or what, but some people don't understand the consequences.*

As barriers discourse framed clients as individuals with deficits (or in some cases, as deficient individuals), it also framed the ways case managers thought about the possibilities and limits of the welfare-to-work system. On one side, critiques of the program cited its failure to confront the depth of individual barriers and provide case managers with flexible enough rules and adequate tools of intervention. As one case manager put it: "Never mind that Deborah can't read, and she's got a 6th grade education, but you want [her to] go out and get a job at ten bucks an hour. Or, my candidate, who has a substance abuse problem, you know, he keeps drinking on the job, that's why he can't *keep* his job." Another case manager concluded: "The program

regulations need to be looked at immediately [at the] highest level and [they need to] give us the tools to help clients to a better outcome."

On the other side, critiques of the current system frequently focused on its failure to motivate clients to remediate their own barriers. In these instances, case managers deployed hard-to-overcome barriers as justifications for tougher approaches. Outcomes would improve, they suggested, if the rules required clients to demonstrate more significant effort "up front" in the program entry process. Some argued that the WT program should do a better job of mirroring "the real world" (i.e., conditions in low-wage jobs) where individuals receive no pay until *after* they work and there are few, if any, second chances for failing at a job. Few clients will overcome their barriers, they argued, if the program structure allows them to sidestep personal responsibility. In this sense, program accommodations for barriers were seen as a design flaw that provided clients with openings to "play the system." A male case manager who described his role as "quality assurance" echoed others in this discussion of clients with multiple barriers.

> *CM: I think that to some extent some of the welfare clients have to be manipulative to maintain the lifestyle they are accustomed to, which in our minds might not be a good lifestyle, but that is all that they have. [...].*

> I: So, and how will they manipulate?

> *CM: Usually in talking about their problems and telling the case managers that they should not have to do requirements because they are different and that they have too many children or something. They will say that they have too much sickness in the family or that they don't have any transportation and things like that.*

> I: So are those largely emotional appeals for sympathy?

> *CM: That, and I think some of the customers want to get out of doing what they are supposed to do. My question is always: why are they trying to get out when they knew from the beginning that they are required to do these things? Why do they not want to go to GED classes when they are free and we will give them gas-cards and childcare if they attend? Do they not care about their future? [...] Often customers are afraid to put forth the effort to achieve their goals because*

*people told them they will always fail, so they may as well not try. They are often
not brought up in effective family environments or maybe the children of welfare
recipients so that is the model that they have.*

Case managers frequently expressed sympathy for clients with serious life challenges.

Many identified with clients as having similar poverty histories, and some wished they could

offer more help. The most common assumption, however, was that clients who wanted to

succeed and made an effort to succeed could do so. It is the individual who has the barrier – it

resides within her – and thus its eradication depends on individual change.

Conferring and Complicating Clinical Authority

By construing individuals as carriers of work impediments (that vary in number), barriers

discourse produces a rationally ordered target population for state intervention. As the individual

becomes a client, a kind of subjectification occurs: the "client with barriers" emerges as one who

is principally defined by, and who must be helped to overcome, one or more of a checklist of

negative traits. Unruly differences in life problems, many of which actually occur in only a small

percentage of cases, are replaced by "barriers," which nearly all clients have. The category

"clients with barriers" condenses diverse conditions and anticipations to constitute a population

in need – a population of clients who vary in the extent to which they are "hard to serve" but who

all require active state governance to achieve the "normal" condition of paid employment.

As described earlier, this process confers a kind of "clinical authority" on policy actors,

who are positioned in relation to the target population as practitioners of objective, technical

modes of observation, diagnosis, and remediation (Stone, 1993). Barriers discourse operates to

confer clinical authority, and thus obscure the workings of power, in administrators' discussions

of local operating procedures as much as in scholars' discussions of policy analysis. At the

frontlines of service provision, however, countervailing realities and understandings of the case manager role complicate this aspect of barriers discourse.

The case manager is positioned as a therapeutic agent in two distinct senses, which are often hard to reconcile. On one side, they are invested with clinical authority, joining others in the welfare domain as practitioners of objective diagnosis and remediation. On the other, they are positioned as "recovery" role models for their clients: people who have personally walked the hard road from degradation and despair to respectability, people who have earned their knowledge through life experience and who bring this perspective to bear in the manner that "sponsors" do in addiction recovery programs.

Over the past two decades, case management has been recast as a deskilled, low-wage position. Case managers today are increasingly likely to share community backgrounds and social characteristics with their clients. Few if any case managers can lay claim to formal credentials of expertise as sources of legitimacy and credibility. To fill the gap, they draw on their own lives and lay claim to a kind of wisdom that, for many, is more profound than professional expertise and more deserving of client attention. In so doing, however, they appeal to a deeply subjective source of authority that lies in tension with the appeal to objective diagnosis and prescription that underpins clinical authority.

Case managers routinely express these discursive contradictions as uncertainties about their own role and authority. In official terms, they have the power to identify and diagnose barriers with an objective gaze that trumps clients' own interpretations of their life conditions. Yet many felt uncomfortable with the idea that they were qualified to "diagnose" individual barriers. As one case manager put it, "We're not psychiatrists and I'm sure you've heard that from other people." In reality, they suggested, they were not observing and diagnosing barriers,

like a doctor who can see symptoms more fully, accurately, and knowledgably than the patient.

They were mostly dependent on clients to disclose barriers, which they documented and then

used as a basis for applying program rules and trying to motivate the client. Indeed, interviews

with case managers often revealed a strong sense that – contrary to the classic doctor-patient

relationship of clinical authority – *it is up to the client* to identify the barrier and overcome it.

One case manager explained:

> *We [case managers] set it all down…their barriers and their needs and what they want to do in the future…and we go from there. If you [the client] want to get the ball and run with it, great. Some people don't. Some people, I'm not sure they know how to take the ball and run with it. Something's always jumped up in their life and […] If they have a drug problem, they're not going to… you know. […] I can't badger them. They have to be upfront with me in all this.*

In response to this disjuncture (between images of objective clinical authority and more

modest self-conceptions), case managers often assimilated barriers discourse into the "recovery

model" they felt more comfortable appealing to for credibility. "Barriers," in this guise, become

part of a narrative that aligns the case manager with the client and justifies the latter's deference

and cooperation. This sort of appeal to personal determination in overcoming barriers – which

broadly takes the form of "I did it, so you can do it if you listen to me" – was well-illustrated by

a female case manager who was also a former welfare recipient:

> *I know it's really hard but I know you just have to get out there and do it and not use it as an excuse. Because I myself got out there and did it myself, and within a month I was re-employed, and I had some pretty big barriers. In terms of housing, I had to find my own place. I had to get enough money to get my own place and child-care assistance. So I get angered with clients who play the victim role. It's okay to have barriers but don't use them as an excuse. Overcome them.*

Most case managers know well that some clients have barriers that make it difficult, or

even impossible, for them to hold jobs. Yet they also maintain that barriers are the client's

responsibility and that they can and should be overcome. The apparent paradox becomes easier

to understand when one considers the severe limits that case managers work under. It is

exceptionally rare for a case manager to have the resources, tools, or forms of rule flexibility

needed to address a client's barriers in a meaningful way. To shift responsibility for the barrier

away from the client would, in many cases, be to acknowledge that little will be done. In this

respect, barriers discourse is an example of what Joel Handler (1995) calls "myth and ceremony"

in the welfare office – a ritual that expresses policy aspirations but ultimately does little for the

client. One female case manager spoke for many when she complained that her clients "are

individuals [who] have different needs, who have different barriers, and [the system is] forcing

us to put them in the same type of process." A male case manager described the situation in

animated terms, juxtaposing the seriousness of clients' situations with the limits of what he has

to offer:

> *I had a customer that… had issues with depression, major breakdown, you know,*
> *so I'm like… by the way could not read very well either. So I'm like, oh my gosh, I*
> *just got her in school, and now she's out for two weeks in the hospital. But then*
> *they'll tell you, 'oh well, okay, when she gets out have her make up her hours.'*
> *And you're like 'but she's in the hospital; she's depressed, she doesn't want to*
> *make up [anything]' and they don't wanna hear it [laughs]. So, it's just that kind*
> *of thing, you know?*

Thus, even as case managers deploy barriers discourse for a variety of purposes, the type

of authority it suggests rests uneasily on their shoulders. As they lay claim to forms of credibility

based on subjective life experiences, case managers unsettle the discourse's pretensions to

formal expertise and objectivity. Daily experiences make it clear that, although they have the

power to override clients' accounts and substitute their own assessments, they have limited

abilities to diagnose conditions that clients do not disclose. And perhaps above all, they

experience the frustration of lacking the tools and resources needed to "remediate" the barriers

their clients confront. One case manager reflected on the contradictions of her job:

> *You're working with people who have needs, who have barriers […] It's hard for me to sit with an individual there telling me that they've been evicted from their apartment, they don't have any place to live, they don't have any food, they don't have any clothes. And then here I am as a case manager: "You have to participate at 40 hours a week." You know, it's just kind of… it's crazy!*

Conclusion

Today's welfare recipients are said to *have* barriers, rather than having barriers imposed upon them. While "barriers" seemingly denote factors outside of the individual, and perhaps even outside of her control, our interviews with Florida's welfare-to-work case managers suggest that barriers have come to be treated as properties of individuals. Thus, people must be rehabilitated from, cured of, and/or take responsibility for their barriers, much as, in the past, they did for their deviances, social disabilities, and misguided choices.

Most case managers we interviewed discussed clients' employment barriers within a highly individual frame of personal responsibility. They sympathized with the severity of clients' barriers, – even, in a few cases, openly grieved their limited ability to help – but ultimately differentiated clients based on assessments of their individual efforts. As has been well-documented in previous work on Florida (Soss, Fording, & Schram, 2011), TANF administrators, supervisors, and case managers face tremendous performance pressures which are often passed along to their clients. Under these conditions, client success may take on a more proximal meaning for case managers, equated to completing and submitting evidence of work hours; receiving, in exchange, some combination of cash, child care, and transportation assistance; and exiting TANF with a job. The resources of a case manager are so limited, and her clients' needs are so extensive, that there may be a degree of comfort to be derived from the formulaic and observable nature of individual clients demonstrating personal responsibility by acting in compliance within the welfare-to-work system.

In this sense, perhaps the term, "barriers," does not *contain* babies and addictions, mental health problems and car troubles, as much as it *proxies* for them. A few case managers - some in their frustration and grief and one other by repurposing the term and applying it to systems - seemed to challenge the notion that conditions such as a serious and persistent mental illness or a lengthy history of violence and abuse could be addressed within a short time span of two years and with a piecemeal series of training and volunteer opportunities. Addressing or overcoming barriers then does not mean finding long-term (or even perhaps short-term) solutions to the conditions which make finding and keeping paid employment difficult, but rather doing in ritualistic fashion what the TANF system asks of you despite these things. Barriers become something case managers need to "work around" in order to be able to claim that they are moving their recipients in the direction the system expects. Under these conditions, case management becomes a series of "work arounds," or makeshift practices designed to enable clients to be seen as succeeding in the short run even if they will not in the long run.

Barriers discourse, as practiced on the frontlines of welfare reform, lumps together conditions of life and packages them as things that keep people from making progress in moving from welfare to work. Employment remains the goal, as the civic ideal, and all other societal contributions are positioned as secondary. Indeed, some things that had been historically seen as contributory, such as parenting and caring for others in need, are now viewed as barriers to the one thing that denotes citizenship. This is certainly at a minimum disconcerting to those who would like concerns about care-giving to have a place in a calculus of the rights and responsibilities of citizenship.

Yet, even in the context of a focus on paid work, evidence from studies of income shocks, underground economies, and secondary labor markets has consistently shown us that

paid work does not mean economic security. Case managers and others who work with welfare

clients know this all too well. Nonetheless, barriers discourse provides cover for continuing to

approach welfare-to-work programs as sufficient to address the problems welfare recipients

confront. It encourages people inside and outside the welfare system, and on both sides of the

case managers' desk, to internalize the idea that if recipients could only overcome their barriers

to employment, their road to the middle class would be assured. In this way, it does important

political and emotional labor, distracting many from a more critical gaze into the problems

confronting low-income families. Barriers discourse operates as ideological mystification to

rationalize neoliberal policies that incentivize work at wages so low that families remain poor.

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