

The safety net should work for working-age adults

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Abstract

This paper directs attention toward a population notably ill-served by the safety net: low-income working-age adults without dependents or government-determined disabilities (able-bodied adults without dependents or ABAWDs). Overall, 8.2 percent of the population are ABAWDs with incomes below 200 percent of the federal poverty line. The authors find that the term “ABAWD” is misleading: a plurality of low-income ABAWDs report work-limiting disabilities, almost 40 percent are parents, and 5 percent are noncustodial parents to a child under 21. The authors also provide evidence that a safety net that predicates its inaccessibility to ABAWDs on the grounds of self-sufficiency through work does not recognize the state of the low-wage labor market and the precarious position of many of its workers. Given the compendium of evidence on the long-run benefits of access to higher levels of income, as well as the more-specific benefits from access to safety net benefits, ABAWD-designated restrictions on the provision of support have the potential to worsen economic outcomes for children, adults, and families. The authors offer policy recommendations to enhance the economic security of ABAWDs and their families.

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Introduction

Most of the nation's traditional social welfare policy programs, such as food, cash, and housing assistance, explicitly target or otherwise prioritize delivery to children, elderly adults (aged 65 and older), and individuals with disabilities. As a result, social insurance programs reduce poverty for these groups substantially. In 2017, using the Supplemental Poverty Measure (SPM), social insurance programs reduced poverty for children (44 percent), elderly adults (69 percent), and adults with disabilities (60 percent).

In this essay, we focus on a population notably under-served by the safety net: low-income working-age adults without dependents or a government-determined disability. For this group, safety net programs reduce poverty by only 8 percent. This group is typically known as "ABAWDs" or able-bodied adults without dependents. While we will use that term throughout, we note that many in this group are parents, and many have disabilities. Relatedly, some ABAWDs may benefit from safety net resources received by family members or other close contacts, and vice versa.

We argue for a reconsideration of the parameters of who is allowed access to safety net programs. We show that ABAWDs are demographically diverse, struggle with health issues, and are members of families. Low-income ABAWDs face obstacles to maintaining employment; a safety net that is largely inaccessible to ABAWDs does not recognize the state of the low-wage labor market and the precarious position of many low-wage workers, much less the research evidence that various safety net programs function as work supports. Furthermore, a safety net that largely excludes ABAWDs does not adequately support their family members, who, in many cases, are themselves often targets of antipoverty policies: children, elderly adults, and people with disabilities.

The stakes for proactively bolstering ABAWDs' economic security are high. Given the structure of our market economy, individuals will continue to grapple with changing economic conditions. Demand for some occupations and tasks will grow, while demand for others will decline, leading to individual and economy-wide shifts that will affect earnings and employment. The safety net can offer valuable protection amid these shocks—but only if it is offered.

The majority of those who face restricted or significantly limited access to these protections are working-age adults who do not have dependent children and who do not have a government-determined disability. In this essay, we show not only that ABAWDs are misunderstood, but also that they are worthy of support. A safety net that does not support low-income

working-age Americans without dependents or a government-determined disability does not perform adequately.

1. The safety net does little to support low-income ABAWDs

Within our market-based system, earnings are the focal mechanism by which families create and maintain economic security. The nation's system of tax and transfer programs—the safety net—can function as a work support, it can provide support after a job loss, and it provide support to those who cannot or who no longer work. Social insurance includes programs like Unemployment Insurance (UI), Medicare, and the Social Security (SS) programs. Workers and employers fund these programs through taxes, and beneficiaries gain access to these programs through various eligibility criteria, such as reaching retirement age, being laid off, or having a government-determined disability. Social insurance also provides support to help people meet their basic needs, including food, housing, and health-care coverage.

Access to social insurance affects the economic health of households in the United States (U.S.). There is consistent evidence that the nation's safety net transfer programs and refundable tax credits collectively reduce the risk families bear from earnings volatility in the labor market (Hardy 2017; Hardy and Ziliak 2014). Earnings volatility can be driven by changes in hours worked, wage rates, and transitions into and out of employment that are oftentimes involuntary in nature. Specifically, the transfer system is shown to produce the largest reduction in volatility for many families that are typically at higher risk of exposure to economic insecurity, including families with lower income and fewer educational credentials, and Black families (Hardy 2017). This finding is consistent with a larger interdisciplinary body of work (e.g., Hacker 2019; Kalleberg 2009) documenting the incidence of precarious employment, which potentially shifts more risk and uncertainty onto individual workers.

Given the nature of contemporary work in a dynamic macroeconomy, the nation's transfer system continues to have an important role as a buffer against economic shocks. When operating as designed, the safety net provides some protection for vulnerable families with dependent children. Any assessment of economic conditions and the consequences of volatility for adults without dependent children must account for these individuals' more limited access to the tax and transfer system.

TABLE 1

ABAWD eligibility for various government supports

Program	Eligibility
Federal Earned Income Tax Credit (EITC)	ABAWDs are eligible for the EITC. In 2020 the average benefit for a childless worker was less than one-tenth the average benefit for a family with children in the household (\$295 compared to \$3,099, respectively, in 2020 dollars).
State General Assistance (GA)	Twenty-four states and the District of Columbia provide GA (Llobrera et al. 2021), and ABAWDs are eligible for state GA in about half of these states, including D.C. Some states have recently reduced the benefit level or enforced stricter time limits.
Supplemental Nutrition Assistance Program (SNAP)	ABAWDs between the ages of 18 and 54 who are not veterans, homeless, or adults under age 25 who aged out of foster care can receive SNAP if they meet a monthly work requirement. Those who fail for three months to meet a work requirement or participate in an Employment and Training (E&T) program in a mandatory E&T state are removed from the program until they are in compliance or until 36 months have passed (Bauer and East 2023).
Federal rental assistance programs	ABAWDs are eligible for federal rental assistance programs, but others (including elderly adults and people with disabilities) are given higher priority. About 20 percent of eligible households headed by childless adults receive assistance.
Medicaid	The Affordable Care Act (ACA) expanded Medicaid eligibility for most adults below 138 percent of the FPL. After the Supreme Court ruled that such an expansion could not be mandated, 40 states and the District of Columbia have adopted the provision.

Source: Llobrera et al. 2021; Bauer and East 2023; Greenstein 2024.



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Many ABAWDs are excluded from safety net programs. Table 1 shows ABAWD-related eligibility criteria for key safety net programs; for additional details, please see Greenstein (2024). Many people, including ABAWDs, who would otherwise be eligible for safety net programs are pushed off or excluded from them by work requirements. Even when they are eligible, for example with the Earned Income Tax Credit (EITC), refundable tax credit levels for ABAWDs are far lower than for other groups. Some states are expansive in terms of defining eligibility for certain social programs, while others are much more restrictive. This reflects our system of federalism, which allows for substantial variation in rules and eligibility across states. For benefits such as rental assistance, the discretionary nature of the program and the limited federal support is such that eligible ABAWDs are often deprioritized relative to families with dependent children and fall to the bottom of waiting lists.

Unlike the official poverty measure, the SPM provides a more comprehensive measure of how the nation's safety net programs combine to affect poverty and economic well-being and also makes adjustments for daily expenses facing individuals and families (see box 1). Specifically, the SPM shows how tax and transfer policies (i.e., the safety net) affect poverty rates (Blank and Greenberg 2008; National Academies of Sciences,

Engineering, and Medicine [National Academies] 2023). The SPM can also be used to show an individual program's effectiveness in reducing poverty (e.g., Barnes et al. 2021). In this analysis, we show the combined effect of SS, UI, workers' compensation, veterans' benefits, Temporary Assistance for Needy Families (TANF), state General Assistance (GA), Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program (NSLP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), rental assistance (such as Section 8 and public housing), home energy assistance, the EITC, and the Child Tax Credit (CTC) on SPM poverty for different groups. This analysis assumes 100 percent take-up in safety net programs. Please see appendix A for additional details on this analysis.

Poverty reduction as measured by the SPM is conditional on program participation: Social insurance programs cannot reduce a person's poverty rate if they do not participate. For the most part, today's government safety net programs explicitly target or otherwise prioritize delivery to children, adults with custody or direct responsibility for children, elderly adults, and adults with disabilities. When social welfare and social insurance programs require additional eligibility determinations beyond means-testing, as summarized in

BOX 1

How is poverty measured?

Throughout this essay, we use two measures of poverty: the Official Poverty Measure (OPM) and the Supplemental Poverty Measure (SPM). Broadly speaking, the OPM captures liquid resources from inputs including earnings, market income, and liquid forms of safety net and some social insurance transfers, such as cash welfare, UI, and SSI (Fox 2016). This measure is used to create the federal poverty level (FPL). Because many forms of social insurance use multiples of the FPL, often ranging from 100 to 200 percent FPL, to determine program eligibility, we define a household as “low income” if they are below 200 percent FPL.

The SPM accounts for the OPM’s sources of cash resources and additionally accounts for government tax credits and in-kind transfers that have a cash value to assess economic well-being. The SPM also adjusts the threshold at which poverty is determined by incorporating more localized information on food, clothing, housing, and utilities expenses. In our essay, we use the SPM to measure how and to what extent government safety net programs reduce poverty for ABAWD and non-ABAWD populations alike.

Fisher (1992) provides a useful summary of the history and design of the OPM, and Fox and Burns (2021) offers a brief discussion of the differences between the OPM and SPM. And, for a discussion of poverty measurement, including the SPM’s relative strengths and weaknesses as a research and statistical tool, see National Academies (2023).

table 1, we find that there is precious little poverty reduction for ABAWDs—defined in this analysis as adults aged 18 to 64 who do not receive SSI/SS and who do not reside with dependent children. More plainly, if this group does not receive cash or near-cash benefits, including either disability payments or, alternatively, benefits from programs such as SNAP and the EITC, there can be no widespread antipoverty reduction after accounting for safety net programs (Trisi 2023a).

Figure 1 illustrates this point, documenting the extent to which such adults largely remain in poverty. Approximately 14.4 percent of those between the ages of 18 and 64 who do not reside with children or receive SS/SSI were in poverty in 2017, which decreases by 1.1 percentage points to 13.3 percent after accounting for taxes and transfers (Trisi 2023a). In contrast, those with SS/SSI saw the largest percentage-point reduction in poverty in 2017 (37.8 percentage points), even more than elderly adults overall (34.5 percentage points).

This bifurcation has existed for decades. Childless adults experienced only a tiny increase in poverty reduction over time—from a 0.8 percentage-point reduction in 1993 to a 1.1 percentage-point reduction in 2017—while the total reduction in poverty for all groups increased from 6.9 to 11.9 percentage points that same period. ABAWDs experienced just marginally greater poverty reduction in 2017 (8 percent) than able-bodied parents did 25 years ago (5 percent). From 1993 to 2017, the percent of disabled adults lifted out of poverty by safety net programs increased from 49 percent to 60 percent. An impressive share of elderly adults is lifted out of poverty each year (63 percent in 1993 and 69 percent in 2017).

Figure 2 illustrates how poverty reduction is differentiated by SSI/SS status (figure 2a) and parental status

among people who do not receive SSI/SS (figure 2b) over time. SSI/SS recipients and parents without SSI/SS experienced a 12.0 percentage-point and 8.9 percentage-point increase in poverty reduction, respectively, between 1970 and 2017. Yet, childless adults without SSI effectively saw no change in the past 25 years.

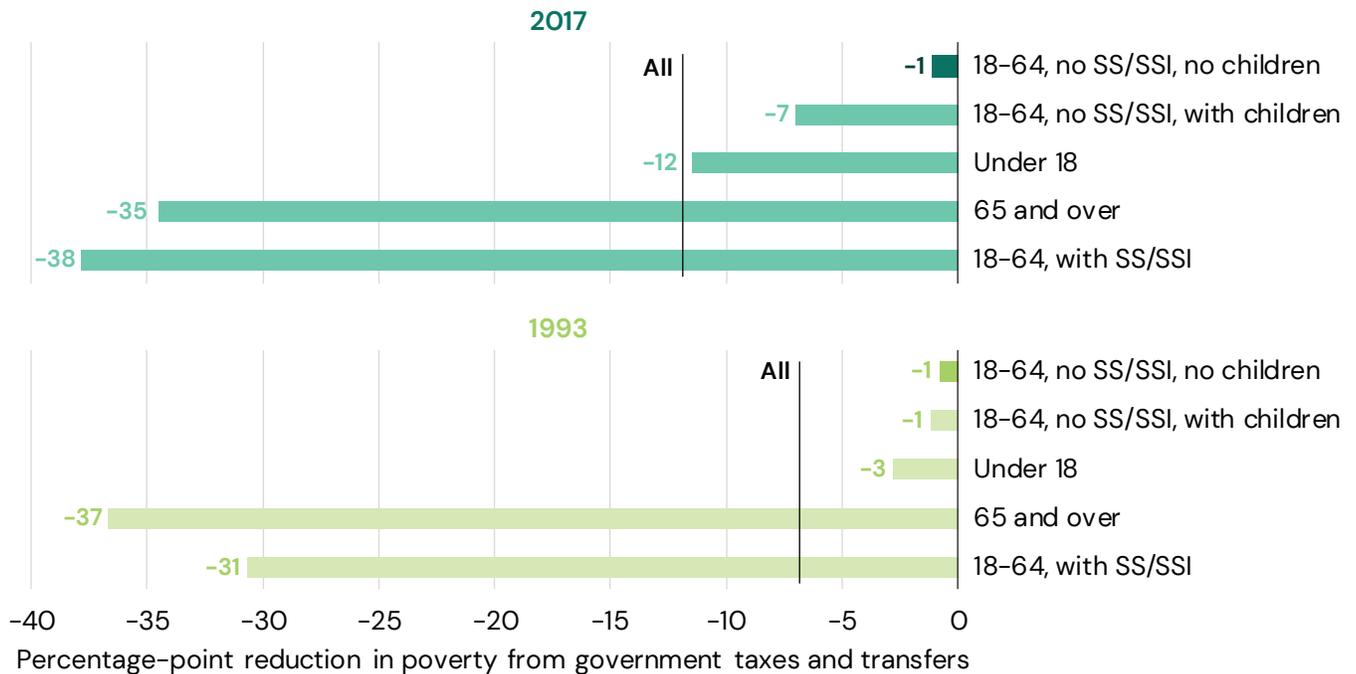
While stark, this should not be that surprising: Those who do not have access to the safety net do not see its benefits. Some states have not extended access to Medicaid to uninsured adults aged 19 to 64 with incomes below 138 percent of the federal poverty level (FPL). ABAWDs can only receive SNAP for three months out of 36 if they fail to meet a work requirement. ABAWDs are eligible for many housing assistance programs, but these programs are not entitlements, and other groups receive priority. The value of the EITC for this population is very small. State-level GA for ABAWDs is either non-existent or paltry. (See box 2.)

2. Who are ABAWDs?

There are a few prevailing stereotypical images of a low-income ABAWD—most famously of an unemployed single white man who lives with his parents and spends his days playing videogames. The political sphere draws on this image: During the debt ceiling debates in the spring of 2023, then-Speaker of the House Kevin McCarthy described who he thinks a low-income ABAWD is when arguing for more-stringent work requirements for an individual to receive SNAP benefits. He said, “In this family, we may have a child that [is] able-bodied, not married, no kids, but he’s sitting on the couch collecting welfare. We’re going to put work requirements on that individual . . . [and] he’s going to get a job” (Bouie 2023).

FIGURE 1

Percentage-point reduction in poverty from government taxes and transfers, 1993 and 2017



Source: Trisi 2023a.

Note: See methodology in appendix A for further information.



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For the past decade, scholars have engaged in an expansive documentation of the plight of single men (see, e.g., Aguiar et al. 2021; Case and Deaton 2017; Eberstadt 2021; Krueger 2017; Reeves 2022). Several studies have documented that many young men with less education and high rates of joblessness are either childless or noncustodial parents and, given this status, can draw on a far more limited set of safety net protections (e.g., Holzer, Offner, and Sorensen 2005; Mincy, Klempin, and Schmidt 2011; Pate 2016). Although the condition of men with lower levels of education is certainly of great policy importance, perceptions of the size of this group may far exceed their actual share of the ABAWD population. Moreover, among the set of men who are out of work, some are likely to have experienced a range of negative environmental exposures during their childhood years, including abuse, neglect, and other stressful household conditions (see, e.g., Topitzes et al. 2016).

In this section, we provide evidence that the ABAWD stereotype does not hold. Nearly half of low-income ABAWDs are women. Low-income ABAWDs are disproportionately people of color. The “able-bodied”

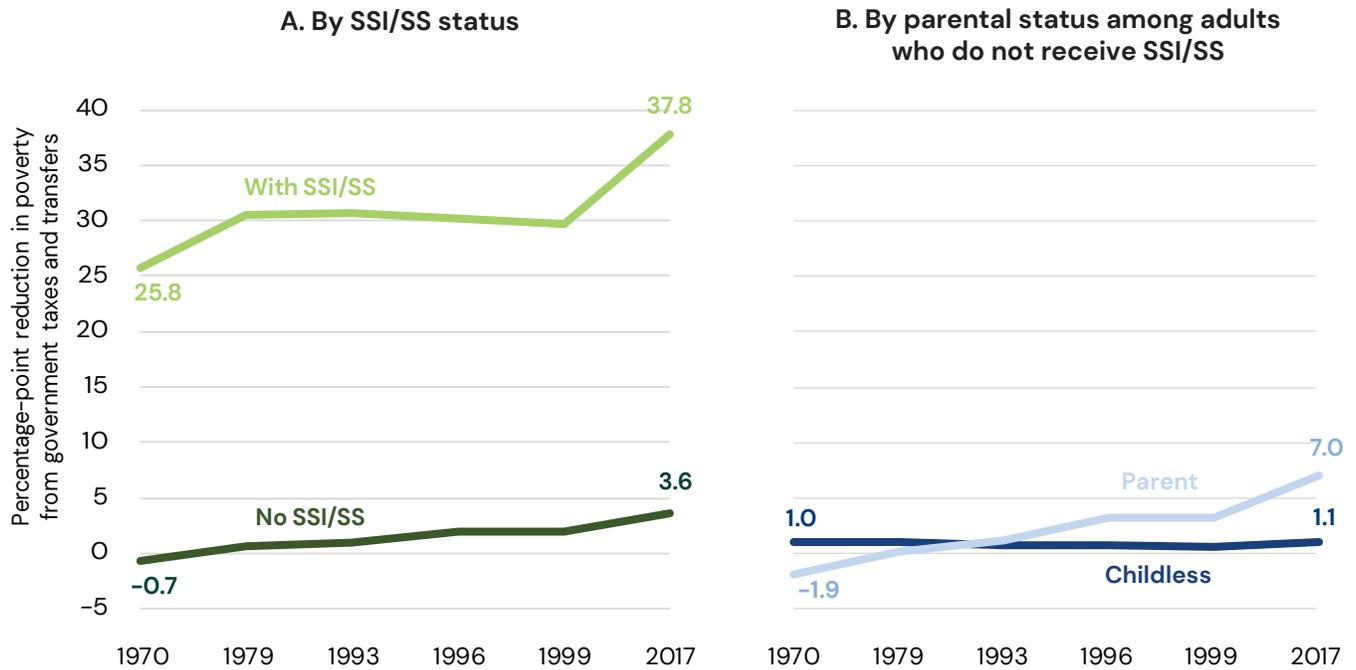
moniker masks health issues, while the “without dependents” designation misses some parents and some people who care for elderly adults or individuals with disabilities. Many other characteristics that disproportionately characterize ABAWDs—for example, housing instability—call for greater support for them.

2.1. How many low-income ABAWDs are there?

Figure 3 shows the demographic distribution of the U.S. in 2022. About 40 percent of the population are either elderly adults (aged 65 or older) or children (aged 17 or younger). Working-age adults (aged 18 through 64) comprise the remaining 60 percent. Slightly more than a third of the total population could be characterized as ABAWDs—those between the ages of 18 and 64 who do not reside with a minor and who do not receive SSI or Social Security. Overall, 8.2 percent of the population are ABAWDs with incomes below 200 percent FPL, which is a fifth of all ABAWDs. While this presents a static picture, there is more churn into and out of being an ABAWD than is commonly understood; for example,

FIGURE 2

Percentage-point reduction in poverty from government taxes and transfers among adults aged 18 to 64, 1970–2017



Source: Trisi 2023a.

Note: See methodology in appendix A for further information.



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BOX 2

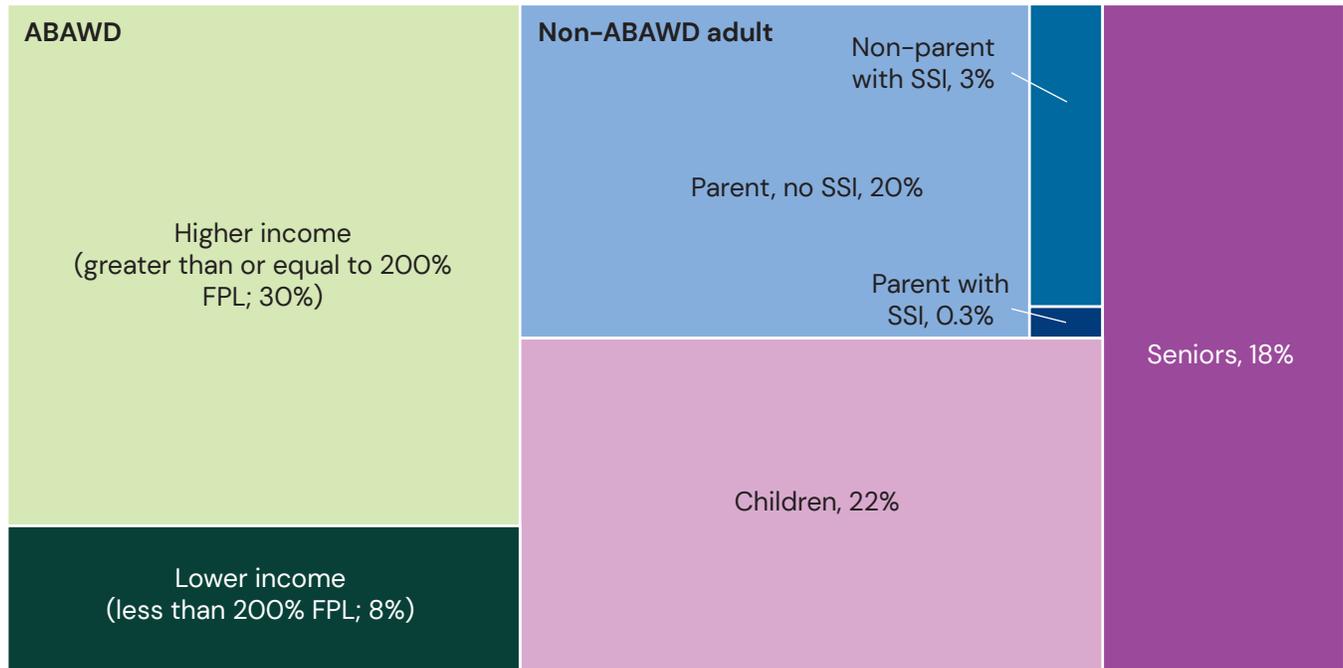
To whom do governments offer support?

Across the OECD nations, welfare states define and codify who should receive social insurance and how a government should intervene. Early versions of the U.S. welfare state were modeled after the English Poor Laws, which provided economic relief for those who were elderly or sick, children who were poor, and certain low-income able-bodied workers (Hansan 2011). Concepts of deservingness have influenced the design of social welfare programs since the English Poor Laws in the late 16th century; those laws created distinct categories for receipt of assistance and generally mandated work participation while enacting rules to restrict dependency (Ziliak and Hannon 2006). Debates over deservingness under the Poor Laws, and the deterioration of the safety net in the early 1800s, came at the expense of able-bodied male laborers (Boyer 2002).

The imprimatur of deservingness might seem static to the casual observer, but it is not. The Social Security Act of 1935, signed into law by President Franklin D. Roosevelt as part of his New Deal program; and Medicare and Medicaid, both signed into law by President Lyndon B. Johnson as part of his Great Society program, are the most explicit examples of a U.S. welfare state and of how existing programs can change and new programs can be introduced to bolster the safety net. Social Security originally provided lump sums to people aged 65 or older. In subsequent years, Social Security eligibility expanded to provide for people who cannot support themselves, extending insurance to widows, surviving dependents, and people with disabilities (Kollmann 2000). Social Security also provides benefits for many farm laborers and domestic workers, but those benefits arrived only after decades of exclusion of workers in these then-disproportionately Black industries (Coffman 2022). Social Security and its potential beneficiaries reveal who the government deems deserving of support in the American context. These instances provide examples of policymakers altering, even if incrementally, the U.S. definition of deservingness in accordance with changing social mores.

FIGURE 3

Share of ABAWDs among the total U.S. population, 2022



Source: U.S. Census Bureau 2023; authors' calculations.

Note: FPL stands for the federal poverty level. SSI stands for Supplemental Security Income. ABAWDs and non-ABAWD adults are aged 18 to 64. Children are under age 18. Seniors are over age 64.



ABAWDs could typically work but also be temporarily disabled without a job.

Figure 4 documents some characteristics of low-income ABAWDs compared to higher-income ABAWDs, making clear that this population is not homogenous. First and notably, almost half of ABAWDs are women. While the majority of ABAWDs are white, those living under 200 percent FPL are disproportionately Hispanic/Latino and Black, non-Hispanic. More than half of ABAWDs with income below 200 percent FPL have a high school diploma or less, compared to less than one-third of ABAWDs above 200 percent FPL. The share of high-income ABAWDs who are married is almost 20 percentage points higher than the share for low-income ABAWDs, and more than half of low-income ABAWDs have never been married.

2.2. Able-bodied

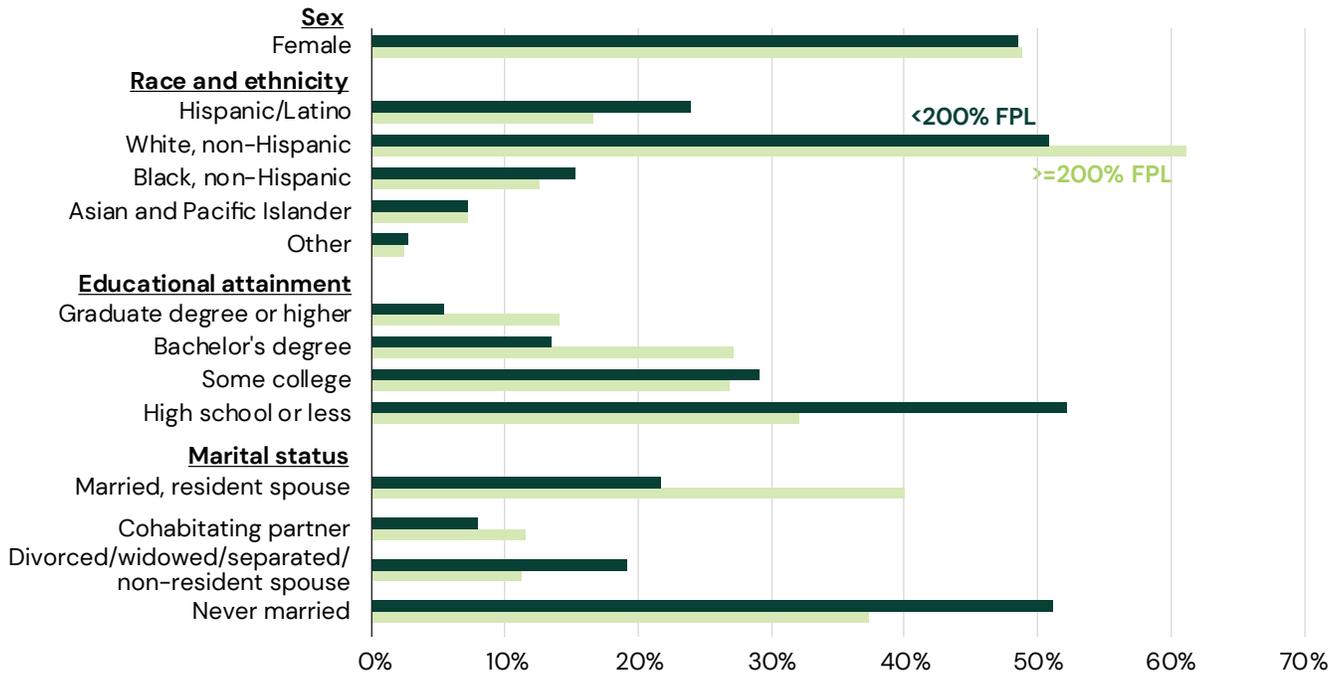
In each program where the government assesses disability status, work readiness is a component of the determination that an able-bodied person is physically and mentally able to work. In principle, each program provides resources to those with disabilities whose

health prevents them from working enough to sustain themselves. SSI is awarded to those adults who prove that they have a medically determined disability who cannot do substantial gainful activity, i.e., cannot work enough to earn more than about \$1,500 per month (SSA 2024). Monthly disability benefits, such as Social Security Disability Insurance (SSDI), are provided to former workers who have been determined to no longer be able to work or to be able to work in only a limited fashion because of their health status (SSA n.d.). Receiving SSI or SSDI is the first way in which a SNAP participant's disability status is determined, but an individual can also prove that their health limits their capacity to work via a SNAP-specific process.

Therefore, the government arrives at the term "able-bodied" through a process of elimination. If an individual does not prove that they meet the criteria for receiving SSI/SSDI and are not determined to have a work-limiting health problem through another program, they are able-bodied. In practice, the process through which disabilities are officially determined has well-documented faults and cracks and can leave those with work-limiting health challenges in

FIGURE 4

Share of ABAWDs, by demographic characteristics and poverty status, 2021



Source: U.S. Census Bureau 2022; authors' calculations.

Note: FPL stands for the federal poverty level. We created mutually-exclusive categories for racial/ethnic groups in the following order: individuals who identify as Hispanic, white only, Black only, Asian and/or Pacific Islander only, and other.



the ABAWD population (Herd and Moynihan 2018; Schweitzer et al. 2022). In fact, this is what we find.

If the government were to properly identify the ABAWD population through fidelity to its rules and regulations, then no ABAWD should have a work-limiting disability. Figure 5 shows that nearly 32 percent of ABAWDs living under 200 percent FPL report having a disability, and 24 percent report that a disability affects their ability to work.

Though they are all technically able-bodied, one reason for lower point-in-time employment among low-income ABAWDs is their poor health. Figure 6 shows the share of low-income ABAWDs by their employment and self-reported disability status. A striking 46 percent of low-income ABAWDs who never entered the labor force in 2021 self-reported a disability, and 83 percent of that group claimed their disability affected their attempts to work. Among ABAWDs who were employed all 12 months of 2021, 27 percent report a disability, and 39 percent of that group report that their disability impacts their work (e.g., by affecting the number of work hours or type of labor).

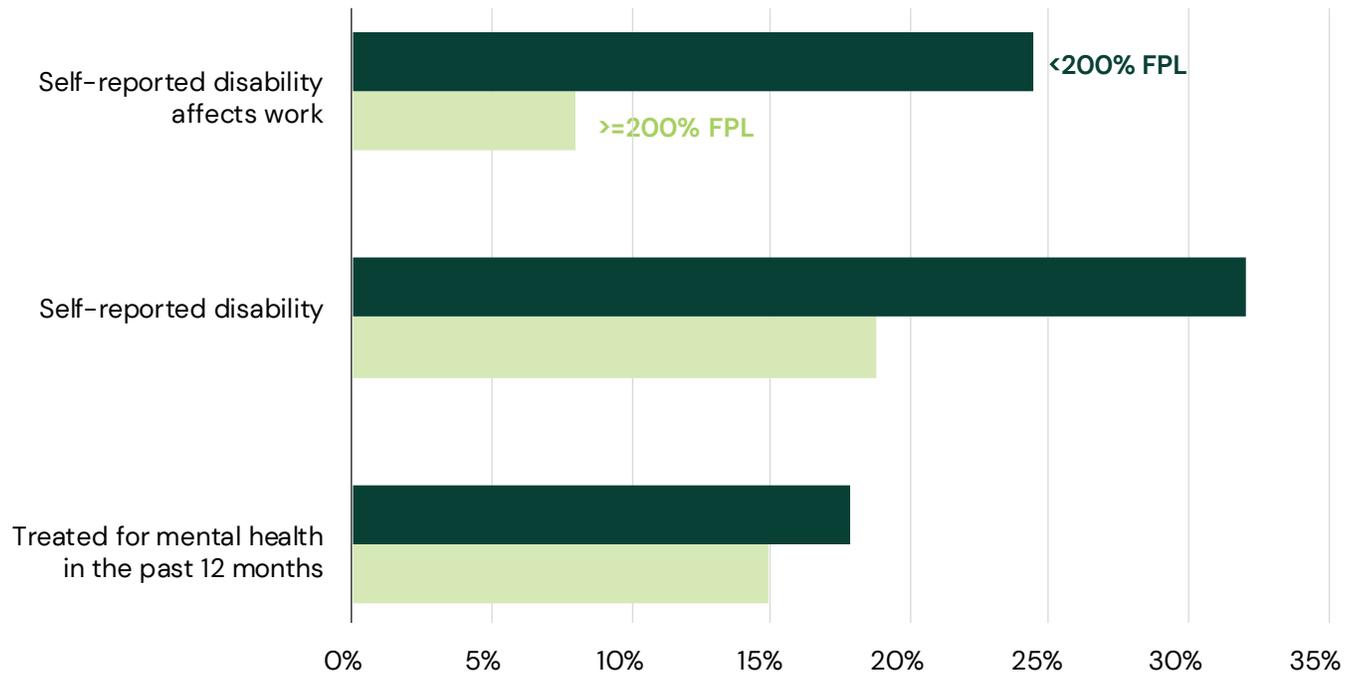
It is not only the case that poor health makes it harder to work, but also that poor working conditions

themselves affect health. An allostatic load (i.e., cumulative and long-term physiological costs of stress, in this case stress on the job) can harm one's physical health (McEwen 2000; Seeman et al. 2001; Seeman et al. 2002). Lower-paying manual work deteriorates self-reported health more quickly than higher-paying jobs (Case and Deaton 2003), even after controlling for initial and lagged health (Fletcher, Sindelar, and Yamaguchi 2009). For example, burnout, or chronic stress at work, is a significant predictor of a number of heart diseases, type 2 diabetes, respiratory problems, and even mortality under age 45 (Salvagioni et al. 2017). Rates of occupational diseases are not slowing: Private employers reported 2.8 million workplace injuries or illnesses in 2022 (U.S. Bureau of Labor Statistics [BLS] 2023). Illnesses increased 26.1 percent from 2021, most of them driven by a 35.4 percent increase in respiratory cases.

Even if an employee works in a comparatively safe physical workplace, the nightshift work that is disproportionately necessary for lower-wage jobs can affect a worker's bodily functions. Occupations like nursing and service work that require night hours, and the sleeping, eating, and light exposure changes that accompany them, can lead (Boivin, Boudreau, and

FIGURE 5

Share of ABAWDs, by self-reported health problems and poverty status, 2021



Source: U.S. Census Bureau 2022; U.S. Substance Abuse and Mental Health Services Administration (SAMSA) 2021; authors' calculations.



Note: FPL stands for the federal poverty level. Someone has a self-reported disability if they answer yes to at least one of the following questions: “Do you have any physical, mental, or emotional health conditions lasting 12 months or longer that limit your daily activities?;” “Do you have a learning or developmental disability?;” “Do you have a mental or emotional condition?” Someone has a self-reported disability that affects work if they answer yes to at least one of the following questions: “Because of a physical, mental, or emotional problem, do you have difficulty finding a job or remaining employed?;” “Because of a physical, mental, or emotional problem, are you prevented from working?;” “Do you have a physical, mental or other health condition that limits the kind or amount of work you can do?”

Kosmadopoulos 2021) to circadian misalignment (i.e., cancer risks, metabolic problems, and mental health issues; Guénel and Léger 2023). Researchers also note that night shift work is associated with substance abuse and social isolation (Cousin et al. 2022; Richter et al. 2021; Silva and Costa 2023).

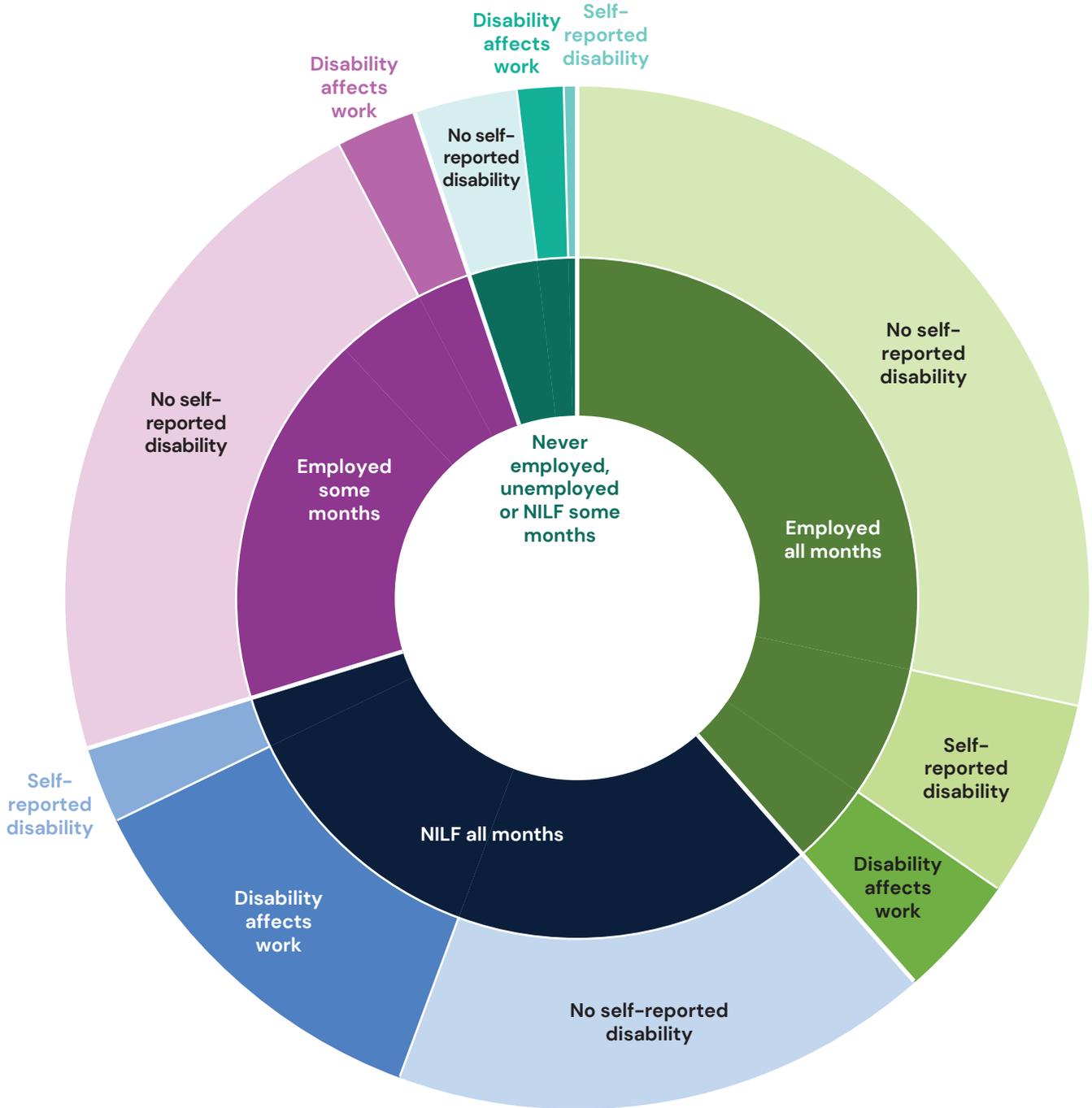
Beyond predictable nightshift work, volatile schedules can expose workers to poor health. Considering the broader economic hurdle facing many economically insecure families, one in which resources are not only lower but also less predictable on a monthly or annual basis, workers and their families may face a range of health consequences from exposure to volatility of varying forms. In terms of health implications, Schneider and Harknett (2019) find that workers exposed to scheduling volatility are at risk of increased psychological stress, diminished sleep quality, and lowered levels of self-reported happiness.

2.3. Without dependents

Even amid the long-running policy discourse on deservingness, parental economic status looms large as a strong predictor of subsequent adult outcomes (Hardy 2014). Children do not choose their parents or their economic circumstances, and, perhaps with this in mind, policymakers continue to prioritize access to the safety net for children and for those responsible for children, over childless adults. Children are protected in part because they are the future workforce, as well as to promote greater equality of opportunity. Many reports on poverty and human development argue that more investment is necessary for children growing up in adverse economic, educational, neighborhood, and developmental environments (e.g., Brookings Institution and American Enterprise Institute 2015; Hardy, Hill, and Romich 2019; National Academies 2019).

FIGURE 6

Share of ABAWDs living below 200 percent of the federal poverty level, by employment and self-reported disability status, 2021



Source: U.S. Census Bureau 2022; authors' calculations.

Notes: We created mutually-exclusive categories for those who report a disability in the following order: Disability affects work, Self-reported disability, No self-reported disability. NILF stands for "not in the labor force." Someone has a self-reported disability if they answer yes to at least one of the following questions: "Do you have any physical, mental, or emotional health conditions lasting 12 months or longer that limit your daily activities?;" "Do you have a learning or developmental disability?;" "Do you have a mental or emotional condition?" Someone has a self-reported disability that affects work if they answer yes to at least one of the following questions: "Because of a physical, mental, or emotional problem, do you have difficulty finding a job or remaining employed?;" "Because of a physical, mental, or emotional problem, are you prevented from working?;" "Do you have a physical, mental or other health condition that limits the kind or amount of work you can do?;"



There is a lag in adapting access to safety net benefits to absorb a broader cross-section of people caring for children who fall outside traditional family and caregiver definitions. Household finances are affected by changing family structure, and social insurance programs should adjust accordingly. Standard models of economic behavior posit that individuals can engage in consumption smoothing, borrowing during lean times, and saving during periods of individual earnings growth. However, markets have imperfections, and, in the absence of access to traditional credit markets or private and familial supports, the current configuration of safety net benefits provides relatively few transfer benefits for ABAWDs, who fall into a broader category of nondisabled and non-elderly adults.

Moreover, familial and financial relationships between parents and children, or across extended family, do not dissolve when a child makes the transition into young adulthood and beyond. Adverse economic conditions facing family members can operate as a powerful barrier to economic stability. It is worthwhile considering that, like many Americans, ABAWDs are not an island unto themselves; they may draw upon family members for financial support, or instead find themselves in the position of providing support for family members in need of assistance. Several studies (e.g., Chiteji and Hamilton 2002; Helfin and Patillo 2002) document a relationship between poverty exposure of a sibling or parent and subsequently lowered asset accumulation; across race, the incidence of such events appears to shape the economic outcomes of Black and white respondents in similar ways, though Black middle-class adults are more likely to have siblings or parents living in poverty (Heflin and Patillo 2006). Chiteji and Hamilton (2002) directly connect this phenomenon as an important factor driving the Black-white wealth gap. A recent extension of this work by Toney and Hamilton (2022) demonstrates that economic insecurity among siblings, parents, and grandparents can negatively impact wealth accumulation and that, among Black households, such transfers are more important than educational attainment as predictors of the Black-white wealth gap. In the absence of private savings or stronger government safety net protections, ABAWDs may face added financial pressure from family members facing economic hardships, or themselves may lean upon family members with stronger employment, earnings, or savings profiles. Given the dynamic nature of economic well-being, the donor-recipient nature of these financial relationships may change directionally over the life course.

While kinship relationships and financial security ebbs and flows over time, our current safety net frameworks are relatively inflexible for ABAWDs. By

the terms of the safety net, on the day the youngest child turns 18, both the child and their parent become ABAWDs. Furthermore, noncustodial parents of minor children are also ABAWDs. About 39 percent of low-income ABAWDs are parents (figure 7). While most ABAWDs who are parents have adult children, approximately 5 percent of low-income ABAWDs are noncustodial parents (i.e., parents to a child under age 21 who does not live in their household). Overall, roughly 43 percent of low-income female ABAWDs are parents, compared to 34 percent of low-income male ABAWDs (figure 7).

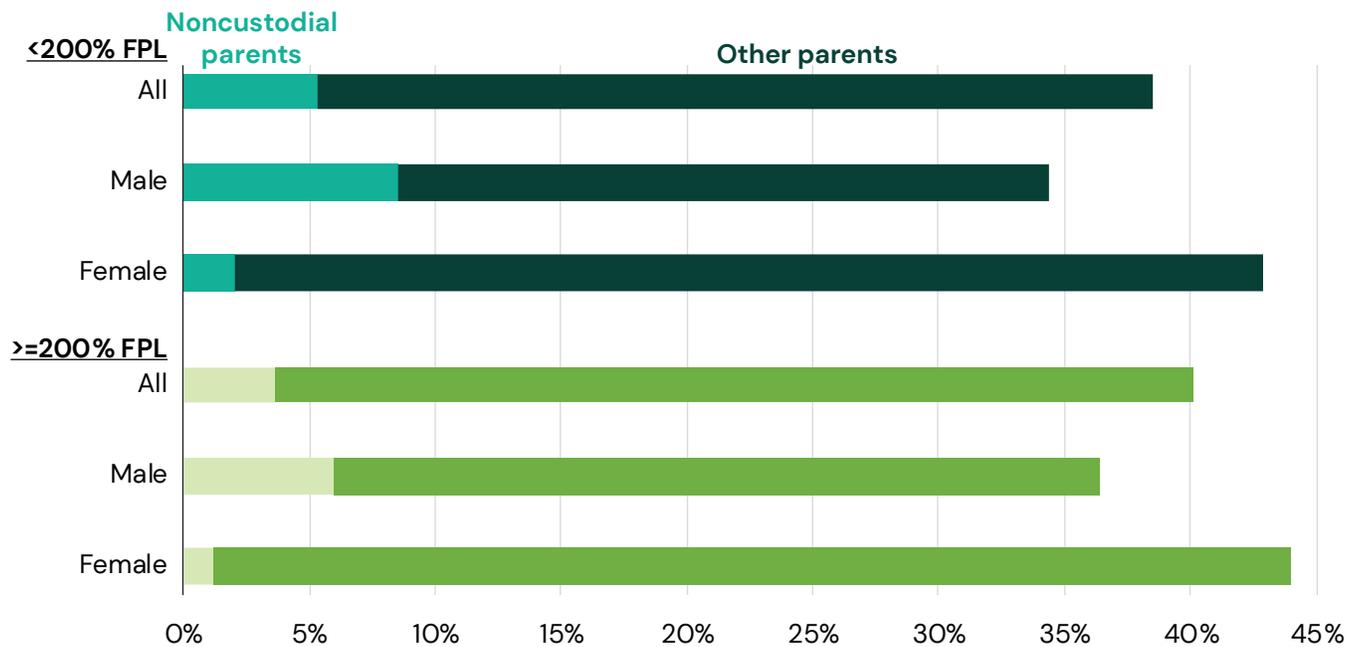
A reason for serious reconsideration of the benefits package available for ABAWDs is the rapid change occurring with respect to the so-called typical American family (see box 3). While the traditional family structure has largely maintained for college-educated parents, there are significant shifts in how American families overall are organized (e.g., Cohen 2014). First, the secular decline in men's labor force participation warrants serious attention, as it, among other factors, has affected family formation (Kearney 2023). Another trend affecting the family is the decades-long decline in the average number of siblings and overall family size within the U.S. across race and educational attainment (e.g., Fahey 2017). Amid the demographic shift toward fewer children over at least the past 30 to 40 years, there also has been a rise in complex family structures (e.g., Cancian, Meyer, and Cook 2011; Manning, Brown and Stykes 2014) wherein children do not share either the biological mother or father of their siblings. Figure 8 shows that by the age of 10, about 60 percent of children in the state of Wisconsin born to an unmarried mother have at least one half-sibling. Combined with these trends, we also observe an increasing share of families with parents in nonmarital relationships and partnerships (e.g., Pew Research Center 2015; Sawhill 2014).

3. How do low-income ABAWDs interact with the labor force?

In the American context, the image of the individual pulling themselves up by their bootstraps without a helping hand explains another aspect of safety net deservingness: The view that those who are expected to be self-sufficient and regarded as able to work should be able to adequately support themselves. This raises the question of how self-sufficiency is defined. Is self-sufficiency a binary concept—Are you or are you not self-sufficient? Is it viewed as static or dynamic—Do workers face changing economic circumstances both between and within years? Can a person

FIGURE 7

Parental status of ABAWDs, by poverty status and sex, 2021



Source: U.S. Census Bureau 2022; authors’ calculations.

Note: FPL stands for the federal poverty level. We define noncustodial parents as parents to a child under 21 not living in the household. We define other parents as any parent who reported a child over age 18 and who is not a noncustodial parent. The remainder share are not parents.



be fully in control of their self-sufficiency—Can anyone who wants work find a job with enough hours and high enough wages?

We provide evidence that a safety net that predicated its inaccessibility to ABAWDs on the grounds of self-sufficiency through work does not recognize the state of the low-wage labor market and the precarious position of many of its workers.

The low wage labor market is not structured for upward mobility (Escobari, Seyal, and Contreras 2021). Even before a prospective worker finds a job, they might face racial and gender discrimination, demand and supply-side search and matching frictions, and occupational segregation, to name a few obstacles (Kline, Rose, and Walters 2022; Bartik and Stuart 2022; Zhavoronkova, Khattar, and Brady 2022). Once an employee starts their job, similar and additional burdens arise. For instance, a less-discussed form of inequality—that of benefits compensation—is rising even faster than wage inequality (Kristal, Cohen, and Navot 2020). This means that, over time, the gap in access to paid leave, medical care, and other benefits has grown faster than the wage differential between low-wage workers and their higher-wage counterparts.

And it is getting increasingly difficult to break into the high-wage labor market: The number of stepping-stone occupations (middle-wage jobs that often lead to upward mobility) is declining, and those that do still exist further increase gender and racial inequality. These patterns are emphasized by the stratification of low-wage and mid- to high-wage labor markets (Autor 2022) and, consequently, the decreasing number of transferrable skills between the two markets.

Finally, job changes within low-wage industries do not operate the same as mid- to high-wage industries. The Harvard Business School reports the low wage labor market experiences greater churn within low-wage occupations (Fuller and Raman 2022), which can lead to weaker employee-employer ties and firm loyalty, and fewer opportunities for skill and career building (Bergman, David, and Song 2023; Fuller and Raman 2022). These factors can leave individuals stuck within the confines of the low-wage labor market, imposing systemic sanctions that impede workers’ ability to support themselves and their families.

BOX 3

The case of childless adults

The image of the Welfare Queen—a woman who has children in order to live off the largesse of the American taxpayer—is another stereotype that has affected the structure and generosity of the safety net. To be clear, this stereotype is not emblematic of the ABAWD population, but it does invite an investigation as to whether one strategy for an ABAWD to gain access to the safety net is to have a child. For many, the benefit to safety net participation that would come with having a child does not exceed its costs.

The share of adults who are childless is increasing. The share of adults living without children increased 19 percentage points from 1967 to 2016 (from 52 percent to 71 percent; Schondelmyer 2017). This does not fully capture parents who do not live with their child, but, even among older adults who are no longer in reproductive years (55 and older), 17 percent have no biological children (Valerio, Kreider, and He 2021). According to the Pew Research Center (Brown 2021), the share of childless people aged 18 to 49 who think it is unlikely they will have children rose from 37 percent to 44 percent between 2018 and 2021 alone.

There are a variety of reasons adults do not have children. Forty-three percent of childless adults polled in the Pew study attributed their childlessness to reasons other than not wanting to raise children (Brown 2021). Approximately 19 percent cited medical reasons, 17 percent cited financial reasons, 15 percent cited not having a partner, and others cited other factors such as the age of their partner and climate change. These findings reflect a few broader socioeconomic trends that contribute to rising childlessness.

Some who want children face barriers to parenthood. For those who want children but who struggle to or cannot conceive, parenthood can have a high price tag. Private adoption can cost \$30,000 to \$60,000 (U.S. Child Welfare Information Gateway 2022). Another high barrier to parenthood is the costs if an individual needs medical treatment, specifically fertility treatment, to conceive. In the U.S., about 11 percent of women of reproductive age have experienced infertility issues from 2006 to 2010 (Chandra, Copen, and Stephen 2013). Moreover, infertility is more common among people with lower incomes and fewer years of education, and among Black individuals (Snow et al. 2022). Although fertility treatment types range widely in price, in vitro fertilization (IVF) costs \$11,500 on average (Advanced Fertility Center of Chicago 2024), and intrauterine insemination (IUI) can cost \$300 to \$1,000 per cycle (Planned Parenthood n.d.).

In addition, a growing share of the U.S. population lives in same-sex households. A greater share of ABAWDs living under 200 percent FPL self-report not being exclusively heterosexual (14 percent), compared to their higher-income counterparts (10 percent; U.S. Substance Abuse and Mental Health Services Administration [SAMHSA] 2021). Among married households in 2019, 79 percent of same-sex couples report no child in the home, compared to 59 percent of opposite-sex couples (Walker and Taylor 2021). These families face self-evident challenges in having children, though these barriers can be overcome: For instance, same-sex couples adopt at higher rates than opposite-sex couples.

Finally, people are waiting longer to have children. Fertility rates have declined substantially over the past half century (Martin et al. 2021). More specifically, birth rates for younger cohorts of women (ages 15 to 24) continue to decline, while birth rates for older cohorts of women in their reproductive years continue to rise (Martin, Hamilton, and Osterman 2023). Interestingly, the share of women aged 40 to 44 who are mothers increased 3 percentage points from 2008 to 2018 (Barroso 2021). This implies that there is a subset of women who are waiting longer to have children and therefore might have fewer children and spend a smaller portion of their reproductive years as mothers. Consequently, tying social services to parenthood may leave some younger childless adults worse off and perhaps leave future mothers less financially prepared to support children.

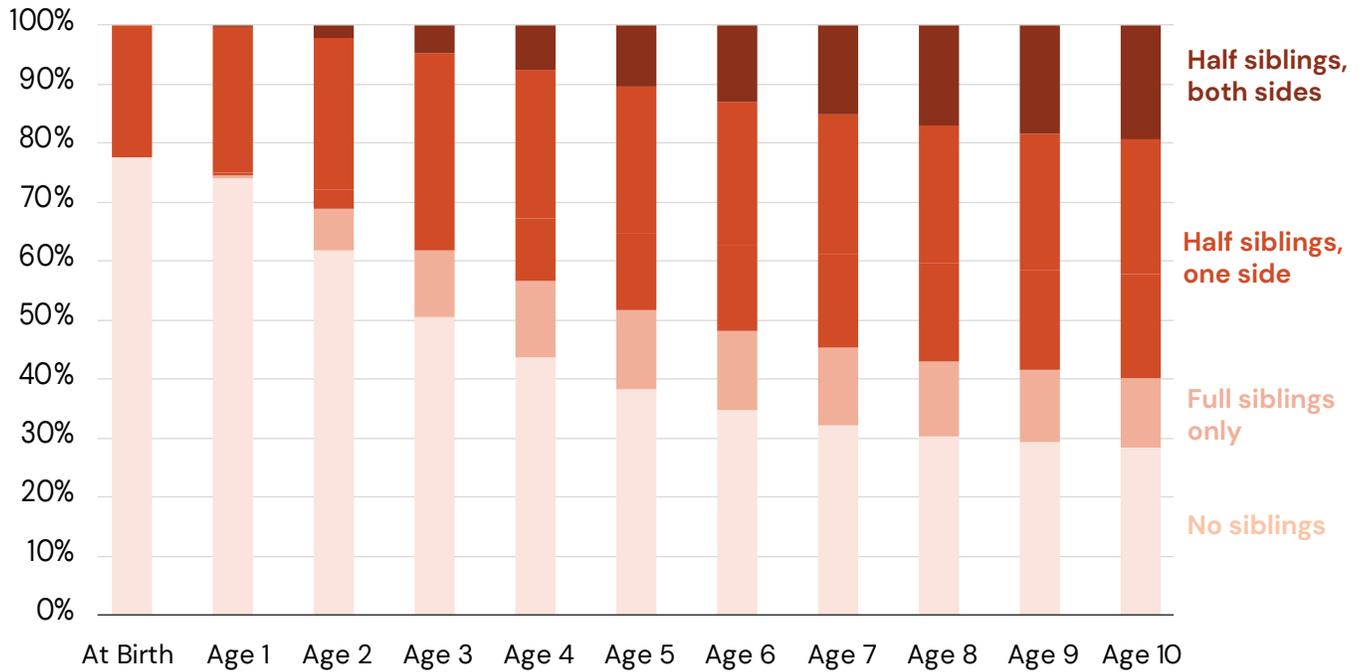
3.1 A snapshot of ABAWDs in the labor force

Our discussion of the low-wage labor market underscores an important point: Most ABAWDs are in the labor force. Figure 9 shows labor force participation among low-income ABAWDs. This snapshot does not completely capture labor force participation, though, because employment status changes (e.g., transitions between unemployment and employment) are high among this group (Bauer, Schanzenbach, and

Shambaugh 2018). About half of low-income ABAWDs were employed in March 2023, 6 percent were seeking work, and the remaining 45 percent were out of the labor force. ABAWDs report a variety of reasons for labor force nonparticipation: For instance, nearly 11 percent are students, 12 percent are disabled, and 8 percent are retired. Another common reason people are not in the labor force is caregiving or home responsibilities (Schmitz and Westphal 2017; Hipple 2015). Among unemployed ABAWDs in a given month, only 1.7 percent report no desire to work, compared to 59 percent who

FIGURE 8

Family complexity for unmarried mothers' first children, from birth to age 10, 1997



Source: Cancian, Meyer, and Cook 2011.

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report work-related barriers such as being laid off or not being able to find work (U.S. Census Bureau 2022; not shown).

3.2 Volatility in the low-wage labor market

When assessing the economic status of ABAWDs, it is useful to consider how economic volatility affects both the individuals who work under such conditions, as well as any connected family members or noncustodial children with whom they interact. The evidence on the incidence of volatility further reinforces the overarching point that ABAWDs could benefit from a more robust set of economic buffers and protections and that these benefits could have positive spillovers for individuals and families that are connected to and, in some instances, reliant on these adults.

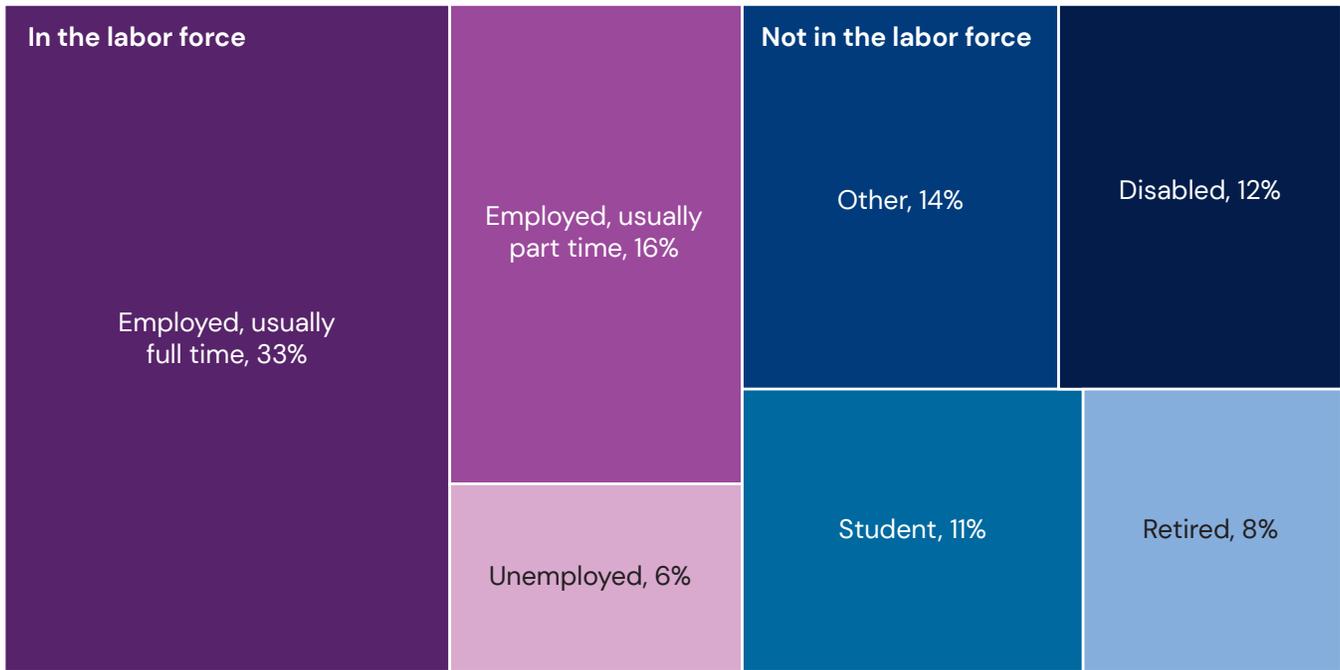
The drivers of income and earnings volatility, which our measures of instability aim to approximate, include entry and exit into employment and variation in hours worked, which feed into earned income. While one worker may work continuously on a year-to-year basis, but with variability in their hours on a weekly

or monthly basis, other workers might work on a less-consistent basis over the course of a calendar year, and still other workers might face volatility from both intermittent hours and work participation overall (Carr and Hardy 2022).

To characterize this instability, figure 10 depicts instability in earnings and hours, measured by the coefficient of variation (CV) across 2018 and 2019. The CV of earnings for an individual is the standard deviation of earnings divided by the long-term average (mean) of earnings across a given time period, multiplied by 100. For example, a CV of 44 percent (the average for the ABAWD population) means the average individual experiences a 44 percent deviation, on average, from their mean long-term earnings or hours. For those who worked at least 40 hours and earned at least \$300 (in January 2024 dollars) during at least one month in 2018, ABAWDs from the first income quintile experienced an earnings CV of 82 percent and a work hours CV of 67 percent in hours worked, compared to those in the fifth income quintile who experienced an earnings CV of 33 percent and a work hours CV of 20 percent in 2018–19. Instability can be viewed conceptually

FIGURE 9

Labor force status of ABAWDs below 200 percent of the federal poverty level, 2022



Source: U.S. Census Bureau 2023; authors' calculations.

Note: FPL stands for the federal poverty level. We created mutually-exclusive categories for those not in the labor force in the following order: retired, disabled, student, and other.



as a high-level approximation for a broader suite of volatility measures, such as the arc percent change (see figure 11).

Work-schedule instability, wherein employers adjust hours for employees on a daily or weekly basis to optimize firm output (Schneider and Harknett 2019) is associated with overall differences in income volatility across the income distribution; LaBriola and Schneider (2020) demonstrate that workers with lower wages are exposed to higher volatility in their work hours. In fact, we find in 2021 about 8 percent of low-income ABAWDs had a consistently non-daytime work schedule (i.e., they have regular night shifts or predictable split/rotating shifts) and 6 percent had an irregular work schedule that could change day to day (U.S. Census Bureau 2022; not shown). For some workers, opportunities to engage in contingent work may serve to fill in earnings gaps, while this form of employment may introduce more precarity into the overall earnings flow for others.

Mullainathan and Shafir (2013) make the theoretical point that poverty and exposure to low income—inclusive of exposure to both low and volatile incomes—may ultimately deprive adults of the needed

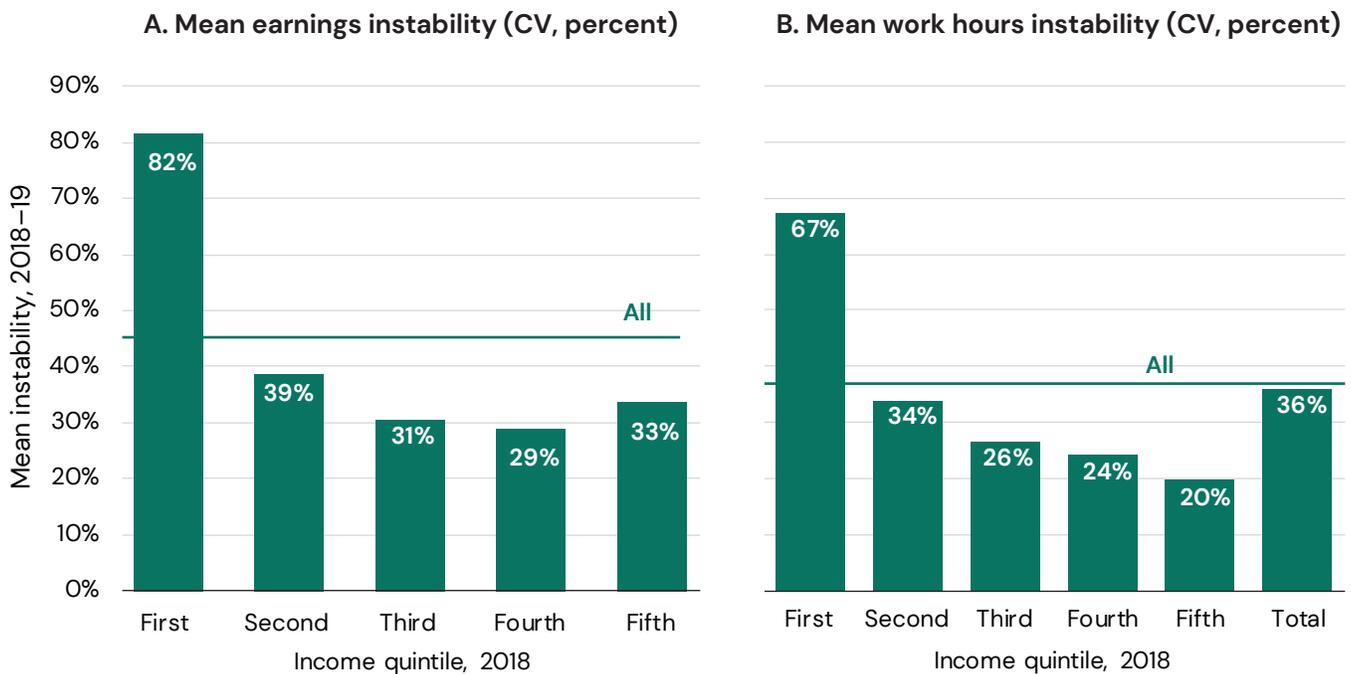
bandwidth to make decisions and choices that are optimal for the overall long-run health and well-being of themselves and their families. Short-run events and exigencies can draw attention away from important decisions, which can have costly ramifications for individual and family well-being in the long run. In this framework, such adults and the families they care for are in a constant triage mode, responding to emergencies of a financial nature that lead to delaying otherwise routine decisions, such as everyday credit card payments, repairs, and health check-ups. Seemingly routine tasks are harder to effectively complete amid daily quasi-emergencies.

4. Strengthening the safety net for low-income ABAWDs

Taking the American safety net as is and as a given, we ask, whom does society fail to protect? There are millions of Americans who are in poor health, are part of a complex family, or work in the low-wage labor market who either cannot access or struggle to gain and maintain

FIGURE 10

Month-to-month earnings and hours instability, by personal income quintile among ABAWDs, 2018–19



Source: U.S. Census Bureau 2018–19; authors’ calculations.

Notes: We constrict the sample to ABAWDs who earned at least \$300 (in January 2024 dollars) and worked at least 40 hours during at least one month of 2018. Income quintile characteristics are also based on data from the base year, 2018. Earnings instability is defined as the CV of earnings, the standard deviation of monthly earnings over the mean of long term earnings (defined as earnings for each month in 2018 and 2019), multiplied by 100. We define “earnings” as the individual’s sum of defined as earnings and profits/losses from all jobs, varying with the number of days in the month. Work hours instability is defined similarly. We define “hours” as the average number of hours worked per week at all jobs held during the reference month multiplied by the number of weeks in the reference month.



access to the safety net. Changing social norms, economic conditions, and demographics renders policies and laws regarding ABAWDs unresponsive to the needs of many individuals, families, and their communities. Given the compendium of evidence on the long-run benefits of access to higher levels of stable income, as well as the more-specific benefits from access to safety net benefits (e.g., Hardy, Hill, and Romich 2019), group-level restrictions on the provision of support have the potential to worsen economic outcomes for children, adults, and families, both now and in the future.

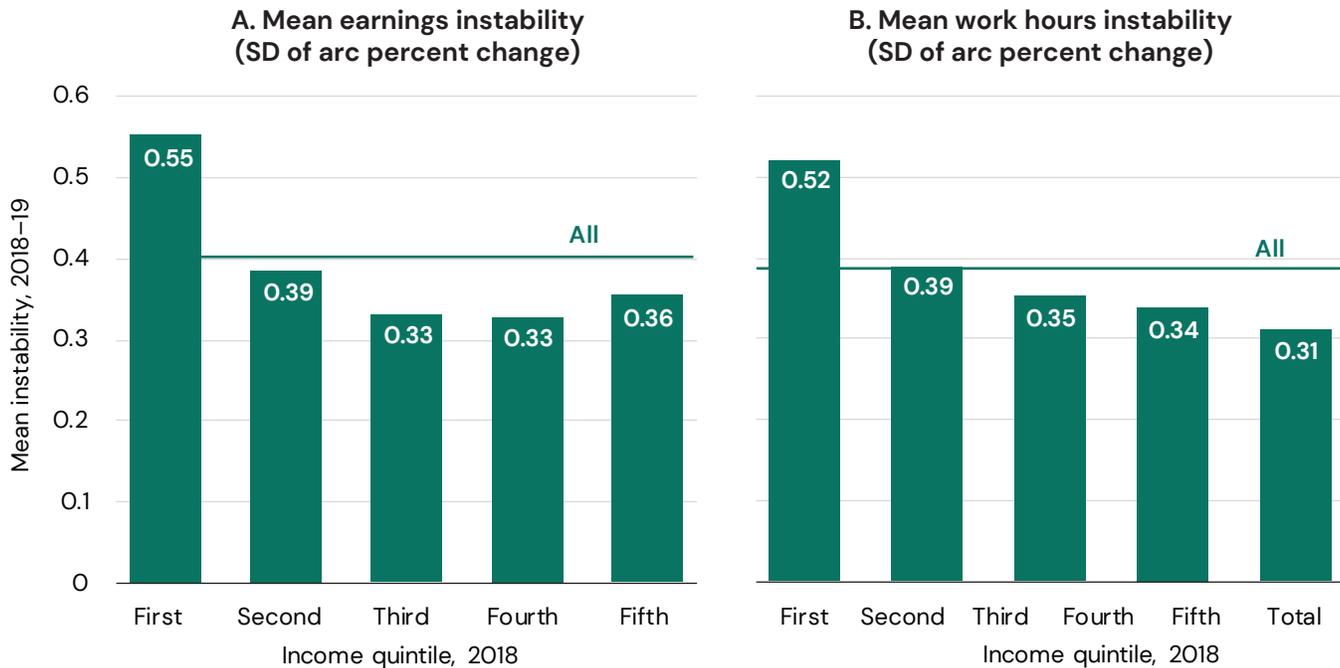
Even as a more sophisticated understanding of the challenging work and life dynamics facing low-income working-age adults has emerged, an outdated understanding of the labor market and stereotypical assumptions about ABAWDs remain pervasively enshrined in law. The mischaracterization of members in this highly diverse group leads to outdated and imprecise policymaking. Though we document that many

ABAWDs share characteristics (e.g., disability status) with those who have access to the safety net, those who do not have any such characteristics but who do have low income also deserve support. Moreover, intervening with a more robust safety net for ABAWDs who are noncustodial parents can be viewed as an effort to disrupt the intergenerational transmission of economic disadvantage.

Spells of economic insecurity among ABAWDs are met with an inadequate response from an income support system ill-positioned to help them during times of need. The uncertainty facing many working individuals and families includes the effects of technological changes and automation, which can reshape the labor market in ways that expose individuals and families—including ABAWDs—to greater risks in the near-term (Holzer 2022). Individual budget pressure from rising housing costs only adds to these strains. Extending greater safety net protections to ABAWDs

FIGURE 11

Month-to-month earnings and hours instability, by personal income quintile among ABAWDs, 2018–19



Source: U.S. Census Bureau 2018–19; authors’ calculations.

Notes: We constrict the sample to ABAWDs who earned at least \$300 (in January 2024 dollars) and worked at least 40 hours during at least one month of 2018. Income quintile characteristics are also based on data from the base year, 2018. Earnings instability is defined as the standard deviation of the arc percent change in earnings. From February 2018 to December 2019 we divide the difference between earnings in a given month and the prior month by the average between the two months. We then find the within-person standard deviation of the arc percent change, and average those standard deviations across quintile groups. We define “earnings” as the individual’s sum of earnings and profits/losses from all jobs, varying with the number of days in the month. Work hours instability is defined similarly. We define “hours” as the average number of hours worked per week at all jobs held during the reference month multiplied by the number of weeks in the reference month.



can help these adults adapt and respond to changing economic conditions and could have positive spillovers for their families, networks, and communities.

4.1. Who is able-bodied?

Many ABAWDs, who by definition do not have a government-determined disability, still struggle with their health. Almost one-third of low-income ABAWDs self-report a disability, and among that group, over three-quarters report that these health problems affect their ability to work (U.S. Census Bureau 2022; not shown). Among SNAP participants who are ABAWDs and labor force nonparticipants, 85 percent report health issues as the reason they are not in the labor force (Bauer 2018). While those who receive disability benefits are categorically excluded from the ABAWD population,

states have the option to use other information, such as a doctor’s note or a determination by an agency-employed eligibility specialist, to exempt those in poor health from various work requirements (Bauer and East 2023). States should use these flexibilities to allow more low-income people in poor health to maintain access to benefits. It is clear that the term “able-bodied” is a misnomer.

Furthermore, health is dynamic (Krahn et al. 2021), and the frequency with which a worker’s health status changes can contribute to employment volatility (Cai 2010; Benítez-Silva and Ni 2007). The disability-related safety net is not set up to support changing or intermittent health conditions, even if those conditions, when present, are just as work-restricting as a permanent government-determined disability. Specifically, to receive SSI or SSDI, an individual needs to report a

disability that will last or has lasted longer than a year (Moss and Kess 2022). For those who work, fewer than half of private sector workers and about a fifth of those in the lowest wage quartile have access to short-term disability (Congressional Research Service 2021b), much less eligibility. Hamilton Project proposals on expanding access to paid leave (Byker and Patel 2021) and earned time off (Stevenson 2024) offer solutions.

Given the centrality of good health to well-being and work life (Hokayem and Ziliak 2014), it is notable that one area of recent progress in the safety net for low-income ABAWDs is health insurance. The Affordable Care Act (ACA) extended Medicaid eligibility to most adults with incomes below 138 percent FPL and provided subsidies to those with incomes between 138 and 400 percent FPL to purchase insurance on the exchange. Since the U.S. Supreme Court made the ACA's Medicaid expansion a state option, 40 states and D.C. have adopted it; as a result, tens of millions more Americans have health insurance (Greenstein 2024). Reviews of the hundreds of studies of Medicaid expansion show positive effects on outcomes like insurance coverage, care utilization, self-reported health, and reduced mortgage delinquency (Guth, Garfield, and Rudowitz 2020; Gallagher, Gopalan, and Grinstein-Weiss 2019). We support continued expansion but not in conjunction with the imposition of Medicaid work requirements. HHS projects that imposing a work requirement for participation in Medicaid would cause 21 million people to lose their health insurance (HHS 2023).

4.2. Considering an ABAWD's family

Dynamic economies and the social and demographic shifts occurring within them require that policymakers remain nimble. This includes how families are defined, units of support, and the parameters that then allow for public supports to intervene. Because our nation's job market, family structure, and demographics have evolved, so too can the ways in which economic well-being, benefit delivery, and the presence of dependent children are determined. A reappraisal is in order.

If the objective of the nation's safety net is primarily to protect the economic security of children, the economic circumstances and involvement of noncustodial and most likely nonresident parents—often fathers (Congressional Research Service 2021a)—affects children, for better or for worse (Nepomnyaschy et al. 2022). While the model of public assistance delivery holds noncustodial parents accountable as contributors to the financial security of the household via child support, there are few transfer benefits available to these parents (Internal Revenue Service [IRS]

2011)—many of whom may look broadly similar on observable characteristics to the custodial parents. Indeed, long-standing assortative mating patterns lead to relationships in which adults are increasingly more likely to have similar educational and labor market profiles (Eika, Mogstad, and Zafar 2019; Schwartz, Wang, and Mare 2021; Ziliak, Hardy, and Bollinger 2011). Custodial parents struggling in the face of economic insecurity likely have partners who face similar struggles. The struggles of noncustodial parents are not walled off from the family unit where the dependent child resides; they can spill over.

Changing family structure means that the term “without dependents” may be inadequate for identifying parents and nonparents in a child-centered approach. Family structure complexity shows that many children rely on a broader network of family members and adults, including noncustodial parents, for economic protection. Conversely, some ABAWDs can help themselves and society by minimizing their dependency on familial and social networks. The challenges derived from the “weakest economic link” within an extended familial or social network can exert financial, emotional, and time pressure on well-intentioned adults and families who attempt to provide support; policies that exclude ABAWDs can inadvertently place more economic pressure on members of their familial and social network who, given well-established sorting patterns in the U.S., are more likely themselves to face varying forms of economic instability. Such complexities have been examined extensively in the context of noncustodial fathers, the economic challenges many of these fathers face, and how these challenges affect their children—including but not limited to the collection of child support payments (e.g. Meyer and Riser 2023; Mincy, Jethwani, and Klempin 2015).

The efficacy of marriage as a causal antipoverty tool is beyond the scope of this essay. Here, we document ongoing demographic shifts and take an approach that largely acknowledges the difficulties that can arise from shifting fertility, marital, and cohabitation patterns (Kearney 2023; Lichter 2001; Lichter, Batson, and Brown 2004), independent of whether or not this should be a policy goal. Even so, it may be that policies that reduce poverty subsequently lead to increased marriage rates, and not the other way around (Bastian 2017; Lichter, Batson, and Brown 2004; Randles 2012). Several studies have worked to understand the role of marriage and the presence of fathers as contributors to intra- and intergenerational economic well-being (e.g., McLanahan and Percheski 2008; McLanahan, Tach, and Schneider 2013). Given the link between economic security and increased marriage rates, direct supports to ABAWDs may have the potential to generate positive

spillovers for these adults, as well as for any children they may have—now or in the future. As noted above, such safety net supports might even have the effect of promoting marriage.

4.3. ABAWDs, the labor market, and labor market policies

For low-income ABAWDs who work, the safety net does not significantly reward their work through the EITC, it limits their access to UI when they lose their jobs, and it imposes work requirements that punitively harm low-income workers. UI eligibility requirements leave many working-age adults out, given that many low-wage workers package their incomes together with multiple part-time employment arrangements, many of which are not covered by traditional UI. While access to UI is a function of employment characteristics that the low-income ABAWD population disproportionately fails to meet, there are specific-to-ABAWD restrictions for the EITC, SNAP, and Medicaid.

One of the largest and most successful antipov-erty programs is the refundable EITC. ABAWDs benefit little from the EITC, however, which is meant to reward work effort among low-income workers. The level of benefits provided is directly connected to both the presence of dependent children as well as the level of earned income. Some of the well-documented benefits of the EITC—including improvements in educational outcomes (Dahl and Lochner 2012), lowered poverty (Shrider and Creamer 2023), and reduced racial inequality (Hardy, Hokayem, and Ziliak 2022)—mask the ways in which the credit provides far less to ABAWDs (e.g., Ben-Shalom, Moffitt, and Scholz 2011; Shaefer, Edin, and Talbert 2015).

The EITC reduces the share of ABAWDs in poverty by 1 percent (Wimer and Curran 2023), while it is estimated that more than 5 million low-income ABAWDs are taxed further into poverty by federal payroll and income taxes (Marr 2023). In 2021, the American Rescue Plan tripled the maximum EITC for this population and saw a tripling of its antipov-erty effects (Wimer and Curran 2023). Furthermore, an experimental demonstration project of the effects of expanding the EITC to this population found that it increased labor market earnings and employment (Miller, Katz, and Isen 2022). Given evidence on the employment effects of the EITC and labor market-driven income instability among this population, expanding access to and the generosity of the EITC for this population merits consideration.

In order for ABAWDs to maintain access to SNAP (as well as to Medicaid in Georgia), they must meet a monthly work requirement. In short, those subject to

a work requirement must prove they are working or participating in an eligible training program for at least 20 hours per week each month to maintain access to the program. (For a detailed consideration of work requirements, see Bauer and East [2023].) There is abundant research evidence that SNAP lowers poverty, reduces food insecurity, and supports work (Hoynes and Schanzenbach 2015). Evidence also suggests that SNAP work requirements do not increase work but do reduce program participation (Gray et al. 2023; Stacy, Scherpf, and Jo 2018; Vericker et al. 2023). While there has not been a formal evaluation in Georgia, which is the only state currently imposing a work requirement for participation in the ACA’s Medicaid expansion, enrollment has been far lower than predicted (Messerly and King 2023).

The hard threshold on compliance with work requirements—80 hours per month for ABAWDs in qualifying activities, with job search not being a qualifying activity—does not account for the instability in work hours documented above and harms workers trying to get back on their feet after job loss. Adding flexibility around what could constitute sufficient work effort and making searching for work an allowable activity are examples of policies that would allow SNAP to serve as a better work support for those in the low-wage labor market.

We also note that work requirements can be a drag on the economy as a whole. Work requirements can impede the recovery from a recession by dampening SNAP’s countercyclical features. When the economy contracts there is an increased demand for the program amid higher levels of job loss. Denying benefits to ABAWDs who lost their jobs or who cannot find work after three months can contribute to these individuals cutting back further on spending, thereby making a recession worse. Reforms that automatically suspend work requirements when economic conditions warrant such action, as Congress has done in the past two recessions, could be codified (Bauer and Schanzenbach 2020; Bauer, Schanzenbach, and Shambaugh 2018; Hoynes and Schanzenbach 2019).

Expectations about work are not the only labor-related policies that are out of date. Those with a criminal record face barriers to entry for both the labor market and safety net access. Even as policymakers from both parties have shown a willingness to reevaluate their understanding of collateral consequences and drug decriminalization, there remain laws and regulations that invite further review. For example, a blanket federal ban for participation in SNAP and TANF for those with a drug felony conviction, including ABAWDs, remains on the books. State flexibility in implementing SNAP and TANF bans can invite sanction by another means, such

as drug testing or other additional conditions that must be met to receive benefits (Love and Sibilla 2023). Evidence shows that these drug bans increase recidivism (Tuttle 2019), while policies that provide access to social insurance for those with a criminal record reduce recidivism by 10 percent (Yang 2017).

Even as policymakers and safety net programmatic guidelines encourage work, occupational licensing requirements may prevent some job seekers from connecting with new employment opportunities. Licensing requirements are intended to promote safety and consumer confidence across a range of marketplaces; nonetheless, it is notable that more than one in four workers requires a state license for their occupation. Here, we focus less on the presence of licensing and more on the specter of certain people being disqualified from holding a license they need to work. The American Bar Association lists more than 27,000 state occupational licensing restrictions, ranging from teaching to construction (Rodriguez and Avery 2016). The National Employment Law Project (NELP) identifies four non-mutually exclusive types of disqualification: felony (12,000 bans), misdemeanor (6,000 bans), permanent disqualifications (19,000 bans), and mandatory disqualifications (11,000 bans; Rodriguez and Avery 2016).

The intersection of economic insecurity amid gaps in social welfare assistance for ABAWDs calls for proactive investments in workforce training and development, in addition to removing bans and barriers that inhibit reentry from incarceration into labor markets and society. The Hamilton Project policy proposals on reducing collateral consequences offer additional ideas on proactive support for this population (Doleac 2016; Hawken and Kleiman 2016; Nunn 2017; Piehl 2016; Western 2008). Barriers to accessing safety net benefits and employment opportunities may particularly contribute to the range of economic hardships that many individuals with criminal records, including ABAWDs, face, such as housing and food insecurity (e.g., Cox and Wallace 2016; Geller and Curtis 2011; Herbert, Morenoff, and Harding 2015).

Many of the factors described above place ABAWDs at risk of exposure to housing instability and homelessness. Nationally representative surveys are based on a residential address or reliable contact information; as such, there are clear challenges in collecting survey data on housing instability and homelessness, given that the individuals and families of interest are, by definition, economically insecure and geographically transient. Still, we can summarize trends that are likely to affect ABAWDs in this domain. Unsheltered homelessness among single adults has been rising; in 2023 almost 260,000 people were homeless and unsheltered, a series high (U.S.

Department of Housing and Urban Development [HUD] 2023). A report finds that 40 percent of unsheltered, and more than half of sheltered, homeless individuals reported earnings from labor market employment in 2010 (Meyer et al. 2021). Seven percent of adults experiencing homelessness are veterans (HUD 2023), and they report high rates of disabilities and barriers to employment (Crampton 2018).

Conclusion

Means-testing is not the sole determinant of access to government safety net programs. Eligibility is determined by several factors, and such program rules have excluded ABAWDs from participating in or materially benefiting from the safety net. Opening the aperture for those who merit the protection of social insurance and increasing investment in the nation's low-income ABAWDs would plug a hole in the nation's safety net that currently leaves many working-age adults exposed to economic insecurity. Furthermore, given the rising complexity of the American family and the precarity of work for many, investments in ABAWDs could have beneficial spillover effects for their families.

As we describe, over the course of their lives, many ABAWDs will face hurdles and interruptions that will negatively affect their health, well-being, and ability to work. Even under relatively stable economic and health conditions, many ABAWDs work with persistently low levels of income that temporarily dip below or above the poverty line. Such benefits may need to be packaged alongside additional education, workforce, and mental health interventions in order to boost outcomes within this diverse subset of the population.

Appendix A. The methodology of this poverty analysis, by Danilo Trisi

We created the poverty series used here by merging data files from the Census Bureau's Current Population Survey (CPS) with historical Supplemental Poverty Measure (SPM) data produced by Columbia University's Center on Poverty and Social Policy.¹ We use the Census Bureau's SPM data when available starting in 2009 and the Columbia SPM data for prior years. This analysis ends in 2017 because changes in the Census's survey methods make 2018 data and later not strictly comparable to earlier data.²

Our poverty series uses 2021 SPM thresholds adjusted back for inflation, which were the latest

available when we started the data work for this report. This means that poverty is defined as having family resources below the SPM poverty thresholds established by BLS for 2021, adjusted in earlier years for inflation using the U.S. Department of Labor's (DOL) consumer price index retroactive series. Thresholds are also adjusted for family size and composition, home ownership status, and local housing costs. In 2021 this threshold was \$31,453 for a two-adult/two-child family renting in an average-cost community.

Using a recent year's SPM threshold and adjusting it back for inflation creates an anchored SPM series (Wimer et al. 2013).³ In making historical comparisons, many analysts prefer the anchored SPM to the standard or relative SPM; the SPM allows thresholds to grow slightly faster than inflation as living standards rise across decades. For this analysis, we used an anchored series to ensure that the trends we find are purely due to changes in families' resources, and not to changes in the poverty thresholds, in accordance with this report's focus on the evolving role of government assistance. As Christopher Wimer and colleagues have observed, an "advantage of an anchored SPM (or any absolute poverty measure, for that matter) is that poverty trends resulting from such a measure can be explained by changes in income and net transfer payments (cash or in kind). Trends in poverty based on a relative measure . . . on the other hand, could be due to over time changes in thresholds. Thus, an anchored SPM arguably provides a cleaner measure of how changes in income and net transfer payments have affected poverty historically" (Wimer et al. 2013, 2). The Census Bureau's official poverty measure also uses thresholds that are adjusted each year only for inflation.⁴

Census counts of participants in various social programs typically fall well short of the totals shown in actual administrative records. Such underreporting is common in household surveys and can affect estimates of poverty. The extent of underreporting can vary by program and by year. We correct for the underreporting of income from three government assistance programs: Aid to Families with Dependent Children (AFDC)/Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (SNAP). The corrections come from the Transfer Income Model (TRIM) policy micro-simulation model developed by the Urban Institute with primary funding from the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE).

TRIM starts with Census survey data but adjusts those data to more closely match actual numbers and

characteristics of benefit recipients shown in program records. We make these corrections starting in 1993, when these data became available. While these adjustments are not available for 1970 and 1979, they would have made less of a difference at that time because government antipoverty efforts were smaller. Further evidence that such adjustments, if possible, would have less impact on the data for 1970 and 1979 comes from the fact that the underreporting of program receipt in the Census data was significantly smaller in earlier decades and has increased markedly over the period for which TRIM adjustments are available, particularly for SNAP. In 1993 the CPS captured about two-thirds of SNAP benefits, and in 2017 it captured only about half.

Our calculations of the effect of government assistance and taxes include Social Security, unemployment insurance (UI), workers' compensation insurance, veterans' benefits, TANF, state general assistance (GI), SSI, SNAP, the National School Lunch Program (NSLP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), rental assistance such as Section 8 and public housing, home energy assistance, the Earned Income Tax Credit (EITC), and the Child Tax Credit (CTC). Benefit figures for 2008–10 also reflect several temporary federal benefits enacted in response to the Great Recession: a 2008 stimulus payment, a 2009 economic recovery payment, and the 2009–10 Making Work Pay tax credit. Taxes, which are subtracted from family resources, are family members' federal and state income and payroll taxes.

We define non-elderly childless adults as individuals aged 18 to 64 with no children in their SPM family unit. Note that, based on this definition, non-elderly childless adults could still live in a household that includes children who are not members of their family, or they could be supporting their own children who live in a different household. To limit the overall population of non-elderly childless adults to those who are not receiving disability income, we further restrict it to individuals with no personal income from Social Security or SSI. We exclude all Social Security participants, and not just SSDI participants, because the CPS did not ask for the reason for receiving Social Security in the early years of our analysis.⁵

This report uses the term "Latino" to refer to people of any race who identify as Hispanic or Latino in Census surveys. The racial and ethnic categories used in this report are mutually exclusive. Individuals can be classified as white only, not Latino; Black only, not Latino; Latino (any race); Asian only, not Latino; or another race or multiracial, not Latino.

Endnotes

1. We access the Current Population Survey (CPS) data via IPUMS-CPS, University of Minnesota, www.ipums.org. The historical SPM data come from the Center on Poverty and Social Policy at Columbia University, <https://www.povertycenter.columbia.edu/historical-spm-data-reg>.
2. In 2018, Census released data based on an updated processing system. To facilitate comparisons across time, Census released two versions of 2017 data. One version is comparable to 2018, and the other version is comparable to earlier years. In this report we use 2017 data, using the previous methods, since we make comparisons to earlier years. The 2017 poverty rate, using thresholds anchored to 2021, was 14.2 percent when using the new methods and 15.2 percent when using the previous methods. Government assistance and taxes reduced poverty by 44% when using new methods and 41 percent when using the previous methods in 2017, before any adjustments for underreporting. For details on the changes in the Census survey, see Fox (2019).
3. For an analysis using SPM thresholds anchored to 2021, see Trisi (2023b).
4. Researchers who favor the relative SPM note that it aligns more closely with the recommendations of the 1995 National Academy of Sciences panel whose work led to the development of the SPM. The panel found that, over time, the view of the poverty line (i.e., the minimum amount of income needed to meet basic needs) that poverty experts and the public hold has tended to rise slightly faster than inflation, although it has risen more slowly than typical, or median, income levels, and that this evolution is best captured by changes in the amounts that typical families spend on food, clothing, shelter, and utilities. The panel recommended updating the poverty threshold annually based on changes in basic needs spending, as the relative SPM does.
5. This is the same definition used by Hingtgen, Saenz, and Zippel (2021).

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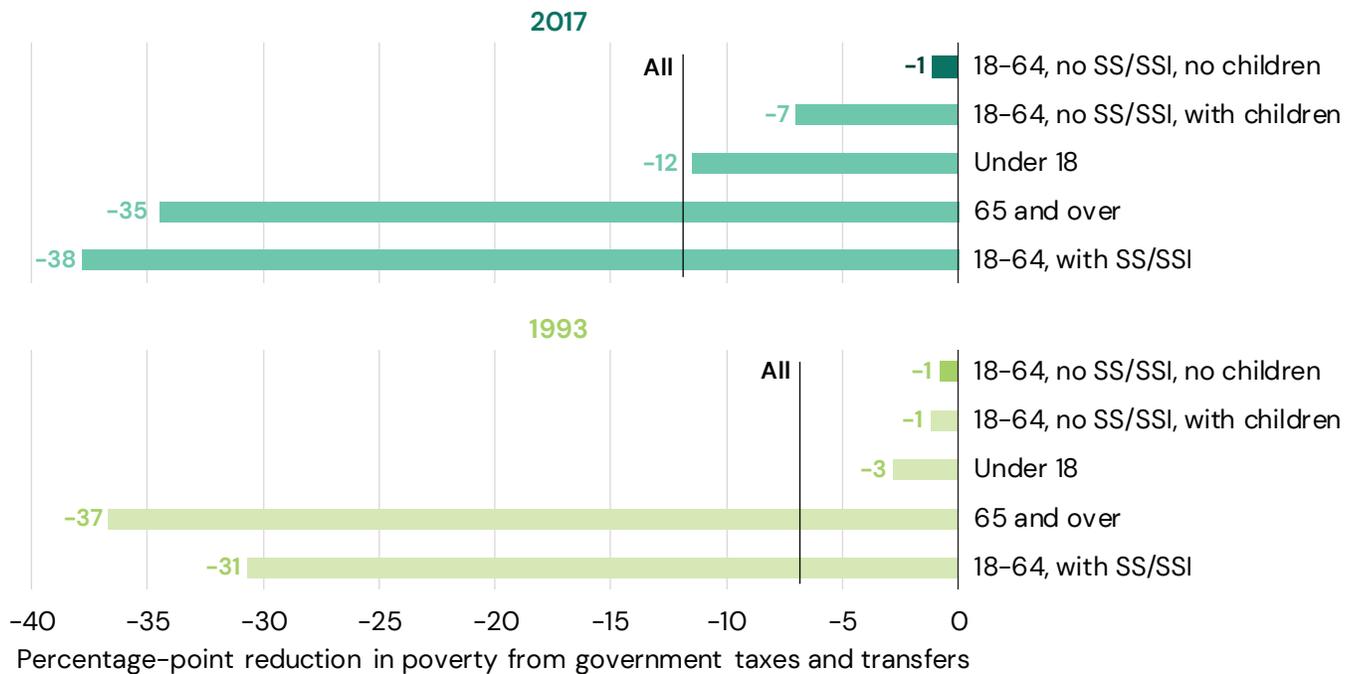
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This paper directs attention toward a population notably ill-served by the safety net: low-income working-age adults without dependents or government-determined disabilities (able-bodied adults without dependents or ABAWDs). Overall, 8.2 percent of the population are ABAWDs with incomes below 200 percent of the federal poverty line. The authors find that the term “ABAWD” is misleading: a plurality of low-income ABAWDs report work-limiting disabilities, almost 40 percent are parents, and 5 percent are noncustodial parents to a child under 21. The authors also provide evidence that a safety net that predicates its inaccessibility to ABAWDs on the grounds of self-sufficiency through work does not recognize the state of the low-wage labor market and the precarious position of many of its workers. Given the compendium of evidence on the long-run benefits of access to higher levels of income, as well as the more-specific benefits from access to safety net benefits, ABAWD-designated restrictions on the provision of support have the potential to worsen economic outcomes for children, adults, and families. The authors offer policy recommendations to enhance the economic security of ABAWDs and their families.

Percentage-point reduction in poverty from government taxes and transfers, 1993 and 2017



Source: Trisi 2023a.

Note: See methodology in appendix A for further information.



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