

*Report #1*

Alameda County  
CalWORKs Needs Assessment

---

**A Look at Potential Health-Related  
Barriers to Self-Sufficiency**

Richard Speigman  
Lynn Fujiwara  
Jean Norris  
Rex S. Green

*Submitted to:*  
Social Services Agency and  
Department of Behavioral Health Care Services  
County of Alameda

August 30, 1999

**Public Health Institute**  
Berkeley, California

Funding for the Alameda County CalWORKs Needs Assessment was provided by the Center for Substance Abuse Treatment through a contract to the University of California, San Francisco; by the State of California, Health and Welfare Agency, Department of Alcohol and Drug Programs; and by the County of Alameda Social Services Agency and Department of Behavioral Health Care Services, Health Services Agency. The views expressed herein are those of the authors and do not necessarily represent the opinions of any of the funders.

For more information about the project or the Alameda County CalWORKs program contact Luann DeWitt, Public Information Officer at the Social Services Agency, (510) 268-2103; Maxine Heiliger ([heiliger@bhcs.mail.co.alameda.ca.us](mailto:heiliger@bhcs.mail.co.alameda.ca.us)) at the Department of Behavioral Health Care Services, (510) 567-8102; or Richard Speiglmán ([richards@phi.org](mailto:richards@phi.org)) at the Public Health Institute, (510) 649-1987.

# CONTENTS

Acknowledgments.....	iii
Executive Summary .....	v
1. INTRODUCTION .....	1
2. STUDY DESIGN AND IMPLEMENTATION .....	4
3. DESCRIPTION OF THE SAMPLE.....	10
Gender, Age, Race/Ethnicity and Language Grouping Variable .....	10
Residence and Citizenship Status.....	15
Household and Family.....	18
Education, English Language Proficiency, and Work.....	22
Welfare History .....	26
CalWORKs Participation .....	29
4. POTENTIAL HEALTH-RELATED BARRIERS TO SUCCESSFUL DEPARTURE FROM WELFARE .....	31
Alcohol and Other Drugs .....	32
Mental Health.....	34
Physical Health and Health Limitations .....	35
Family Violence .....	37
Learning Disabilities .....	38
Count of Barriers.....	39
Child and Teenage Abuse.....	40
Conclusions .....	41
Study Limitations .....	42
Policy Issues .....	43
5. PLANS FOR FUTURE ACTIVITY.....	45
APPENDICES .....	47
Study Design.....	A-1
Selection of Study Participants .....	B-1
Comparison of Sample to Alameda County CalWORKs Population and Sample Frame.....	C-1
Measurement Scales Incorporated in the Questionnaire.....	D-1



## ACKNOWLEDGMENTS

We first acknowledge the contribution of the 512 study participants who made time for the Needs Assessment interview and contributed their personal biographies.

Beyond that, acknowledging the substantive contributors to this project is a daunting task. The study developed over almost three years of conversations, design work, and fund-raising. In the course of this process, many debts were acquired. The project first took form during discussions with several dozen individuals, including a group of over 100 persons who, at our invitation, spent a day at the offices of the Women's Economic Agenda Project (WEAP) talking about how the impact of welfare reform might be monitored. We would like to acknowledge WEAP's leadership and its gracious staff, all the individuals who participated, and the many others who contributed to our thinking and to the project's development.

Once funding became available the project moved forward only because of interest and commitment demonstrated by our advisory committee of personnel from community-based, city, county, and regional agencies such as Alameda County Transit, Community Food Bank, Eden I & R, Emergency Services Network, HIV Education and Prevention Project, Jobs Consortium, City of Oakland Planning Department, and County of Alameda Social Services Agency (SSA), Department of Behavioral Health Care Services (BHCS), and Department of Housing and Community Development. Members of this volunteer group explained welfare facts of life to us, brainstormed strategies for conducting the interviews, and helped shape the research questions and questionnaire content.

We express our sincere thanks to Elaine Bush, Gloria Merk, Victor Rea, Marcia Yamamoto, and Therese Ploof of the Department of Alcohol and Drug Programs; Randolph Muck at the Center for Substance Abuse Treatment; Rodger Lum, Jill L'Esperance, Don Thoni, and Teri Donnelly at SSA; and Marye Thomas, Barbara Majak, Stan Taubman, and Esther Corral at BHCS for their support of the project. We are particularly indebted to Rick Edwards (SSA) and Maxine Heiliger (BHCS) for their interest in the project, handling of our endless stream of questions, and editorial suggestions from reviews of earlier drafts of this report. Rick's colleagues at the SSA Program, Evaluation, and Research Unit were particularly helpful in their work extracting files, updating address and phone records, and other areas.

Large intellectual debts are owed to the authors of the measurement scales and data collection instruments that served as constituents for the baseline questionnaire. Special thanks are due to our colleagues at the SSI Study Group for collaborative work on the SSI project questionnaire, which served as our starting point for this study. For their suggestions and substantive and methodological leads we are also indebted to Curtis Child, Sherry Novick, and Assemblywoman Dion Aroner of the Assembly Committee on Human Services, to Werner Schink and his colleagues at the California Department of Social Services, to Henry Brady and colleagues at the UC DATA program and Jill Duerr Berrick and Barbara Needel at the Center for Social Services Research, University of California, Berkeley; to Rikki Baum of the University of California, Welfare Policy Research Project; and to Laura Schmidt, Dorie Klein, and Elaine Zahnd at the Public Health Institute.

We express our thanks also to Crystal Hayling, then at the Evelyn and Walter Haas, Jr. Fund and Alvertha Penney at the William and Flora Hewlett Foundation, and their respective organizations, for the financial support that first underwrote our efforts to monitor the impact of welfare reform, and to Crystal Hayling, Ethel Long Scott and Renee Pecot of WEAP, and James Thomas and Geoff Merideth of the Emergency Services Network (ESN), who, as members of our first advisory committee, provided crucial early direction to our efforts. It was Geoff Merideth, then at ESN, who first commented that someone had to monitor the impact of welfare reform; Ed Barnes of the East Bay Community Law Center, who first outlined the parameters of local welfare programs; and Ralph Silber of the Alameda Health Consortium, who early on helped us understand key issues connecting the health, health insurance, and welfare systems.

Martha Wilson, Ed Lewis, and their staff at the Wilson Associates fieldwork agency helped us define and refine the data collection protocol, pre-tested the instrument, and beat the pavement for the six months required to recruit the baseline sample. We value their work immensely.

We also want to express our thanks to Keith Nussbaumer, Kathy Waterman, and Shirley Lyons, our Public Health Institute colleagues who worked long and hard on data entry, programming, database creation and recruitment letter generation, office management, and budgetary, contractual, and other tasks; Seth Kaplan, who organized the advisory board; and Kirsten Piroth and Constance Milbrath, who collaborated on questionnaire development. Without this help the project would not have functioned.

This project, committed to bringing forth findings as quickly as possible for the consideration of policy makers and program managers, required the investment of more overtime hours than the authors care to remember. We are especially appreciative of our families, who bore with us during this first year.

## **EXECUTIVE SUMMARY**

### Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) of August 1996, ended welfare as a federal entitlement for needy families with dependent children. The federal law replaced the 60-year-old entitlement system, Aid to Families with Dependent Children, and created state-level Temporary Assistance to Needy Families (TANF) block grants. Federal guidelines for state-devised TANF programs mandated that a state's TANF plan require that at least 80 percent of parents and caretakers receiving assistance under the program engage in work or state-defined work-related programs within 18 to 24 months. To ensure that individual work requirements are adhered to, states must also meet yearly increasing minimum participation rates in order to be eligible for full federal funds for the following fiscal year. Furthermore, the new welfare law prohibited states from using federal TANF funds to provide assistance to parents and caretakers for more than 60 months.

In 1998 California counties transitioned welfare recipients from the AFDC and GAIN programs to the California State TANF plan, the California Work Opportunities and Responsibilities to Kids (CalWORKs) program (AB1452). California and Alameda County, like jurisdictions nationally, have developed -- and continue to refine -- local welfare-to-work plans. While each county throughout the state has had some leeway in the design and implementation of the local CalWORKs plan, all have an 18- or 24-month work activity requirement and time limits on cash payments and other support services. However, county officials express concern that, as welfare recipients attempt to transition to the workforce, health-related problems -- for example, alcohol or drug abuse, mental or physical health problems, learning disabilities, or histories of family violence -- are likely to emerge as barriers to self-sufficiency.

### Project Purpose

- To compile a full and inclusive examination of potential barriers to work among a cross-section of the CalWORKs population, with particular emphasis on health-related barriers.

- To highlight critical service and treatment elements that should be included within CalWORKs training and work-readiness programs to promote the successful transition of program participants from welfare to work.
- To assist Alameda County in planning for the service needs of its welfare clients.

### Project Implementation

- Funding obtained from Alameda County, the California Department of Alcohol and Drug Programs, and the federal Center for Substance Abuse Treatment.
- Randomly selected 741 one- or two-parent families from all cases receiving TANF in October 1998 who spoke English, Spanish, or Vietnamese.
- Interviewed 512 adult CalWORKs recipients between November 1998 and May 1999.
- Submitted the first in a series of reports on August 30, 1999, covering Needs Assessment findings on demographics, citizenship, residence, household composition, education, language proficiency, work history, welfare history and expected participation in CalWORKs, and potential health-related barriers to obtaining and maintaining employment.

### Findings

- 67.2% of the study participants plan to participate in CalWORKs, while 29.1% plan to collect benefits only for their children.
- The most common reason for applying for AFDC or TANF was expecting to have or having a newborn baby (49%).
- Only 57.4% of the sample graduated from high school or received a GED.
- 30.9% of the study participants have not worked 26 or more hours a week for at least 2 consecutive weeks within the last four years.



- One-third of the sample was assessed as having no potential health-related barrier, one-third with one potential health-related barrier, and the last third with two or more potential health barriers to obtaining work.
- Regarding specific barriers, two-to three-fifths of the sample may have physical health problems or health limitations, one-fifth may have serious mental health problems, one-tenth to one-fifth may have alcohol or drug use problems, one-sixth to one-quarter may have problems with family violence, and one-fifteenth may have learning problems.
- Vietnamese aid recipients were older (mean age of 39), immigrated to the United States as adults (at mean age of 26), have low education levels (36% graduated from high school or received a GED), have less work experience (28% have never worked), and often lack English language skills.
- Spanish-speaking CalWORKs participants report the largest rates of current and past employment.

The findings on potential health barriers to obtaining work are based on self-reports of statuses and do not represent diagnoses of disease. Evidence of a potential barrier to obtaining work does not necessarily indicate that a permanent disability exists which will make it impossible for particular study participants to obtain employment. Nor do we suggest that all individuals assessed with potential barriers should qualify for Supplemental Security Income. Many of the potential barriers may be overcome with appropriate referrals to services and treatment. However, the presence of multiple barriers points to the possible need for specialized assessments, sensitive and responsive support for overcoming the barriers, and thoroughgoing utilization of available services.

### Conclusions

- The number of study participants with significant limitations on their ability to work appears to exceed the federally-imposed 20% limit on those exempted from work activities, indicating that specialized services may be needed in greater amounts than anticipated to minimize unsuccessful departures from CalWORKs.

- The combinations of limitations for many of the study participants point to the likely need for intensive or long-term supports or both to promote successful transitions to work.
- There is special concern for Vietnamese-speaking grantees who need to fulfill mandatory work requirements. Given this group's refugee experience, and need for intensive English language instruction and job skills training, the County will need to direct considerable attention to culturally- and language-appropriate programs for its Vietnamese clients and perhaps also for other similarly situated groups.

### Future Plans

This report focuses on potential health-related barriers to obtaining and maintaining employment, presenting data on self-reported potential health-related obstacles to work activity. Using data from this baseline study, three additional reports, planned for the period through March 31, 2000, will examine other characteristics of the CalWORKs study sample and assess the significance of health-related barriers to welfare departure in that broader context.

In addition, the Public Health Institute will conduct follow-up interviews with study participants to examine in more depth and over time the relationship among demographic characteristics, health-related barriers, and other obstacles to work. This outcome study is expected to determine how well clients can fulfill their mandatory work requirements while confronting problems with transportation, childcare, and language, in addition to health barriers. It is hoped that the results will be of import to communities, the County, the State, and welfare recipients themselves.

## **SECTION 1. INTRODUCTION**

The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193) of August 1996, ended welfare as a federal entitlement for families with dependent children and authorized instead state-level Temporary Assistance to Needy Families programs (TANF; CalWORKs in California). In 1998 California counties transitioned welfare recipients from Aid to Families with Dependent Children (AFDC) to the new California Work Opportunities and Responsibilities to Kids (CalWORKs) program. California and Alameda County, like jurisdictions nationally, have developed -- and continue to refine -- local welfare-to-work plans. While each county throughout the state has had some leeway in the design and implementation of the local CalWORKs plan, all have an 18- or 24-month work activity requirement and time limit for cash payments and other support services. However, as welfare recipients attempt to transition to the workforce, health-related problems are likely to emerge as barriers to self-sufficiency. State and county governments established TANF programs and procedures, proceeding on little scientific basis of the problems experienced by welfare recipients, and their potential barriers to successful departure from welfare.

From this perspective, Alameda County, the California Department of Alcohol and Drug Programs, and the Center for Substance Abuse Treatment provided funding to the Public Health Institute to support the Alameda County CalWORKs Needs Assessment. The first of four planned reports on findings from the baseline interviews, this document focuses on demographic and other descriptive characteristics of the study sample, and on findings concerning potential health-related barriers to work activity and areas of needed services and treatment for CalWORKs recipients. In order to assess the needs of CalWORKs recipients, and to identify the nature and extent of personal, community, and programmatic barriers to fulfilling mandatory work participation requirements, this analysis focuses on health, mental health, substance abuse, learning disabilities, and family violence problems. Subsequent reports will examine other characteristics of the CalWORKs study sample -- including childcare and transportation needs -- and assess the significance of health-related barriers to welfare departure in that broader context.

This study identifies and quantifies these potential health-related barriers to obtaining and maintaining employment to assist Alameda County in planning for the service needs of its

CalWORKs clients. The project and analysis are designed to help officials recognize service and treatment elements potentially critical for CalWORKs training and work-readiness programs to promote successful transitions from welfare to work by former AFDC recipients and new TANF enrollees.

Interviews were conducted with 512 adult recipients of aid, a randomly selected cross-section of adult CalWORKs clients receiving cash assistance on October 4, 1998. Included in the sample frame were parent and caregiver members of one- or two-parent families, with the respondent speaking English, Spanish, or Vietnamese. Interviews took place between November 1998 and May 1999. (For more detail see Section 2 as well as Appendix A.) Although Alameda County data indicate as many as 20 different languages spoken by CalWORKs recipients, English, Vietnamese, and Spanish are the three most common, accounting for over 90 percent of the cases. Accordingly, given the limited resources for translation costs, this study focuses on these three language groups.

In this report, data analyses examine demographic, citizenship, education, work experience, and household patterns of the three language groups as well as the prevalence of potential health-related barriers to departure from welfare for work. These findings may prove particularly valuable for the County. Under federal provisions it can grant exemptions from work requirements to only 20 percent of its TANF participants.

**Orientation to the Interim Report.** This report is organized into an introduction (Section 1) and five additional sections. Section 2 outlines the process of the Needs Assessment survey and data collection. Section 3 describes the sample in some detail, reviewing study participants' demographic characteristics, and information on language, citizenship and residence, education and work experience, household size and composition and number of children, welfare history, and intention to participate in CalWORKs. Topical sub-sections are concluded with summary points. Section 4 presents findings of health-related characteristics of study participants that may serve as potential barriers to successful departure from welfare. Measures were created to estimate the proportion of respondents abusing alcohol or other drugs, experiencing mental health symptoms, bothered by a recent history of family violence, experiencing physical health

problems or functional limitations, and slowed by learning disabilities. Section 5 summarizes plans for future analyses, presentations, and publications..

## **SECTION 2. STUDY DESIGN AND IMPLEMENTATION**

**Selecting the Sample Frame.** The CalWORKs Study was designed to assess the needs, and follow the careers, of a cross-section of Alameda County CalWORKs grantees. In light of the primacy of employment for the program, the study population of interest was defined as adult, working-age, cash assistance beneficiaries who were likely to be required to enroll in the welfare-to-work program element. Selection criteria included currently open cases with one or two parents or caregivers presumed able to perform work and caring for one or more minor children. Eligible cases were those with English, Spanish, or Vietnamese listed as the beneficiary's preferred language. Appendix B provides more detail on sample selection.

On October 4, 1998, according to the Social Services Agency, 25,942 households were receiving benefits under the CalWORKs program. A computer selection determined that a total of 16,687 cases met the conditions outlined above. Of these, 281 cases were subsequently excluded for reasons of age: primary caretakers were younger than 18 or older than 59. This left 16,406 cases in the population of interest from which to select a sampling frame. Using random selection across all 16,406 cases, SPSS software routines were run to select 750 cases as the sampling frame. The projected participation rate was 70 percent, thus fixing the target sample size at 525. Conducting 525 interviews was needed to keep standard errors of estimates for parameters small and to tap the expected diversity of family situations and languages spoken. Upon examining the mailing addresses of the 750 beneficiaries, it was discovered that four had addresses outside Alameda County. Rather than explore the reasons for cases having addresses outside Alameda County, we decided to discard these cases from the sample frame. In addition, another five cases were discovered to have more than two adult caretakers active on the case. Since the purpose of the study was to monitor only one adult over time, it was decided to exclude cases from the study with more than two adults, given the complexity of determining whom to track.

**Study Protocols.** The questionnaire for the needs assessment phase of the study was developed jointly with assistance from an advisory group consisting of staff from the Alameda County Social Services Agency (SSA) and Department of Behavioral Health Care Services (BHCS) and representatives from other city, County, and non-profit service and other organizations. Three language versions of the questionnaire were developed, one in Spanish and one in Vietnamese, in

addition to the original English-language version. The areas of coverage included work, education, and household resources; personal status in key barrier and risk areas, such as alcohol, tobacco, and other drug use, mental health, family violence, CPS involvement, and physical health; need for services; and reports of services received. The baseline questionnaire was 155 pages in length and contained 382 numbered questions, some with multiple parts. Many of the question sets were selected because of their prior use as scales. The scales selected for the questionnaire are summarized in Appendix D, where examples of questions from each scale are listed for reference to the questionnaire. Many of the remaining questions will be grouped and scored as scales using analyses of shared variance.

Prior to conducting the interviews, draft versions of the questionnaire were administered both during the training of the interviewers and to a few persons living in circumstances similar to persons receiving CalWORKs benefits. Several rounds of corrections and improvements were pursued during the test phase to sharpen the focus of the survey. In addition, guides on how to code responses to the questions and how to handle prompting for more answers or clearer answers were compiled, published, and circulated to interviewers. These directions also serve to focus the analysis of data interpretation and to clarify the results.

Baseline, face-to-face interviews lasted about 12 hours. Study participants were provided \$40 incentives following the interview.

**Recruitment of Participants.** Respondents were recruited into the study by mail, by telephone, and in person. They were interviewed at their preferred locations, including their homes.

It was decided that recruitment of the three language groups would be initiated in series: first English, then Spanish, and finally Vietnamese. This would allow the field team to stabilize recruitment and interview procedures one language at a time. Further, translation expenses would be minimized if coding, skip pattern, or other errors could be discovered and resolved in the English-language questionnaire first, before translations were developed.

The first 200 of the English-language cases in the sampling frame were mailed letters on November 5 and 7, 1998, with the remaining 462 English-language cases mailed letters between December 19 and 21, 1998. However, 13 beneficiaries in the first mailing had letters returned,

due to having used as their mailing address a Social Services Agency PO box address that did not accept mail from outside the Agency. It was decided that the 13 letters, along with another 25 letters waiting to be sent to a total of 38 beneficiaries with such addresses, would be reissued for attachment to the next warrant check awaiting pickup at the PO box. At the end of December we learned that 16 beneficiaries did not pick up their letters or warrants. The interviewing team requested more up-to-date addresses or phone numbers for members of this group and made other efforts to recruit them into the study through telephone and field locating.

The Spanish-language version of the questionnaire was developed in January, and letters to all 20 Spanish-language cases were mailed on February 9, 1999. The English and Spanish, and later the Vietnamese, letters announced that the Public Health Institute was conducting the study and requested that the addressee phone a toll-free number to schedule a meeting for learning more about the study, completing the consent form if interested, and being interviewed. Non-responders to the English-language letter were sent two follow-up letters. Non-responders to the Spanish-language letter were sent one follow-up letter, while non-responders to the Vietnamese-language letter were not sent a follow-up letter. Our interviewing team learned over time that personal contact rather than mailings was a more effective recruitment approach, particularly with the non-English-speaking sub-samples.

Although initiation of recruitment for the Vietnamese sub-sample was planned to begin later than the other two languages, recruitment of this sub-sample was delayed longer than expected. As explained below, English- and Spanish-language sample recruitment proceeded much more slowly than hoped, thereby requiring more staff time and financial resources than anticipated. Hence, project staff had to secure additional funds to keep interview staff in the field long enough to recruit the Vietnamese-language cases. Thus, it was not until March 22, 1999, that letters were mailed to all 59 Vietnamese-language cases and May 7 that recruitment and interviewing were completed.

A protocol for recruiting and interviewing study participants was developed and tested. Participants were recruited by letter, telephone, and field locating techniques. As time passed, several steps were taken to increase recruitment rates, which lagged behind projections. Since few potential study participants responded to the recruitment letters, and many potential study



participants lacked phone numbers, and often numbers obtained initially from SSA were incorrect, more up-to-date telephone numbers and addresses were requested from the County and forwarded to the interviewing team. Originally, the field team scheduled interviews at one of two central locations, one in Central and one in South County. Since too many beneficiaries declined to participate when asked to be interviewed at a central location, or failed to keep appointments, the emphasis shifted to visiting them, and conducting interviews on the spot. Facing a general lack of adequate telephone information, efforts to locate beneficiaries were also altered to rely more on work in the field. In the 57 two-adult cases, when the individual randomly selected for interview was not available, interviewers were instructed to recruit the other adult if s/he was available. Eleven such back-up adults were recruited to the study.

Other difficulties were encountered with recruiting respondents, especially non-English-speaking beneficiaries. Many were sensitized by recent changes in laws affecting immigrants' status and access to services. Interviewers had to gain and establish trust with potential respondents, given suspicions about the purpose of the study. To increase participation among one minority community, an interviewer stressed the official nature of the study, was self-deprecating but solid in his recruitment efforts, and stopped making attempts to arrange interviews with phone calls, beginning simply to drop by to establish trust first. To increase participation by reluctant beneficiaries, the interviewer might emphasize that this was a way for them to let the County know more about how they are doing and feeling and that providing this information would help their ethnic community.

English language recruitment stopped on May 1, 1999, 25 weeks after the first interview on November 9, 1998. Spanish language recruitment stopped on April 26, 1999, nine weeks after the first Spanish interview on February 25, 1999. The final Vietnamese language interview was conducted on May 7, 1999, six weeks after the first on March 24, 1999. In retrospect, the first several weeks of English language recruitment was wasted time, while staff learned that reliance on phone recruitment and central site interviewing proved unproductive.

A total of 229 persons in the sampling frame did not complete an interview. The following table summarizes the reasons tallied by the interviewing team for interview non-completion.

**Table 2-1. Non-Participating Members of Sampling Frame**

<u>Reason</u>	<u>Number</u>	<u>Percent of Never Interviewed</u>	<u>Percent of Sample Frame</u>
Not eligible for study	27	11.8	3.6
Unable to be interviewed for health or mental health reasons	8	3.5	1.1
Refused to participate	84	36.7	11.3
Pursued but never interviewed	<u>110</u>	<u>48.0</u>	<u>14.8</u>
Total never interviewed	229	100.0	30.9

As indicated in the table, 27 individuals (3.6% of the sample frame) were not eligible to participate in the study, for one or more reasons, such as being too old or too young, not in the CalWORKs program as of October 1998, no longer residing in Alameda County, or not conversant in English, Spanish, or Vietnamese. Eight persons were physically or mentally unable to be interviewed or were prohibited from being interviewed while participating in an intensive health treatment program. Just over 11 percent of the sampling frame refused to participate in the study, some after being asked several times. The largest number, 110, or nearly half of those never interviewed, were still being tracked and scheduled for interviews when time ran out. However, some of them had failed to appear for one or more scheduled interviews.

Despite the slow pace of recruiting participants in the study, the initial goal of 70 percent was almost met, with 512 persons being interviewed, or 69.1 percent of the 741-person sampling frame. Withdrawing the 27 ineligible persons from the denominator before computing the response rate results in a 71.7 percent participation rate.

A table summarizing the representativeness of the sample frame and the recruited sample of study participants appears as Appendix C. Given the random selection of the sample frame from the population, there were very few noticeable differences between the population of eligible beneficiaries and the 741 persons selected for the sample frame. Two minor differences emerged between the sample frame and the population. The sample frame contained fewer beneficiaries

with a family budget unit (FBU) code other than zero. Codes higher than zero indicate significant changes in family composition occurred since the aid was approved, as indicated by incrementing the FBU code, or the presence of another type of active welfare case related to the CalWORKs case, which requires a minimum FBU of 1. Also, there were somewhat fewer Blacks in the sample frame than in the population. Each of these potential biases was diminished in the sample recruitment process. One additional bias emerged in the recruitment of study participants, relative to the population of eligible beneficiaries. Fewer study participants had transferred from other counties or between aid categories than among the eligible cases. Overall, the representativeness of the sample was excellent, relative to the population of eligible study participants.

**Data Analysis and Supplemental Data.** A formal model relating the areas of coverage, depicted in Appendix A, guides the analyses of the data. In later reports, as outcome data become available, path models and other linear regression models will be employed to address our key questions. Path coefficients will reveal which variables and areas are most influential in leading to the accomplishment of CalWORKs program goals, at the level of individual clients.

Administrative data from SSA are being used to add information about the clients and cases to the study data file and thereby to corroborate key pieces of self-report data, particularly to ensure that the adult targeted for interview was indeed the person interviewed. County client case numbers are linked to respondent IDs so that proper matching of data sets occurs. One type of administrative data reveals details about the status of each client in the program who was interviewed. The other type of administrative data will provide summaries of services received and program participant status at different points in time. Both types of data will be included in the regression model analyses.

### SECTION 3. DESCRIPTION OF THE SAMPLE

**Introduction.** This section summarizes demographic and descriptive information about the sample of CalWORKs recipients, with particular emphasis on factors likely to be related to work-readiness and successful employment. The sample characteristics briefly described in this section include ethnicity, language usage in relationship to ethnicity or culture, gender, age, length of residence, place of birth, citizenship, household composition, marital status, family size, education, English language proficiency, work history, welfare history, and intentions regarding participation in CalWORKs.

Although the primary purpose of this first report is to identify potential health-related barriers to work and self-sufficiency, a number of the factors addressed in this section may constitute barriers to work, particularly for some subgroups. In subsequent reports, we will elaborate on other barriers to successful departure from CalWORKs, adding, in particular, information on respondents' time commitments, and needs of dependents for care, whether children or adults. We also will explore the relationships between different types of barriers to departure from welfare.

#### Gender, Age, Race/Ethnicity and Language Grouping Variable

The Alameda County CalWORKs Needs Assessment sample was selected to include three language groups, English, Spanish and Vietnamese, based on codes from the SSA Case Data System (CDS) for preferred language. These three languages accounted for 94 percent of the CalWORKs population eligible for the study. The sample distribution by the CDS language variable, shown in Table 3-1, indicates that only 9.8 percent of the sample (50 people) prefer a language other than English.

**Table 3-1. Sample Distribution by CDS Language Variable**

<b>CDS language variable</b>	<b>N</b>	<b>%</b>
English	462	90.2
Vietnamese	41	8.0
Spanish	9	1.8
Total	512	100.0

However, responses to interview questions on language use indicate that English is not the first language for 16.1 percent of respondents (n=83), and 20.1 percent speak a language other than English at home (n=103). Table 3-2 presents the sample distribution by language spoken at home, obtained by grouping the responses to interview questionnaire item 11 (Q11) into English, Vietnamese, Spanish, and all other languages. Based on language at home, the CalWORKs population contains more Spanish-speaking persons, in particular, than indicated by the CDS language variable (compare Tables 3–2 and 3–1). Grouping by the language at home variable increases the number of Spanish speakers from 9 to 31, and the Vietnamese-speaking group is increased by six. The difference between the CDS language distribution, and the variable “language spoken at home” may reflect a richer description of language usage and comfort levels. Table 3-2 also shows the number and percent of respondents who use English as a “second language”, in each language at home group.

**Table 3-2. Language at Home and English as a Second Language\***

Language at home	Sample		English as a Second Language		
	N	%	N	Language %	Sample %
English	409	79.9	2	0.5	0.4
Vietnamese	47	9.2	47	100.0	9.2
Spanish	31	6.1	15	48.4	2.9
Other	25	4.9	19	76.0	3.7
Non-English Total	103	20.1			
Total	512	100.0	83		16.2

\*Interview questions Q11 (language at home) and Q12.

Skill and familiarity with English seem likely to affect CalWORKs participation and may serve to be an important influence on who benefits from CalWORKs services. Almost half of respondents who speak Spanish at home speak English as a second language. All of those who speak Vietnamese at home use English as a second language. Among the 25 who speak "other" languages at home, 76 percent use English as a second language. Finally, for two respondents who speak English at home, English is their second language. Language proficiency, particularly English proficiency, will be further examined in analyses summarizing work history.

Our original intent was to present all demographic and other descriptive data by the CDS language sampling variable. However, examination of responses to the questionnaire language questions suggests that the sample might better be separated into ethnic or cultural subgroups by the variable “language spoken at home”. To assess the utility of dividing the sample by language at home instead of the original CDS sampling variable, we compared sample distributions for gender, age and ethnicity by each of the language variables. Sample breakdowns by language at home revealed greater diversity and richer description of the sample than implied in the single CDS language variable used for sampling. Since no harm is done to the sample in re-grouping by language used at home, and more information can be obtained with use of the broader language variable, we decided to replace “preferred language” with “language spoken at home” in the following demographic analyses. Thus, comparisons among the four language categories distinguished by the language spoken at home variable are from this point on referred to as the English, Vietnamese, Spanish, and Other language groups.

As indicated in Table 3-3 women constitute over 90 percent of the sample. Male CalWORKs recipients were more prevalent among those who speak Vietnamese or other languages at home. The small proportion of the sample for whom language at home is not one of the original sample languages (4.9%) may represent families of non-Hispanic European origin, and/or multi-cultural families.

**Table 3-3. Gender by Language at Home\***

<b>Gender**</b>	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Female	386	94.4	35	74.5	29	93.5	20	80.0	470	91.8
Male	23	5.6	12	25.5	2	6.5	5	20.0	42	8.2
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses from interview question 11.

\*\*Interview question 4.

Distribution of the sample by age and language reveals important age differences across language groups. Table 3-4 shows the age distribution of respondents by language at home. The Vietnamese-speaking group tends to be older than the English and Spanish-speaking groups. Forty-five percent of the Vietnamese-speaking group is between the ages of 36-45, and 19 percent between the ages of 46-59. Thus 64 percent, about two-thirds, of the Vietnamese-

speaking group, is over the age of 35, while only 32 percent of the English- and Spanish-speaking groups are over age 35. The mean age for the sample overall is 32.5 years. However, the mean age for the Vietnamese-speaking group is 38.5 years.

**Table 3-4. Age by Language at Home\***

Age group** (years)	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
18-25 years	111	27.1	3	6.4	5	16.1	7	28.0	126	24.6
26-35 years	165	40.3	14	29.8	16	51.6	5	20.0	200	39.1
36-45 years	111	27.1	21	44.7	7	22.6	12	48.0	151	29.5
46-59 years	22	5.4	9	19.1	3	9.7	1	40.0	35	6.8
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100
Mean age (years)	31.7		38.5		32.4		34.1		32.5	

\*Grouped responses from interview question 11.

\*\*Age is grouped from Questionnaire item 3.

Table 3-5 shows, in the first column, the distribution of self-selected race/ethnicity from interview question 5, arranged in descending order of frequency. The interview question followed current federal survey guidelines by permitting respondents to select multiple race/ethnicity codes. In the second column, indented from the first, respondents within each questionnaire race/ethnicity category are enumerated by CDS ethnicity code. Differences between the questionnaire and CDS ethnicity codes may be partly explained by the fact that the respondent interviewed may be a different adult than the person on the case referred to by the CDS code.

Table 3-5 highlights the diversity of racial groups and cultures being served in Alameda County. This diversity among the CalWORKs population is likely to affect program participation, ability to obtain and benefit from services, employment, and other outcomes. In addition, this diversity in the population complicates the planning, development, delivery, and evaluation of services.

The right side of Table 3-5 presents the numbers of respondents (within questionnaire race/ethnicity) by language at home. For the Asian ethnic category, distinguishing by language at home reveals an additional 15 Asian respondents who speak a language other than English or Vietnamese at home. About half of self-identified Hispanics speak Spanish at home, and about half use English at home, which probably relates to birth location and level of acculturation.

**Table 3-5. Race/Ethnicity, Self-reported, Showing Distribution of CDS Ethnicity Code within Study Categories, and Distribution within Language Sampling Group**

Race/ethnicity, self-selected*	Study N	Sample %	CDS N#	Language at home			
				E	V	S	O
Black/African-American	281	54.9		275		4	2
Black			279				
White			1				
Unspecified			1				
Caucasian	67	13.1		64		1	2
White			59				
Hispanic			4				
Black			1				
Filipino			1				
Asian Indian			1				
Unspecified			1				
Asian	67	13.1		5	47		15
Vietnamese			46				
Laotian			6				
Chinese			5				
Pacific Islander			4				
Hmong			1				
Filipino			1				
Asian Indian			1				
Hispanic			1				
Black			1				
White			1				
Hispanic	49	9.6		24		25	
Hispanic			44				
White			4				
Black			1				
Native American/Alaska Native	15	2.9		15			
White			7				
Black			3				
Native American			3				
Hispanic			2				
Native Hawaiian/Pacific Islands	7	1.4		3			4
Filipino			5				
Samoan			1				
Hispanic			1				
Other	13	2.5		10		1	2
Black			5				
White			4				
Hispanic			3				
Afghan			1				
Combinations	12	2.3		12			
Native American/ Black			3				
Native American/ Caucasian			2				
Native American/ Hispanic			1				
Hispanic/ Caucasian			3				
Black/Hispanic			2				
Black/Caucasian			1				
Unspecified / Hispanic	1	0.2	1	1			
Total	51	100.0		409	47	31	25

\*Questionnaire item 5 (Q5) follows Census Bureau (NCHS) recommendations to allow multiple coding.



Reporting descriptive statistics for the sample by language at home may account in part for unmeasured cultural and family composition variables that vary by ethnicity. Such differences seem likely to affect participation in the CalWORKs program and progress toward self-sufficiency.

### **Section Summary**

- The language spoken at home and English as a second language variables reveal a greater diversity of language usage other than English when compared with the CDS language sampling variable (see Table 3-1). According to the variable “language spoken at home,” 79.9 percent of the sample speak English, 9.2 percent speak Vietnamese, and 6.1 percent speak Spanish.
- Women constitute over 91 percent of the sample. Males are disproportionately represented among the Vietnamese-speaking and Other language groups.
- The average age for the overall sample is 32.5 years. The Vietnamese-speaking group is considerably older, with an average age of 38.5.
- A race and ethnicity breakdown reveals striking diversity within the CalWORKs sample, and the further breakdown of language within racial categories reveals even greater diversity in language usage within ethnic groups, as well as level of acculturation among Hispanic respondents.

### Residence and Citizenship Status

Table 3-6 presents the number of years of residence in Alameda County for the entire sample (in the last column) contrasted with language at home. Average duration of residence in Alameda County is 21.0 years. The Vietnamese language group tends to include the newer residents in Alameda County (9 years), followed by the Other language at home group (13 years). Spanish and English language groups are more likely to be longer-term residents, averaging more than 20 years in the County. This long duration of in-County residence – and the fact that only 1.8% of the sample said they have resided in-County for less than one year -- indicates that few if any persons move to the County to seek welfare benefits.

**Table 3-6. Years Residing in Alameda County by Language at Home\***

Duration of Residence in County**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Less than 1 year	6	1.5	2	4.3			1	4.0	9	1.8
1-5 years	52	12.7	11	23.4			3	12.0	66	12.9
6-15 years	53	13.0	29	61.7	9	29.0	13	52.0	104	20.3
16-25 years	120	29.3	5	10.6	11	35.5	7	28.0	143	27.9
More than 25 years	178	43.5			11	35.5	1	4.0	190	37.1
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100.0
Average (mean years)	22.9		9.0		21.6		13.0		21.0	

\* Grouped responses to interview question 11.

\*\* Interview question 9.

In the recent political climate for welfare reform, citizenship and immigration status have become major concerns for welfare programs and applicants. Potential recipients, or their family members, have had access to benefits such as Medicaid and Food Stamps barred by citizenship and immigration status criteria. In the CalWORKs Needs Assessment sample, 17 percent of respondents were born outside the United States. Table 3-7 shows that all members of the Vietnamese language group were born in Vietnam. Almost half (45%) of the Spanish language group were born outside the U.S. More than two-thirds of the Other languages group were born in another country, two of them (8%), in Vietnam.

**Table 3-7. Country of Birth by Language at Home\***

Country of birth**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
United States	402	98.3	0		17	54.8	6	24.0	425	83.0
Vietnam	0		47	100.0	0		2	8.0	49	9.6
Latin America	0		0		14	45.2	0		14	2.7
All other	7	1.7	0		0		17	68.0	24	4.7
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\* Grouped responses to interview question 11.

\*\* Interview question 9.

Table 3-8 shows that almost two-thirds of the foreign-born respondents (63.2%) have become naturalized citizens. All members of the Vietnamese language group are foreign-born, and over

half (59.6%) have become naturalized citizens. About half of the Spanish language group were born outside the U.S., and half of the foreign-born are naturalized citizens. The vast majority of foreign-born respondents in the Other language group have become naturalized citizens (74%), while about one-fourth were born in the US.

**Table 3-8. Citizenship Status by Language at Home\***

Citizenship status**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
US Native	402	98.3	0		16	51.6	6	24.0	424	83.0
Naturalized	6	1.5	28	59.6	7	22.6	14	56.0	55	10.7
Non-citizen	1	0.2	19	40.4	8	25.8	5	20.0	33	6.4
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses to interview question 11.

\*\* Interview question 9.

For the 17 percent of the sample who were foreign-born, age at immigration is likely to be related to education level, prior work experience, language facility and other characteristics that will affect success in CalWORKs and in attaining self-sufficiency quickly. Age of immigration is summarized by language at home in Table 3-9. Vietnamese language at home respondents immigrated or sought refuge in the U.S. at older ages than the Spanish-speaking group and slightly older than the Other language at home group.

**Table 3.9.**

**Age of Immigration to the U.S. by Foreign-Born Respondents (n=88) by Language at Home\***

Age at immigration to the U.S.**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
0 – 17 years	7	100.0	6	12.8	7	46.7	7	36.8	27	30.7
18 – 30 years	0		29	61.7	6	40.0	7	36.8	42	47.7
31 – 50 years	0		12	25.5	2	13.3	5	26.3	19	21.6
Mean Age to U.S.	2.7		26.2		15.3		20.6		21.3	
Total	7	8.0	47	53.4	15	17.0	19	21.6	88	100

\* Grouped responses to interview question 11.

\*\*Interview question 7.

## Section Summary

- Average length of residence in Alameda County is 21.0 years. The Vietnamese-speaking group tends to include the newer residents in Alameda County, with 9 years average residence in the county.
- Eighty-three percent of the sample members were born in the U.S., 9.6 percent were born in Vietnam, 2.7 percent were born in Latin America, and 4.7 percent in all other countries.
- All members of the Vietnamese-speaking group were born in Vietnam, and of those 59.6 percent have become naturalized citizens. Almost half (45.2 %) of the Spanish speakers were born in Latin America, and approximately 50 percent of them have become naturalized citizens.
- The overall average age of immigration to the U.S. was 21.3 years, however the Vietnamese-speaking group tended to immigrate at an older age with a mean age of 26.2 years. Only 12.8 percent of the Vietnamese-speaking group immigrated to the U.S. under the age of 18.

## Household and Family

The proportion of respondents legally married differs by language at home. The Vietnamese language group has the highest proportion legally married, at 57 percent, followed by Other at 44 percent, Spanish at 26 percent, and English at 11 percent.

Table 3-10 provides additional detail about the marital status and living arrangements of the sample by language at home. Those who speak English at home were most likely to be single (67%); thus, only one-third of that group are, or have been, married. One-fifth are currently separated or divorced. Respondents who speak Vietnamese at home are most likely to be married and together (over one-half), and least likely to be separated or divorced (about one-tenth). Among respondents who speak Spanish at home, only one-third were single, but two-fifths were separated or divorced. In the Vietnamese language group -- but not the others -- all those who are married are living together.

**Table 3-10. Marital Status and Living Arrangements by Language at Home\***

Marital status, living arrangement**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Single	274	67.0	11	23.4	11	35.5	11	44.0	307	60.0
Married, together	26	6.4	27	57.4	6	19.4	8	32.0	67	13.1
Married, apart	18	4.4			2	6.5	3	12.0	23	4.5
Separated	36	8.8	1	2.1	4	12.9	2	8.0	23	4.5
Divorced	47	11.5	4	8.5	8	25.8	1	4.0	60	11.7
Widowed	7	1.7	4	8.5					11	2.1
Don't know	1	0.2							1	0.2
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses to interview question 11.

\*\*Interview questions 38, 39.

Almost 90 percent of sample respondents were the only adult on the TANF case, shown in Table 3-11. The highest proportion of two-adult cases (40.4%) is found in the Vietnamese language group, followed by the Other language group, with 28 percent of cases including two adults. In the Spanish language group, 16.1 percent of cases include two adults, and the proportion is even lower for the English language group at 6.4 percent. The numbers of two-adult cases are remarkably similar to the numbers of married persons living together in each language at home group.

**Table 3-11. Number of Adults on CalWORKs Case by Language at Home\***

Number of adults on CalWORKs case**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
One adult	383	93.6	28	59.6	26	83.9	18	72.0	455	88.9
Two adults	26	6.4	19	40.4	5	16.1	7	28.0	57	11.1
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses to interview question 11.

\*\*CDS variable tot\_adlt.

Total household size including parents, children, and others also varies by language groups, shown in Table 3-12. Respondents who speak Spanish at home have the largest households,

averaging 5.3 persons, followed closely by Vietnamese (4.9) and Other (4.7) households. Household size is smallest for respondents who speak English at home, at 4.0 persons.

**Table 3-12. Household Size by Language at Home\***

Household size**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
1 to 4 persons	280	68.5	22	46.8	10	32.3	14	56.0	326	63.7
5 to 7 persons	117	28.6	24	51.1	18	58.1	9	36.0	168	32.8
8 to 15 persons	12	2.9	1	2.1	3	9.7	2	8.0	18	3.5
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100
Mean household size	4.0		4.9		5.3		4.7		4.2	

\*Grouped responses to interview question 11.

\*\*Interview question 42i.

The CalWORKs Needs Assessment sample reported a wide variety of relationships among household members, or household composition. The relationships of adult household members to the respondent are summarized in Table 3-13. On average sample households include 1.9 adults, counting the respondent, but almost half of sample households (47.7%, which is not reported in the table) include only one adult, the respondent. Almost half the persons in sample households are adults (44.5%), most of whom are related to each other (81.1%). In contrast, less than four percent of household members are unrelated adults, including roommates, and less than five percent are spouses or lovers. Respondents seem to be sharing housing with closely related adults. Depending on their age and degree of disability, if any, multiple adults or older children may increase or, on the contrary, be able to share child care or household maintenance responsibilities, influencing the adult head of household's freedom to participate in CalWORKs activities or work.

All sample households include minor children, by definition, but there may be children in sample households that are not included on CalWORKs grants. Table 3-13 also shows the numbers and percent of children in several age ranges. The average number of children across all sample households is 2.3. At the time of the baseline interview, respondents identified virtually all children in their households as their own (91.1%, data not shown). One stepchild and one grandchild we also reported as household members.

**Table 3-13. Household Composition**

<b>Relationship to Respondent*</b>	<b>N</b>	<b>% of adults/children</b>	<b>% of persons in household</b>
<b>Adults</b>			
Respondents	512	53.7	23.9
Boy/girlfriends, husbands/wives	104	10.9	4.9
Own parents	115	12.1	5.4
Brother or Sister	99	10.4	4.6
Other adult relatives	47	4.9	2.2
Roommates or friends	24	2.5	1.1
<u>Other adults in the household</u>	<u>52</u>	<u>5.5</u>	<u>2.4</u>
<u>Total adults other than respondent</u>	<u>441</u>	<u>46.3</u>	<u>20.5</u>
Total adults	953	100.0	44.5
<b>Children</b>			
Less than 1 year old	55	4.6	2.6
1 to 4 years old	299	25.1	14.0
5 to 9 years old	376	31.6	17.6
10 to 13 years old	236	19.8	11.0
<u>14 to 17 years old</u>	<u>168</u>	<u>14.1</u>	<u>7.8</u>
Total Minor Children	1134	95.4	52.9
<u>18 or over</u>	<u>55</u>	<u>4.6</u>	<u>2.6</u>
Total Children	1189	100.0	55.5
<b>Total Persons in Sample Households</b>	2142		100.0

\*Interview questions 43a through 44o

### Section Summary

- Sixty percent of the overall sample members are single, while 13.1 percent report being married and living together. The Vietnamese-speaking group has the highest married and living together proportion (57.4%), while 19.4 percent of the Spanish-speaking group, and 6.4 percent of the English-speaking group are married and living together.
- The highest proportion (40.4%) of two-adult cases speak Vietnamese at home.
- The Spanish-speaking group reports the largest households with an average of 5.3 persons, followed by Vietnamese households with 4.9. The English-speaking group members have the smallest households, an average of 4.0 persons.

- Almost half of the persons in sample households (44.5%) are adults, most of whom are related to each other (81.1%). Respondents seem to be sharing housing with closely related adults.
- On average sample households include 1.9 adults, counting the respondent, but nearly half (47.7%) of households include only one adult. The average number of children across all households is 2.3 with over 60 percent of the children 9 years old or younger.

Education, English Language Proficiency, and Work

**Education.** Respondents who speak English at home have completed more years of schooling than have members of the other groups. However, less than two-fifths of respondents who speak English at home have completed high school or acquired the equivalency diploma, the level of education considered minimal for most employment (see the shaded line in table 3-14). Those who speak Vietnamese or other languages at home are least likely to have completed basic schooling; only about one-fourth have finished high school or received the GED. Only 29 percent of those who speak Spanish at home have completed high school or GED. About 23 percent of those who speak English at home have some college education. For the Other languages group this proportion is 24 percent; for Spanish, 13 percent; and, for Vietnamese, 11 percent.

**Table 3-14. Education by Language at Home\***

Years of education**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Never Attended School							4	16.0	4	0.8
1 <sup>st</sup> through 8 <sup>th</sup> grade	9	2.2	26	55.3	7	22.6	2	8.0	44	8.6
9 <sup>th</sup> through 11 <sup>th</sup> grade	170	41.6	10	21.3	14	45.2	7	28.0	201	39.3
12 <sup>th</sup> grade	135	33.0	6	12.8	6	19.4	6	24.0	153	29.9
Graduated High School or Received GED <sup>^</sup>	158	38.6	12	25.5	9	29.0	6	24.0	185	36.1
1-2 years of college	81	19.8	5	10.6	4	12.9	4	16.0	94	18.4
3-4 years of college	13	3.2					2	8.0	15	2.9
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses to interview question 11.

\*\*Grouped values from interview question 18.

<sup>^</sup>Interview question 19, numbers are duplicated in other table rows.



**English language proficiency.** Among those who responded that English is their second language (n=83), a consistently high percentage of Vietnamese speakers reported little or no comfort and skill at speaking, writing, or reading in English, shown in Tables 3-15 through 3-17. The table below indicates that over half (59.6%) of the Vietnamese-speaking group reported that they were “not very” comfortable to “not at all” comfortable speaking in English. Likewise, 46.7 percent of the Spanish-speaking group reported that they were not very comfortable or not comfortable at all speaking in English.

**Table 3-15. Comfort Level Speaking in English as a Second Language\* (n=83)**

How comfortable speaking English**	English		Vietnamese		Spanish		Other		Total ESL	
	N	%	N	%	N	%	N	%	N	%
Not at all			11	23.4	3	20.0	1	5.3	15	18.1
Not very			17	36.2	4	26.7	2	10.5	23	27.7
Somewhat	1	50.0	14	29.8	3	20.0	10	52.6	28	33.7
Very	1	50.0	5	10.6	5	33.3	6	31.6	17	20.5
Total	2	2.4	47	56.6	15	18.1	19	22.9	83	100

\*Grouped responses from interview question 11.

\*\*Interview question 15.

As summarized in Table 3-16, 80.8 percent of the Vietnamese-speaking group stated that they cannot write in English at the “somewhat well” level, which raises additional issues for job readiness and work participation. Almost half of respondents who speak Spanish at home (46.7%) also report their skill level in writing in English is less than “somewhat well.”

**Table 3-16. Writing Skill Level in English as Second Language\* (n = 83)**

How skilled writing in English**	English		Vietnamese		Spanish		Other		Total ESL	
	N	%	N	%	N	%	N	%	N	%
Not at all			16	34.0	6	40.0	1	5.3	23	27.7
Not too well	1	50.0	22	46.8	1	6.7	5	26.3	29	34.9
Somewhat well			7	14.9	4	26.7	10	52.6	21	25.3
Very well	1	50.0	2	4.3	4	26.7	3	15.8	10	12.0
Total	2	2.4	47	56.6	15	18.1	19	22.9	83	100

\*Grouped responses from interview question 11.

\*\*Interview question 16.

Newspaper copy represents the minimum complexity of written English used in job ads and much white-collar employment. Nearly three-fourths of those who speak Spanish or Other languages at home comprehend newspaper copy no better than “somewhat well.” Fully 78.8 percent of Vietnamese speakers report they cannot read an English-language newspaper at even the “somewhat well” level, and half of those responded “not at all.”

**Table 3-17. Ability to Read a Newspaper in English as Second Language\* (n = 83)**

How well read English-language newspaper**	English		Vietnamese		Spanish		Other		Total ESL	
	N	%	N	%	N	%	N	%	N	%
Not at all			20	42.6	3	20.0	4	21.1	27	32.5
Not too well	1	50.0	17	36.2			1	5.3	19	22.9
Somewhat well			7	14.9	8	53.3	9	47.4	24	28.9
Very well	1	50.0	3	6.4	4	26.7	5	26.3	13	15.7
Total	2	2.4	47	56.6	15	18.1	19	22.9	83	100

\*Grouped responses from interview question 11.

\*\*Interview question 17.

**Work history.** The number of weeks study participants worked any hours for pay in the last year is reported in Table 3-18. Forty-five percent of the study sample either cannot or did not work for pay. Across the language groups, respondents who speak Spanish at home worked, on average, at least some time during 24 of the past 52 weeks, more than the other language groups.

**Table 3-18.**

**Number of Weeks Worked Any Hours for Pay in the Past 12 Months by Language at Home\***

Number of weeks worked**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Physically unable to work	26	6.4	1	2.1	1	3.2			28	5.5
0 Weeks	158	38.6	26	55.3	9	39.0	8	32.0	201	39.3
1 - 20	110	26.9	6	12.8	6	19.4	8	32.0	130	25.4
21 - 40	52	12.7	4	8.5	6	29.0	5	20.0	67	13.1
41 - 52	63	15.4	10	21.3	9	29.0	4	16.0	86	16.8
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100
Mean number of weeks worked, if able	15.1		15.4		24.4		18.5		15.9	

\*Grouped responses to interview question 11.

\*\*Grouped responses from interview questions 164 and 181.

Respondents who speak English or Vietnamese worked some hours during about 15 weeks of the past year, slightly less than those who speak some Other language at home.

The extent of working 26 hours per week for two or more weeks is covered in Table 3-19. Forty-five percent of the study sample report working at least that much within the past year. Combining the results for Table 3-18 and Table 3-19, it appears that 10 percent of the sample has minimal work experience, while 45 percent have recent work experience, and the other 45 percent lack recent work experience.

Working 26 hours per week, for two or more weeks, differs significantly across language groups. Again, respondents who speak Spanish at home were most likely to be working, in this case 26 hours or more at the time of the interview. However, among the other three language groups, one-fourth or fewer were working this much currently. Respondents who speak Vietnamese at home reported that over 70 percent have not worked this much within the past four years. Those who speak English at home had the next highest percent (28%) with no work experience in the past four years.

**Table 3-19. History of Working 26 or More Hours for 2 Consecutive Weeks by Language\***

History of working 26+ hours/week**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Working 26+ hours currently	106	25.9	8	17.0	11	35.5	5	20.0	130	25.4
Within the past year	86	21.0	3	6.4	5	16.1	3	12.0	97	19.0
At least 1 but less than 2 years ago	42	10.3	2	4.3	2	6.5	6	24.0	52	10.2
At least 2 but less than 3 years ago	26	6.4	1	2.1	2	6.5	2	8.0	31	6.1
At least 3 but less than 5 years ago	33	8.1	1	2.1	5	16.1	4	16.0	43	8.4
5 or more years ago	72	17.6	13	27.7	3	9.7	2	8.0	90	17.6
Never that many hours	20	4.9	6	15.4	2	6.5	1	4.0	29	5.7
Never worked at all	23	5.6	13	27.7	1	3.2	2	8.0	39	7.6
Total	408 <sup>^</sup>	79.8	47	9.2	31	6.1	25	4.9	511	100

\*Grouped responses from interview question 11.

\*\*Responses grouped from interview question 188.

<sup>^</sup>One participant did not provide a response for this question, so the total table n = 511.

The CalWORKs Needs Assessment questionnaire includes a set of questions on trading time, or bartering, for goods and services. In future analyses we hope to incorporate those variables into a richer description of respondents' productive time allocation.

### **Section Summary**

- Of the entire sample 57.4 percent have graduated from high school, received the GED equivalency, or attended some college.
- Those who do not speak either English or Spanish at home are least likely to have completed basic schooling, with one-quarter reporting high school graduation or receipt of the GED.
- Twenty-nine percent of the Spanish-speaking group have completed high school or received the GED.
- The Vietnamese-speaking group reported minimal comfort or skill with speaking and/or writing in English and reading an English-language newspaper. This finding raises concerns for their involvement in County work training programs, given their lower levels of education and work experience.
- In the past 52 weeks, the Spanish-speaking group worked any hours more weeks than any other language group, an average of 24 versus 16 weeks.
- Working 26 hours per week for at least two consecutive weeks is more common for Spanish-speaking recipients and less so for Vietnamese-speaking recipients.

### Welfare History

Table 3-20 shows the respondents' most common reasons for applying for assistance the most recent time. Having or expecting a new-born was the most frequent response (49%) for application of aid, but need for health insurance and lack of a job were virtually equally prevalent responses. Fifty-two percent of the English and the Spanish language, and 44.0 percent of the Other language group, stated that having a newborn was a reason for applying for aid (application reason by language group is not presented tabularly). A smaller proportion of the Vietnamese language group gave childbirth as a reason for needing aid (19.1%). This

difference is explained by an important factor not evident in this table: approximately 60 percent of Vietnamese speakers reported their refugee status as the most important reason for applying for aid. Several other prominent reasons for applying for aid, evident in Table 3-20, appear to be job-related, or related to compensation levels of available jobs. In total, work-related reasons for aid application may be equally or more important than a new birth. Further analysis is planned to gain a better understanding of the relationship between childbirth, other possible factors, and need for assistance.

**Table 3-20. Most Frequent Reasons for Applying for Aid (AFDC, GAIN, or CalWORKs)**  
(Respondents could choose more than one reason)

Reasons for applying*	N	%
Had or was expecting a newborn	249	48.6
Needed medical insurance	235	46.0
Lost job or could not find a job	233	45.5
Cost of child care	156	30.5
Moved out of parent's home	116	22.7
Joy pay was too low	104	20.3

\*Interview question 110

The following two tables indicate that almost half (44%) of the sample have been on aid for three years or less, in the current period of receiving aid. However, for all language groups, the *mean time* on current aid is much higher than three years: 9.5 years for the Vietnamese language group, followed by 6.2 years for the English language group. Of interest for programming and job training purposes is the very high level of Vietnamese speakers (85%) and Other language speakers (76%) who have never been off aid since they began receiving AFDC, GAIN, or CalWORKs benefits. Overall, more than half of the sample (59.2%) has never been off aid since the current period began.

**Table 3-21. Duration on Aid, Current Time**

Years on Aid*	N	%
Less than 1 year	81	15.8
1 to 3 years	143	27.9
4 to 10 years	184	35.9
11 to 20 years	93	18.4
Over 20 years	10	2.0

\*Interview question 109

**Table 3-22. Patterns of Reliance on Aid by Language at Home.\***

Patterns of reliance on aid**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Off aid one time	67	16.4	5	10.6	4	12.9	4	16.0	80	15.7
On and off aid a few times	114	27.9	2	4.3	10	32.3	2	8.0	128	25.0
Never off aid	227	55.5	40	85.1	17	54.8	19	76.0	303	59.3
Total	408 <sup>^</sup>	79.8	47	9.2	31	6.1	25	4.9	511	100
Mean years on aid (in current episode of aid)	6.2		9.5		4.8		5.9		6.3	

\*Grouped responses from interview question 11.

\*\*Interview questions 109 and 108.

<sup>^</sup>One participant did not provide a response for this question, so the total table n = 511.

### Section Summary

- Having or expecting a newborn was the most common reason reported for applying for aid (49%). However, need for health insurance and work-related reasons, including low compensation, also appear to be important. When asked to specify other reasons for applying for aid nearly 60 percent of the Vietnamese-speaking group reported refugee status.
- Overall, average time on aid for the most recent welfare episode is 6.3 years. The Vietnamese-speaking group reported a higher average time on aid (9.5 years), and the English-speaking group was second highest at 6.2 years. Mean time on aid for the Other language group was 5.9 years. The 4.8 years for the Spanish-speaking group was lowest.
- Only 40 percent of the study sample has been off aid since first receiving welfare.

## CalWORKs Participation

As reported in Table 3-23, of the overall sample of CalWORKs-eligible respondents, nearly 92 percent were receiving cash assistance in their household at the time of their interview, a time that for some study participants was six months after the sample frame was selected from then-current benefit recipients. The distribution remains fairly even across the English, Vietnamese, and the other group. However, compared to the other language groups, the Spanish-speaking group has a slightly lower percentage, 84 percent of respondents receiving CalWORKs at the time of their interview.

**Table 3-23. Anyone in the Household Receiving CalWORKs by Language at Home\***

Receiving CalWORKs payments**	English		Vietnamese		Spanish		Other		Total	
	N	%	N	%	N	%	N	%	N	%
No	33	8.1	3	6.4	5	16.1	1	4.0	42	8.2
Yes	376	91.9	44	93.6	26	83.9	24	96.0	470	91.8
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses from interview question 11.

\*\*Interview question 133a

To gauge expectations for involvement in CalWORKs, we asked respondents if they were planning to participate in the CalWORKs program. As noted in Table 3-24 more than two-thirds of each language group, except for the Vietnamese speakers, plans to participate in CalWORKs.

**Table 3-24. Plan to Participate in CalWORKs by Language in the Home\***

CalWORKs, intent to participate **	English		Vietnamese		Spanish		Other		Total ESL	
	N	%	N	%	N	%	N	%	N	%
Don't know	17	4.2	1	2.1			1	4.0	19	3.7
Child benefits only	112	27.4	21	44.7	9	29.0	7	28.0	149	29.1
Plan to participate	280	68.5	25	53.2	22	71.0	17	68.0	344	67.2
Total	409	79.9	47	9.2	31	6.1	25	4.9	512	100

\*Grouped responses from interview question 11.

\*\*Interview question 113.

A little over half (53.2%) of the Vietnamese-speaking study participants plan to respond to CalWORKs welfare-to-work requirements, while nearly 45 percent said they were going to

collect benefits only for their children. The reason for this perception will be important to explore, especially in light of the Vietnamese group's longer participation patterns at the time of CalWORKs baseline interviews.

### **Section Summary**

- At the time of their interviews, 92 percent of the respondents were receiving CalWORKs cash assistance. However among the Spanish-speaking study participants 16.1 percent were not receiving CalWORKs cash payments, compared to 8.1 percent of the English-speaking group and 6.4 percent of the Vietnamese-speaking group.
- Two-thirds (67.2 %) of the overall sample plans to participate in CalWORKs, while 29.1 percent plan to collect CalWORKs benefits for their children only. Almost half (45.2%) of the Vietnamese-speaking group intend to collect benefits for their children only.



## **SECTION 4. POTENTIAL HEALTH-RELATED BARRIERS TO SUCCESSFUL DEPARTURE FROM WELFARE**

**Introduction.** In this first report, we describe findings of what we term health-related, *potential barriers* to successful departure from welfare. In subsequent reports, these health-related, potential barriers will be assessed in the context of personal assets and other potential obstacles to departure from welfare, those connected with child care needs, transportation needs, educational attainment, work skills and work history, mastery of the English language, literacy, criminal history, and dependents' need for care. This sample of CalWORKs recipients reports a great many health-related limitations on ability to work, including histories of family violence that may affect ability to obtain and retain work, mental health symptoms and learning disabilities that may narrow work opportunities, and physical health problems, physical limitations, and alcohol and other drug use patterns that may constrain ability to work. This section focuses on prevalence rates for each of five areas of health-related potential barriers to successful departure from welfare and concludes with tabulations of number of potential barriers.

For each topical area we identify reported patterns of health conditions, behavior, treatment utilization, and perceived need for treatment that indicate potential barriers to successful departure from welfare. By defining both more inclusive and more restrictive cut-points, when possible we have chosen to report both broader and narrower estimates of rates of these health-related potential barriers to successful departure from welfare. None is a diagnostic interpretation. All information is based on self-report.

The broader range estimate represents a likely maximum of possible respondents encountering that particular health barrier. For some barriers we have estimated a narrower or lower prevalence rate by incorporating fewer questions in the measure; that is, including only persons with more current or more severe symptoms. The lower prevalence rate may represent the minimum percentage of respondents facing that particular health barrier. Following a presentation of the range of rates for the barriers, we examine the frequency of respondents assessed with multiple barriers.

In addition to the five areas of health-related potential barriers, we also present findings on the prevalence of reported histories of child abuse. However, since we are especially unclear about

possible relationships between these reports and subsequent barriers to employment, we have not included child abuse in the table of number of potential barriers.

Finally, this section of the report draws conclusions; addresses study limitations, including consideration of possible under- and over-reporting; references additional analytic steps to be taken; and outlines several policy issues for consideration.

Alcohol and Other Drugs

As summarized in Table 4-1, 60 percent of the sample reported consumption of alcohol in the past year, with 21 percent drinking weekly and 3 percent drinking daily. In themselves, we do not consider that any of these items identifies a person with an alcohol-related barrier to welfare departure.

**Table 4-1. Alcohol Consumption**

<b>Alcohol Consumption, past 12 months*</b>	<b>N</b>	<b>%</b>
None	206	40.2
At least weekly	108	21.1
Daily	15	2.9

\*Interview question 250.

However, as indicated in Table 4-2, ten percent of the sample reported binge drinking -- five or more drinks at a time -- at least monthly, and six percent reported three or more dependence symptoms (felt should cut down on drinking, gotten drunk even when important reason to stay sober, blackouts, morning drinking, shakes, binge drinking, told to leave a place because of drinking, ashamed of something done while drinking). While about 12 percent of study participants meet one of these two broader indices of an alcohol barrier (not presented tabularly), about one-third the number meet the more limited definition requiring both five or more drinks at a time, at least monthly, and three or more symptoms. Accordingly, we argue that the extent of alcohol-related barriers probably falls in the four to twelve percent range. The dependence symptoms and binge drinking measure suggest possible barriers to successful departure from welfare in light of the potentially debilitating impact these behaviors and symptoms may have on one's ability to gain and retain employment. The traditional 5-plus drinking measure needs to be

seen as particularly narrow in the case of women, who tend to have less body weight than would members of a general population sample containing both genders.

**Table 4-2. Potential Barriers: Alcohol Use**

Alcohol Problems, last 12 months	N	%	Rating	
			Broader	Narrower
5 or more drinks at a time, at least monthly (Q253)	53	10.3	p	
3 or more dependence symptoms (Q254)	28	5.5	p	
Both 5+ drinks and 3+ symptoms	20	3.9		p

Twenty-two percent of the study participants reported any use of illicit drugs in the previous 12 months. However, as shown in Table 4-3, 12 percent reported drug use at least weekly, and 7 percent daily drug use. Virtually all reported use was marijuana: 92 respondents, or 18 percent of the sample, reported past-year marijuana use, while the next highest reported frequency of drug use was crank (methamphetamine) at 3.1 percent, followed by crack or cocaine at 2.7 percent.

Weekly use patterns may represent serious threats to job training or work, depending on the degree of control exercised over time and place. Daily use would constitute a more narrow measure. Thus, we would suggest that the potential barrier rate for illicit drug use ranges from 7 to 12 percent.

**Table 4-3. Potential Barriers: Other Drug Use**

Illicit Drug Use, past 12 months*	N	%	Broader	Narrower
Once a week or more	62	12.1	p	
Daily	34	6.6		p

\*Interview question 259a.

We construed any report of need for alcohol or other drug treatment in the past 12 months as contributing to the broader measure of a potential barrier; needing treatment currently, the narrower measure (see Table 4-4).

**Table 4-4. Potential Barriers: Alcohol and Other Drug Treatment**

<b>AOD Treatment Need and Utilization</b>	<b>N</b>	<b>%</b>	<b>Broader</b>	<b>Narrower</b>
Needed help with AOD problem, last 12 months (Q128d)	24	4.2	<b>p</b>	
Think currently need treatment (Q266a)	11	2.1	<b>p</b>	<b>p</b>
In treatment, last 12 months (Q267a)	9	1.8	<b>p</b>	

Overall, we estimate that from 51 to 109 of the 512-person sample, or between 10 and 21 percent, demonstrate a potential barrier to successful departure from welfare because of alcohol or other drug use (Table 4-5).

**Table 4-5. Potential Barriers: Alcohol and Other Drugs**

<b>Any Potential AOD Barrier</b>	<b>Broader</b>		<b>Narrower</b>	
	109	21.3%	51	10.0%

### Mental Health

One in six respondents reported that she had needed help with her emotional or mental health in the past year (see Table 4-6). One in twelve said she had been unable to take proper care of herself or her family because of emotional, personal, or mental problems. One in 47 was supposed to be taking prescription medications for a psychological or emotional problem but was not doing so, and one in 100 had been hospitalized over night for mental health services in the previous 12 months.

We concluded that a positive response to any one or more of those four questions serves as evidence of a potential barrier to successful departure from welfare. Since mental health

symptoms can be quite episodic, we believe that the three 12-month measures, plus the current measure of medications, serve to produce both the broader and narrower rate of potential barrier because of mental health, a 21.9 percent rate.

**Table 4-6. Potential Barriers: Mental Health**

Mental Health Symptoms and Treatment	N	%	Rating
			Broader and Narrower
Need assistance with mental health, past 12 months (Q128c)	84	16.4	p
Unable to take proper care of self or family due to mental health problem, last 12 months (Q235)	41	8.0	p
Currently supposed to be taking prescribed medication for psychological or emotional problem but are not (Q241, 242)	11	2.1	p
Hospitalized over-night for mental health services, last 12 months (Q239)	5	1.0	p

<b>Any Potential Mental Health Barrier</b>	112	21.9%
--	-----	-------

Physical Health and Health Limitations

Study participants were presented with a list of possible health problems and asked if they had experienced each problem in the last 12 months. For problems to which there was an affirmative response, a follow-up question asked, "In the last 12 months, did this problem interfere with your ability to look for work, [do] job training, or [do] work responsibilities and commitments?" We suggest that the 42.2 percent of study participants who responded "yes" to one or more of these follow-up questions have a potential barrier to employment (see Table 4-7). This rate constitutes the narrower measure.

Those with potential physical health barriers report on average 3.2 health problems, of which they said 2.5 directly interfered with their work responsibility commitments. The most frequently cited health ailment was trouble with back problems (193 respondents or 37.7%). Of these half reported that their back problems interfered with work activities. Tied for the second most

common health problems were trouble with legs, feet, arms, and hands and trouble with sight. For both physical ailments, 126 respondents (24.6%) reported these problems. Of these half stated that trouble with their limbs interfered with work activities, and one-quarter said their trouble with sight interfered with work-related responsibilities. Trouble with ulcers and/or stomach was reported by 111 or 21.6 percent of respondents, while one-fifth of this group said their ulcer/stomach problems interfered with work activities.

Adding positive responses to two other questions produces a broader rate estimate of 54.1 percent. The first of those questions asked whether any of several possible physical limitations limited the respondent's activity not at all, a little, or a lot. The scale of physical limitations extended from vigorous activity (running, lifting heavy objects, strenuous sports) and moderate activity (moving a table, pushing a vacuum cleaner) to lifting or carrying groceries, climbing one or several flights of stairs, bending, kneeling, or stooping, walking one or several blocks, walking more than a mile, and bathing or dressing yourself. Thirty-two percent of the sample responded affirmatively that their health limited at least one functional area a lot. The second question inquired whether any medical problems in the past 30 days had troubled or bothered the respondent and if so how much. The 12.3 percent who responded that they were "extremely" troubled or bothered contribute to the broader potential physical health or physical limitation barrier rate.

**Table 4-7. Potential Barriers: Physical Health and Physical Limitations**

Physical Health and Physical Limitations	N	%	Rating	
			Broader	Narrower
One or more physical problems interfering with work-related responsibility, last 12 months (Q217)	216	42.2	p	p
One or more physical limitations limiting activity a lot, current (Q219)	164	32.0	p	
Extremely troubled by medical problem, last 30 days (Q208)	63	12.3	p	

Any Potential Physical Health or Physical Limitation Barrier	Broader		Narrower	
		277	54.1%	216

## Family Violence

We include five measures of family violence: victimization by a lover, boy/girlfriend, or spouse within the past year; victimization by another family member in the past year; ever received services or counseling for physical violence in your home because of a lover, boy/girlfriend, or spouse; need for help in the last 12 months for physical violence in the home; and current need for counseling for violence in the home. Included in both the broader and narrower potential health barrier measures are the 46 or 9.0 percent of respondents who reported one or more forms of violence perpetrated by a family member other than a spouse or partner in the past year, and the 7.8 percent (40 respondents) who reported one or more forms of violence perpetrated by a lover or partner in the past 12 months (Table 4-8).

In relation to family violence counseling, treatment, or help, included in the broader but not the narrower index are the 56 respondents, or 10.9 percent of the sample who reported ever receiving family violence help or assistance (Table 4-9). However, included in both the broader and narrower potential health barrier indices are the 3.5 percent (18 cases) who reported needing help in the last 12 months, and the 2.3 percent (12 cases) stating that they currently need help. Together, both family violence experiences and measures of family violence counseling, treatment, or help produce a broader potential barrier due to family violence rate of 23.8 percent (Table 4-10). The narrower barrier rate of 17 percent excludes respondents' reports of *ever* received help.

**Table 4-8. Potential Barriers: Family Violence Experience**

Family Violence Experience	N	%	Rating	
			Broader	Narrower
One or more forms of violence perpetrated by a family member other than spouse or partner, last 12 mos (Q246)	46	9.0	p	p
One or more forms of violence perpetrated by lover, boy/girlfriend, or husband/wife, last 12 months (Q245)	40	7.8	p	p

**Table 4-9. Potential Barriers: Family Violence Counseling, Treatment, or Help**

<b>Family Violence Counseling, Treatment or Help</b>	<b>N</b>	<b>%</b>	<b>Broader</b>	<b>Narrower</b>
Ever received (Q248)	56	10.9	p	
Needed help, last 12 months (Q128e)	18	3.5	p	p
Need for help currently (Q266c)	12	2.3	p	p

**Table 4-10. Potential Barriers: History of Family Violence**

<b>Any Potential Family Violence Barrier</b>	<b>Broader</b>		<b>Narrower</b>	
	122	23.8%	87	17.0%

Learning Disability

Thirty-five individuals, or 6.8 percent of the sample, reported that they had been told they had a learning disability (Table 4-11). It is noteworthy that all but two of the positive responses emanated from the English-language sample. With reference to the Vietnamese group, this finding may reflect any of several factors. First, constraints imposed by the Immigration and Naturalization Services may have forestalled the re-settlement of individuals with such disabilities. Second, since members of that non-native sub-sample were older when they arrived in the United States, they probably had fewer opportunities for a school-based assessment of a learning disability.

**Table 4-11. Potential Barriers: Learning Disability**

<b>Learning Disability*</b>	<b>N</b>	<b>%</b>
	35	6.8

\*Interview question 156a.



## Count of Barriers

In summary, prevalence of study participants assessed to have a potential barrier using the broader rating threshold ranged from 6.8 percent, with learning disability, to 54.1 percent, with a physical health or physical limitation (Table 4-12). Using the narrower rating strategy, rates ranged from 6.8 to 42.2 percent.

Only about one-third of the study participants were assessed to have no health-related potential barrier to successful welfare departure. A second third of the sample was assessed as having one potential barrier and the last third, two or more potential barriers (Table 4-13). These findings appear to hold policy significance, especially given that no member of the sample was exempt from work requirements when the sample was drawn. It is worth noting that the sampling was conducted relatively early in the transition from AFDC to TANF, before time limits had forced a decline in the caseload toward a projected smaller but more disabled residual welfare population.

These findings suggest that the TANF rolls contain a substantial number of work-impaired persons. Given that federal provisions allow jurisdictions the authority to exempt only 20 percent of TANF participants from mandatory work activity, our finding that many more may face health-related barriers to work stirs concern. The quality and accessibility of health-related services and treatment programs will be critical for those recipients facing health problems, especially those with severe or multiple barriers. Alternatively, consideration could be given to supporting more of the severely disabled aid recipients in applying for SSI benefits.

**Table 4-12. Summary**

Potential Barrier	Rating			
	Broader		Narrower	
	N	%	N	%
Alcohol or other Drug	109	21.3	51	10.0
Mental Health	112	21.9	112	21.9
Physical Health or Physical Limitation	277	54.1	216	42.2
Family Violence History	122	23.8	87	17.0
Learning Disability	35	6.8	35	6.8

**Table 4-13. Number of Potential Barriers**

Number of Potential Barriers	Rating			
	Broader		Narrower	
	N	%	N	%
0	150	29.3	175	34.2
1	175	34.2	184	35.9
2	108	21.1	97	18.9
3	55	10.7	41	8.0
4	21	4.1	14	2.7
5	3	0.6	1	0.2

Child and Teenage Abuse

A series of questions asked whether study participants had as children or teenagers been physically or emotionally abused, neglected, or forced to engage in sex (see Table 4-14). It is noteworthy that, because this is a young sample -- one-quarter age 25 or younger -- the referenced abuse may have been recent. These experiences can have profound impacts on mental health, alcohol or other drug use, and/or recurring family violence and hence on one's ability to negotiate the world of work. However, we need to devote more attention to these data before interpreting them in terms of potential health-related barriers.

**Table 4-14 History of Abuse (Childhood or Teenage Years)**

Abused in Childhood or Teenage Years	N	%
Emotionally abused, at least sometimes (Q80)	166	32.4
Neglected, at least some of the time (Q79)	157	30.7
Physically hurt by family member, at least sometimes (Q78)	135	26.4
Forced to engage in sex, at least once (Q81)	113	22.1

## Conclusions

Demographic analyses reveal multiple issues relating to fulfilling mandatory work requirements, particularly for the Vietnamese-speaking recipients. The members of the Vietnamese-speaking group tend to be older, having immigrated to the U.S. after they were 18 years of age. Compared to the other two language groups, they have the lowest education levels -- over half (55.3%) completed only the eighth grade or less -- and have the lowest level of work experience. Twenty-eight percent have never worked at all. In addition, the Vietnamese-speaking group reports very low levels of comfort and skill with speaking, reading, and writing English. Especially for this group, language, education level, and work experience appear as primary obstacles to gaining self-sustaining employment. Perhaps, recognizing their challenges, fewer Vietnamese-speaking recipients plan to participate fully in the CalWORKs program.

With regard to the measurement of potential health barriers in the overall sample, our findings suggest serious difficulties may exist given the extent of health-related problems among the CalWORKs population. Among our sample of CalWORKs participants, one-fifth may experience mental health-related barriers to successful departure from welfare. At least one-tenth may have alcohol or other drug problems. Almost seven percent report they have been diagnosed with learning disabilities. One-sixth to one-quarter report recent episodes of family violence, and two- to three-fifths have physical health problems or functional limitations that appear to restrict employment. Only one-third of the sample members appear to have no potential health-related barrier, while one-third are assessed as having two or more.

Large proportions of the general population, including many employed individuals, abuse alcohol and drugs, exhibit symptoms of mental illness, have recent histories of family violence, and/or suffer from other health-related disabilities. Thus, disabilities alone do not foreclose the possibility of employment, and many CalWORKs recipients assessed as having one or more health-related barrier may secure employment and depart welfare.

Some health-related barriers, and widespread prevalence of *multiple* potential barriers in the CalWORKs sample may, however, result in delayed departure from welfare and may require intensive provision of services prior to workforce entry. At this time we can offer no suggestion of how successful, or permanent, employment will prove to be for the health-impaired

individuals who do secure work. Nevertheless, the apparent prevalence of health-related problems in this CalWORKs sample challenges the adequacy of the 20 percent exemption rate provided for by federal law. These pessimistic findings are especially troubling given that the sample was drawn relatively early in the process of welfare reform in Alameda County.

### Study Limitations

One limitation reflects the intent of the survey and the analytic work that remains to be completed. The survey was not designed as a medical, psychological, or other diagnostic instrument. For subsequent reports we will therefore take several additional steps to refine our analyses. First, we will use multivariate methods to examine several variables and domains simultaneously to create tighter, and more reliable, measures of potential barriers. Second, we will evaluate the findings in light of respondent age, employment history, and other variables that will permit more comprehensive assessments. Third, we will compare our findings with those from other studies to determine how welfare recipients' potential and multiple potential barriers differ from those in other locations and in the general population.

As we refine our interpretations of the health-related measures, we hope to understand better which study participants have a problem that constitutes an impediment to employment. In the short run, more definitive interpretations will follow in reports 2 through 4, as we undertake additional bivariate and multivariate analyses. Longer-term, as data become available from follow-up interviews, we can calculate the association between the various potential barriers and subsequent departures from welfare, entry to employment, and other outcomes of interest.

A second limitation flows from the constraints of self-report data. Respondents may have reasons either to over- or under-report problems and behavior patterns. In turn, the data may inflate, or deflate, the problem at issue.

Under-reporting might be intentional or unintentional. Intentional under-reporting of mental health symptoms or drug use, for example, might take place if study participants distrust the promised protection of their personal privacy and feel the need to hide illegal or socially controversial behavior to protect their self-esteem or limit their vulnerability to criminal or welfare sanctions or CPS involvement with their children.

Unintentional under-reporting of alcohol or other drug use, mental health symptoms, or treatment experiences might follow simple problems of recall. Some experiences -- for example, child abuse -- may be inaccessible for protective reasons, and respondent ability to recall the number and size of drinks may be affected by intoxication or other statuses.

Over-reporting is also a potential problem. Particularly salient experiences, though longer ago than 12 months, might be perceived and reported as more recent. Additionally, study participants may have wanted to amplify problem areas in their lives as part of a strategy to gain exemption from time limits or work requirements.

### Policy Issues.

We are not prepared to discuss the degree to which these findings differ significantly from results for members of the general population. We know, for example, that 14 percent of young adults responding to census questions report disabilities, and 6 percent report they have a severe disability (U.S. Bureau of the Census, 1998). Mental health symptoms, and even diagnoses of major mental illness, are widespread (Robins et al., 1984). Similarly, use and abuse of alcohol and drugs are pronounced among young populations. Accordingly, it remains unclear, in the abstract, the extent to which the CalWORKs population is differentially in need of treatment or other services related to any particular barrier. The number of multiple potential barriers, however, strikes us as higher than the number found in the general population.

This CalWORKs sample differs from the general population in that it is a group of individuals relying on cash assistance. Accordingly, a number of policy questions arise. Should welfare recipients, but not others in the society, be offered -- or compelled to engage in -- assessments and treatment? Some welfare recipients quickly go off aid, permanently. Is there some way to target for services those more likely to remain longer-term welfare recipients? Which topical areas should be approached first? Which potential barriers really constitute disabilities that require exemptions from work and from welfare time limits? At what point, and with what degree of persuasion, should welfare recipients with potential barriers be approached to address their possible problems? And by whom should assessments or treatment referrals be made? These are complicated organizational and ethical questions that raise issues of privacy, confidentiality, civil and other rights, and County choices concerning resource allocation.

Work-oriented welfare legislation, intended to end welfare as we know it, is certainly transforming welfare systems. Discrete numbers of persons, perhaps with a higher prevalence of disabilities and barriers, require more intensive services to make them work-ready or to support them in transitioning to employment. Social service agencies are planning, staffing and contracting to provide job counseling; case management; assessment and treatment of medical, family violence, mental health and substance abuse problems; payments for child care; transportation subsidies; and coordinated referrals to housing, Food Stamps, and other community service programs. Despite the intensity of these efforts, many localities report accumulating unspent Department of Labor or other monies intended to support high-intensity services for persons with severe problems.

Many, if not most, current CalWORKs recipients who find employment are unlikely to earn wages sufficient to achieve economic self-sufficiency. Some welfare researchers, advocacy organizations, and the popular press are raising the possibility of committing unspent monies to extend time and/or scope of benefits to support persons who are working, but not earning enough to stay off welfare without subsidies (Loprest, 1999; Sherman, 1999; Shirk, 1999). Extending partial supports, such as Medicaid, child care subsidies and transportation subsidies, may prevent revolving door reliance on cash assistance, and provide recipients more time to make a successful transition to work and cope with the barriers that they face.

### References

Loprest, P. (1999). Families who left welfare: Who are they and how are they doing? Washington, DC: Urban Institute.

Robins, L. N., Helzer, J.E., Weissman, et al. (1984). Lifetime prevalence of specific psychiatric disorders in three sites. Archives of General Psychiatry, 41, 949-958.

Sherman, Arloc. (1999, August 22). Extreme child poverty rises sharply in 1997. Washington, DC: The Children's Defense Fund.

Shirk, M. (1999, July 11). Low-pay jobs no cure for poverty. San Jose Mercury News, p.1C.

United States Bureau of the Census. (1998, Sept. 30). Statistical Abstract of the United States: 1998. Washington, DC: GPO.

## **SECTION 5. PLANS FOR FUTURE ACTIVITY**

Three additional reports are planned for the period through March 31, 2000. Report 2, scheduled for delivery on October 29, 1999; will provide descriptive tables and discussion of potential barriers and statuses not included in Report 1. These materials will include findings on housing, food security, other material needs, child care and transportation needs, work skills, employment, income, and women's health, among other topics. Additionally, the second report will further address the question of how the findings concerning potential barriers compare with those for the general population of Alameda County and other comparison groups.

Report 3, planned for December 30, 1999, will link interview data with Social Services Agency administrative data and, with bivariate analyses, respond to the question: To what extent are the potential barriers associated with participant age; gender; ethnicity; length of time in County and Country; welfare status; education; work history; number, age, and health status of children and household members; and other domains of interest?

Report 4, planned for March 31, 2000; will apply multivariate analyses to estimate the relationships among health-related and other potential barriers to successful departure from welfare. Analyses also will address other topics of interest to the County and researchers.

We are currently funded to undertake one set of follow-up interviews, at 15-months post-baseline. Each additional wave of interviews will enrich our data set, permit increasingly valuable analyses, and promote better data-based policy-making.

The project envisioned the value of transforming a needs assessment into an outcome study for a number of reasons. First, with follow-up data, we will be able to evaluate which potential barriers assessed at baseline appear to remain barriers 15 and 30 months later. Second, follow-up interviews will enable us to determine the ways in which study participants engage in CalWORKs activities, including making use of treatment and other resources. Third, following the measurement of treatment and program engagement, we will be able to draw inferences about the relevance of those interventions for subsequent health status, employment, income, and other outcomes of interest.

Between now and February, 2000, we will be refining the questionnaire for use during Wave 2 interviews, revising the interview protocol as needed, developing a contract with the field work agency, and initiating the first follow-up interviews.

Over the next several months, we also anticipate presenting our findings both to the advisory group that assisted us during the project design and interview development phase and to members of the broader Alameda County community. We also plan to present reports to the Annual Meeting of the National Association for Welfare Research and Statistics and to other professional associations and local or statewide groups interested in our work and to develop at least two articles for publication before the second wave of interviews is initiated.

Finally, we plan to collaborate with other researchers studying TANF populations at other sites. We hope to verify our findings and situate them on the broader landscape of welfare reform activity.



## **APPENDICES**

## APPENDIX A.

### STUDY DESIGN

**Overview of study.** The Alameda County CalWORKs Needs Assessment was established to assess the needs of new and transitioning welfare recipients; to identify the constellation of personal, community, and programmatic barriers to self sufficiency and to successful departure from CalWORKs; and to determine what outcomes result for this population. As welfare recipients attempt to transition to the workforce, health-related problems are likely to emerge as barriers to self-sufficiency. This study identifies and quantifies potential barriers to obtaining and maintaining employment to assist in planning for the service needs of these clients. The project will help the County recognize critical program ingredients within CalWORKs to promote successful transitions from welfare to work by former AFDC recipients and new TANF enrollees, despite their health or other barriers. The results of this study are expected to be influential in setting policy directions at the state as well as the local level

In the study area of health-related potential barriers to self-sufficiency, study participants bring both problems and assets to their CalWORKs involvement. Based on one interview, the Needs Assessment can not make definitive judgments about the future of specific study participants. However, the study can suggest areas in which potential barriers appear substantial or negligible for the sample as a whole.

**Target population.** The study target population was defined as a cross-section of adult CalWORKs recipients in October 1998, ages 18 through 59, including members of one- or two-parent families; with the respondent speaking English, Spanish, or Vietnamese. Definition of the population excluded recipients permanently disabled and exempt from work, families in which parents or children were receiving SSI, and non-needy caretakers. Of interest were both long- and short-time recipients and both welfare leavers and stayers.

A longitudinal panel design with repeated interviews provides data for a full description of the needs of the cross-section of CalWORKs recipients and allows us to determine the relationship between barriers and subsequent program involvement and health, employment, income, and other outcomes.

**Variables or Indicators Measured.** A number of questionnaire items were adopted or adapted from existing studies or instruments (See Appendix D for a copy of the Measurement Scales Incorporated in the Questionnaire). Interviews covered the subjects' background, education, training and employment history, living situation, receipt of benefits and other types of support, access to food, arrest history, use of alcohol and drugs, physical and mental health, and history of child abuse and family violence. We asked subjects about their needs for and use of childcare, transportation, legal and financial services, alcohol and drug treatment, and mental health and medical services. To understand the recipients' situations more fully, we asked about one child, chosen at random from the respondents' children. Questions about the child covered health, safety, behavior, involvement with CPS, and school performance (if in school).

Nationally, several important studies, as well as current pilot programs, examine the work effects of welfare reform. However, relatively little has been done to assess the health, mental health, and familial effects of the new welfare regulations and their resulting impact on employment. Without focused research on these concerns, policy makers will not understand the impact of the CalWORKs program on visits for episodic care, treatment of chronic disease, and access to consistent preventive health care, on use of alcohol and other drug services, on the family and on access to family stress and violence counseling, and on other health and mental health services for new workers. Neither will policy makers comprehend the nature and duration of work for the post-welfare population that may suffer from a variety of work-limiting health conditions or other disabilities.

The current study addresses these issues by gathering baseline data on this population and following its progress over time. The follow-up study will permit us to address questions like: How conducive is the new "work-first" welfare policy to personal and family health? What impact on access to health insurance will be evident as welfare recipients transition into work? Will more or fewer welfare recipients obtain health, substance abuse, and mental health services critical to their getting and keeping a job? What effects on family structure will be evident?

Table B-1 summarizes the array of topics that will be monitored with follow-up interviews. The bold captions are followed by examples of some of the variables that will be assessed relative to the domain. For example, some of the socio-demographic variables include age, gender, and ethnicity. The variables relating to program elements and implementation activities will be counts of time, services, or amounts of income or other similar measurements. These variables reflect the characteristics of the CalWORKs population and will provide useful information in determining the needs of the different subgroups of CalWORKs recipients. For example, single parents currently covered by Medi-Cal and receiving cash grants for childcare assistance may have great difficulty when they take a low-paying job and lose these benefits. It will be important to obtain information about a recipient's current status as s/he transitions from AFDC or comes in new to CalWORKs, both in order to understand what current needs are to make the transition and to be able to follow what happens over time. The status measures will be recorded at baseline and follow-up to capture the impacts of CalWORKs on respondents.

**Study phases.** The study is composed of two phases. Phase 1 is a needs assessment; phase 2, an outcome study in which subjects serve as their own controls over time. Data include interview responses and Social Services Agency administrative records containing information on topics such as benefits, sanctions, income, and program involvement. This first report presents descriptive information about several of the central domains of interest. Additional domains, and results of various multivariate analyses applied to the data, will be described in subsequent reports.

**Study Duration.** If funds are available for three waves of interviews, study design, respondent recruitment and interviews, data entry and cleaning, analyses, writing, and dissemination of findings are planned to take place within a four-year period. Final reports will be completed in Fall/Winter 2002.

**Figure B-1. Tracking Impacts of Welfare-to-work Programs**

<b><u>Pre-existing Factors</u></b>	<b><u>Program Elements</u></b>	<b><u>Implementation Activities</u></b>	<b><u>Impacts</u></b>
<p><b>Socio-demographics</b></p> <p>Age, gender, ethnicity, language, education, marital status, number of children</p>	<p><b>Time in CalWORKs</b></p>	<p><b>CalWORKs Services</b></p> <p>Training, placement, child care</p> <p>Referral to child development services</p>	<p><b>Health</b></p>
<p><b>Personal Barriers</b></p> <p>Prior substance use, disabilities and other health problems, work history, literacy</p>	<p><b>Health insurance coverage</b></p> <p><b>Assessment and Referral</b></p>	<p><b>Health Treatments</b></p> <p>Substance use, medical, mental health, family violence</p> <p><b>Welfare Services</b></p> <p>Child protection, case management</p>	<p><b>Work &amp; Income</b></p>
<p><b>Community Barriers</b></p> <p>Public transportation, housing, welfare supports, neighborhood</p>	<p><b>Financial assistance</b></p> <p>Cash grant, child care assistance</p>	<p><b>Criminal Justice Involvement</b></p> <p>Arrest, jail, family court</p>	<p><b>Housing &amp; Food Security</b></p>
<p><b>Family Barriers</b></p> <p>Care of children and/or other adults, family violence</p>		<p><b>Transportation Arrangements/Subsidies</b></p> <p>Bus, taxi, auto, BART</p> <p><b>Other Child Care Arrangements</b></p> <p>Source, cost, availability</p>	<p><b>Child's Well-being &amp; School Success</b></p>

**Protection of study participants.** Baseline interviewers had extensive experience in administering surveys requesting sensitive information. They received explicit training on confidentiality, the maintenance of non-judgmental attitudes, decision-making about when to postpone interviews due to a subject's condition, and implementation of other study protocols. This training was conducted by a senior project manager in the fieldwork agency in association with and under the supervision of the Principal Investigator. Interviewers had experience working with minority populations and signed a confidentiality pledge. Several interviewers were bilingual in English and either Spanish or Vietnamese.

Completed questionnaires are identified only by a number, with the key linking participants' names and this ID number stored in a locked file. Published study results will contain no personal names or information by which a participant could be identified. Most results will be published in summary form only. If open-ended responses are quoted, they will not contain or be linked with any information that could identify an individual study participant. Information given to Alameda County or the State will be in summary form only and not contain any information that could be used to identify individual participants. Informed consent was obtained from study participants before any confidential data were collected.

**The study situated in existing literature.** Since welfare mothers frequently make the transition to work, then return later to welfare (Edin & Lein, 1997), it is important to understand what skills and supports are needed to maintain employment (Frosenfeld, 1992; Hershey & Pavetti, 1997; Moore & Driscoll, 1997; Parcel & Menaghan, 1997; Zaslow & Emlg, 1997). Research studies of the effects of welfare-to-work programs have been conducted in several states; however, few examine the prevalence of personal and health-related barriers to successful departure from welfare among TANF recipients.

Time-limited welfare is intended to propel former beneficiaries toward changes, such as integrating themselves into work, family, and community activities, perhaps more quickly than they otherwise would have (Jacobs, 1999; DeParle, 1998; Milbank, 1997). For those not finding substitute income sources, expiration of time limits may be followed by sizable deterioration in health and functioning or in death (Cheng, 1997; Chimara et al., 1997; DeParle, 1999; Fisher & Jacobs, 1997; Horwitz, 1997; MacDonald, 1997). At the same time, health-related barriers may delay departure from welfare by inhibiting the acquisition of work or its retention. With more work-ready recipients departing welfare for work, and many would-be welfare recipients discouraged from applying for TANF benefits, increasing proportions of those remaining on welfare may be persons facing one or more barriers due to family violence, alcohol, other drug, mental or physical health, or related problems (Danziger et al. 1999; Tolman, 1999; Lloyd, 1997).

One behavioral area presumed to impede successful departure from welfare is substance abuse. It is estimated, for example, that from ten to twenty percent of welfare-recipient parents abuse alcohol or other drugs (Schmidt et al., 1999; Grant and Dawson, 1996; Legal Action Center, 1997; Olson and Pavetti, 1996; Jayakody et al., 1998; Keese, 1998; Barth, 1998). Some studies have suggested that as many as 40-50 percent of welfare recipients in some areas abuse substances (United States GAO, 1998). The Public Health Institute's two-year outcome study of former SSI beneficiaries with drug addiction or alcoholism (DA&A) as a material contribution to their disability found erratic employment and lower incomes, increased homelessness and

housing instability, and departures from treatment following benefit termination (Speiglmán & Norris, 1998; and Norris, Green & Speiglmán, 1998; Norris & Podus, 1999). Similar problems can be expected to be seen among substance-abusing TANF recipients who meet time limits or are affected by sanctions.

Social analysts suggest that large proportions of welfare recipients suffer from histories of family violence that, through resultant health and mental health problems, can interfere with work. Abusive partners are also reported to interfere with work activities through harassment and other mechanisms (Tolman, 1999; Raphael, 1999; Allard et al., 1997; Curcio, 1997; Lloyd & Tulac, 1999). However, one researcher reports she was unable to obtain information from respondents concerning substance abuse and domestic violence because interviews were conducted by telephone (Zedlewski 1999a). Danziger et al. (1999) comment that many welfare mothers experience traumas such as, rape, sexual molestation, and other forms of domestic violence that place them at higher risk for post-traumatic stress syndrome. Discussion among service providers and results of survey research have suggested an overlap among substance use problems, childhood abuse, and welfare recipient status (Curcio, 1997; Allard et al., 1997; Bassuk et al., 1997).

Some survey studies that have begun to examine the prevalence of work-related obstacles to employment report high levels of mental health problems among TANF recipients, and previous research has shown high levels of depressive symptoms among welfare recipients (Steffick, 1996). An Urban Institute report on findings from the 1997 National Survey of America's Families attributes poor mental health to 35 percent of the TANF sample and very poor mental health to 22 percent (Zedlewski, 1999b). In a regression analysis the indicators of very poor mental health and other health problems limiting work were found to present significant obstacles to work.

Several studies have found that rates of physical health problems are higher among welfare mothers and their children than among women and children in the general population (Loprest and Acs, 1995; Olson and Pavetti, 1996), and that there is a significant relationship between women's employment and their health status (Bird and Freemont 1991). One-quarter of the National Survey of America's Families 1997 TANF sample reported poor general health, which was found to be a contributing obstacle to work (Zedlewski, 1999b).

The social and policy significance of these claims is complicated in light of evidence of multiple problems outside the health arena among this population. First, among groups of low-income, single-parent individuals, availability, quality, and expense of childcare and availability and suitability of transportation seriously limit individuals' ability to secure and hold a full-time job (Olson and Pavetti, 1996). Second, many welfare recipients lack the clothing or interpersonal skills required for work. Third, as reported by the Public Policy Institute of California (Johnson & Tafoya, 1999), on average California welfare recipients' basic skills lag far behind those of welfare recipients in the rest of the country and further behind full-time workers in the general population. Other barriers specific to parents include health or behavioral problems of their children and involvement with the child welfare system (Young et al., 1998). Looking at a compilation of findings from several studies examining barriers to work, Fishman and Barnow (1999) report that transportation, child care, and substance abuse were the most common

barriers. They add that low skill levels of welfare recipients and low job retention require the bringing together of multiple service sectors to promote employment retention and advancement.

Similar to our own project, a recent and timely study by Danziger et al. (1999) measures the prevalence of multiple barriers to employment among a sample of 753 single mother welfare recipients in an urban Michigan county. Examining work readiness skills, transportation, and health-related barriers, they find that only 15 percent of their respondents have none of 14 analyzed barriers. Likewise, the women in their sample have much higher rates of personal health problems and more problems among their children, more mental health problems, and more domestic violence experiences than do women in national samples. Almost two-thirds of the women have two or more potential barriers to work, and over one-quarter have four or more barriers that are strongly associated with their employment patterns.

Few if any control group studies of the degree of success in moving parents from welfare to work have been conducted that focus on persons with health or mental health problems, learning disabilities, child abuse or family violence histories, or substance abuse problems. However, it is assumed that simply allowing current TANF recipients with barriers to employment to hit a time limit and lose their benefits will lead to negative individual and community impacts.

If deterioration is more likely when financial and other supports are removed, what could be done to prevent such erosion in this difficult to serve group? Despite the current emphasis on work-first and workfare among welfare recipients, Hammer et al. (1985) argue that it is not very likely that just putting substance users into work situations reduces substance abuse and leads to permanent employment. Similarly, it is expected that there is limited efficacy in maneuvering an individual with severe mental health problems or impaired because of family violence or child abuse histories into work. Rather, some combination of ongoing support and counseling is presumed needed to change addictive behaviors and address other personal barriers. Policies integrating treatment with work activities can be effective. Pilot studies of welfare-to-work programs in two AFDC waiver states, Oregon and Wisconsin, report success in job retention following referrals of parents to substance abuse treatment (Pavetti et al., 1997), although appropriate referrals that address identified needs require careful planning (Speiglmán, 1994, 1997). Some success has been noted for supplementing treatment with supportive services, such as intensive case management (Shwartz et al., 1997; Siegal, et al., 1996), group counseling, and ongoing monitoring of progress.

In enacting its version of TANF, almost uniquely, the California legislature asserted that since substance abuse, mental health, and family violence problems could also serve as barriers to successful welfare departures, each county must devise a plan to identify, refer, and treat affected clients (California Institute for Mental Health, nd; Young & Gardner, 1997). Alameda and the other California counties have been engaged in this process of program development over the past several months. This study, and results from at least five other California welfare reform studies (conducted by California State University, Bakersfield; California State University, Sacramento; California Institute for Mental Health; RAND; and Sphere Institute) will substantially increase our ability to assess the degree to which California counties have developed successful models to move welfare recipients to work.

## References

- Allard M.A., Colten, M.E., Albelda, R. & Cosenza, C. (1997). In harm's way? Domestic violence, AFDC receipt and welfare reform in Massachusetts. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.6-9.
- Barth, R. P. (1998). Substance abuse and welfare, *The Source* (Winter), V 8, No. 1.
- Bassuk, E., Weinreb, L., Buckner, J., et al. (1997). The Worcester Family Research Project. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.9-13.
- Bird, C.E. & Freemont, A.M. (1991). Gender, time use, and health. Journal of Health and Social Behavior, 32: 114-129. Cited by Danziger et al., 1999.
- California Institute for Mental Health [Goodwin, S.N., Geary, C., Meisel, J., & Chandler, D.]. (nd). *The Impact of Behavioral Health on Employability of Public Assistance Recipients: A Technical Assistance Guide to the Current State of Knowledge*. Sacramento, CA.
- Cheng, G. (1997, August 13). Slamming addicts. Bay Guardian, pp.10-11.
- Chimara, N., Fitzpayne, A., & Lemley, A. (1997, November). *The Impact of General Assistance Time Limits in Alameda County*. Report to the Alameda County Social Services Agency. Berkeley: School of Social Welfare, University of California.
- Curcio, W. (1997). The Passaic County study of AFDC recipients in a welfare-to-work program: A preliminary analysis. Trapped by Poverty Trapped by Abuse: New Evidence Documenting the Relationship between Domestic Violence and Welfare. Chicago: Taylor Institute and the University of Michigan Research Development Center on Poverty, Risk, and Mental Health, pp.3-5.
- Danziger, S., Corcoran, M., Danziger S., et al. (1999). *Barriers to the Employment of Welfare Recipients*. Ann Arbor: Poverty Research & Training Center, University of Michigan.
- DeParle, J. (1999, February 21). As welfare rolls shrink, load on relatives grows, New York Times, p.1.
- DeParle, J. (1998, December 20). What welfare-to-work really means. New York Times Magazine, pp.49-59, 72-74, 88-89.
- Edin, K. & Lein, L. (1997). Making Ends Meet. New York: Russell Sage Foundation.



- Fisher, P. & Jacobs, J. (1997, December 7). Sick kids, broken down cars . . . it's more than getting a job. San Jose Mercury News, pp.1P, 5P.
- Fishman, M. & Barnow. B. (1999). Improving Job Retention for Welfare Recipients. Paper presented to the Annual Workshop, National Association for Welfare Research and Statistics (Cleveland, August 8-11). The Lewin Group.
- Frosenfeld, J. A. (1992). Maternal work outside the home and its effect on women and their families. Journal of the American Medical Women's Association, 47(2), 47-53.
- Grant, B. F. & Dawson, D. A. (1996). Alcohol and drug use, abuse, and dependence among welfare recipients. American Journal of Public Health, 86(10), 1450-1454.
- Hammer, T., Ravndal, E. & Vaglum P. (1985). Work is not enough: A quasi- experimental study of a vocational training programme for young drug and alcohol abusers. Journal of Drug Issues, 15(8), 393-403.
- Hershey, A. M. & Pavetti, L. A. (1997). Turning job finders into job keepers. Future Child, 7(1), 74-86.
- Horwitz, T. (1997, November 4). Paring welfare rolls proves a huge grind for everyone involved. The Wall Street Journal, pp.A1, A10.
- Jacobs, J. (1999, January 31). On the whole, welfare reform is a success. San Jose Mercury News, p.7C.
- Jayakody, R., Danziger, S., & Pollack, H. (1998, December). Welfare reform, substance use, and mental health. Paper presented at the annual meeting of Association for Public Policy Analysis and Management. Ann Arbor: Poverty Research & Training Center, University of Michigan.
- Johnson, H.P. & Tafoya, S.M. (1999, April). The basic skills of welfare recipients: Implications for welfare reform. San Francisco: Public Policy Institute of California.
- Keesee, M. (1998, February). Who will hit the five-year wall? (Available from Oklahoma Department of Human Services, Office of Finance, Oklahoma City, OK.)
- Legal Action Center. (1997). Making welfare reform work: Tools for confronting alcohol and drug problems among welfare recipients. New York: Legal Action Center.
- Lloyd S. (1997). The Effects of Domestic Violence on Women's Employment. Law & Policy, 19, 139-167.
- Lloyd, S. & Taluc, T. (1999). The effects of male violence on female employment. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 370-392.

Loprest, P. & Acs, G. (1995). Profile of Disability among Families on AFDC. Washington, DC: Urban Institute.

MacDonald, A. (1997, January 26). The road to Hell: Paved with SSI's good intentions. San Francisco Examiner, p.B-11.

Milbank, D. (1997, November 24). Vermont credits sharp drop in teenage births to tougher welfare rules, crackdown on dads. The Wall Street Journal, p.A24.

Moore, K. A. & Driscoll, A. K. (1997). Low-wage maternal employment and outcomes for children: A study. Future Child, 7(1), 122-127.

Norris, J. C., Green, R. S., & Speigman, R. (1998). Coping strategies of families that lost SSI benefits for a drug abuse or alcohol disability. The Source, 8(1):5-8.

Norris, J. C. & Podus, D. (1999). Developing local policies to assist former SSI DA&A beneficiaries. [Presentation to Housing California '99. Sacramento, April 19.] Berkeley: Public Health Institute.

Olson, K. & Pavetti, L. (1996). Personal and Family Challenges to the Successful Transition from Welfare to Work. Washington, DC: Urban Institute.

Parcel, T. L. & Menaghan, E. G. (1997). Effects of low-wage employment on family well-being. Future Child, 7(1), 116-121.

Pavetti, L., Olson, K., Pindus, N., & Pernas, M. (1997). Designing Welfare-to-Work Programs for Families Facing Personal or Family Challenges: Lessons from the Field. Washington, DC: Urban Institute.

Raphael, J. (1999). The Family Violence Option: An Early Assessment. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 449-466.

Schmidt, L., Weisner, C., & Wiley, J. (1999). Substance abuse and the course of welfare dependency. American Journal of Public Health, 88(11), 1616-1622.

Shwartz, M., Baker, G., Mulvey, K. P., & Plough, A. (1997). Improving publicly funded substance abuse treatment: The value of case management. American Journal of Public Health, 87(10), 1659-1664.

Siegal, H. A., Fisher, J. H., Rapp, et al. (1996). Enhancing substance abuse treatment with case management: Its impact on employment. Journal of Substance Abuse Treatment, 13(2), 93-98.

Speigman, R. (1994). Mandated AA attendance for recidivist drinking drivers: Ideology, organization, and California criminal justice practices. Addiction, 89, 859-868.

Speigman, R. (1997). Mandated AA attendance for recidivist drinking drivers: Policy issues. Addiction, 92(9), 1133-1136.

Speigman, R. & Norris, J.C. (1998). Substance abuse and welfare reform: Changes in status and strategies of terminated SSI beneficiaries in Northern California. Paper presented to the Annual Workshop, National Association for Welfare Research and Statistics (Chicago, August 5). Berkeley: Public Health Institute.

Steffick, D. (1996). NLSY: Self-Esteem, depression, and wages. Draft Paper, University of Michigan. Cited in Danziger et al, 1999.

Tolman, R. (1999). Guest Editor's Introduction. Violence Against Women: An International and Interdisciplinary Journal, 5(4), 355-369.

United States GAO. (1998, June). Welfare Reform - States Are Restructuring Programs to Reduce Welfare Dependence. Washington, DC: GAO/HEHS-98-109.

Young, N. K. & Gardner, S. L, Kimberly, D. (1998). Responding to Alcohol and Other Problems in Child Welfare: Weaving Together Practice and Policy. Washington D.C.: CWLA Press.

Young, N. K. & Gardner, S. L. (1997). Implementing Welfare Reform: Solutions to the Substance Abuse Problem. Irvine, CA: Children and Family Futures.

Zaslow, M. J. & Emlg, C. A. (1997). When low-income mothers go to work: Implications for children. Future Child, 7(1), 110-115.

Zedlewski, S.R. (1999a). Work Characteristics of 1997 TANF Recipients: Results from the National Survey of America's Families. Presentation to the Annual Workshop, National Association for Welfare Research and Statistics (Cleveland, August 8-11).

Zedlewski, S.R. (1999b, July). Work-related Activities and Limitations of Current Welfare Recipients. Washington, DC: Urban Institute.

## **APPENDIX B.**

### **SELECTION OF STUDY PARTICIPANTS**

**Inclusion and Exclusion Criteria.** The following inclusion criteria were applied to select Alameda County cases from active data files as of October 4, 1998: (1) Aid category designating one or more parents able to perform work and caring for one or more minor children (specifically, aid types 30-0, 30-2, 30-G, 30-H, 30-I, 30-P, 30-R, 35-0, 35-2, 35-A, 35-B, 35-G, 35-P, and 35-R); (2) case currently open; and (3) preferred language assigned to the case either English, Spanish, or Vietnamese.

**Random Selection Process.** All persons active on each case were listed by name, Social Security Number, date-of-birth, and eligibility status. An SPSS routine was written to identify and randomly select one adult caretaker for each case, as well as one child, to focus a subset of questions when interviewing the adult. Then, after converting some data fields, another extract file was created for generating letters to potential subjects requesting their participation in the study (see Appendix B).

**APPENDIX C.**

**COMPARISON OF SAMPLE TO ALAMEDA COUNTY CalWORKs POPULATION AND SAMPLE FRAME**

<b>VARIABLE</b>	<b>POPULATION</b>	<b>FRAME</b>	<b>SAMPLE</b>	<b>POPULATION%</b>	<b>FRAME%</b>	<b>SAMPLE%</b>
<b>SIZE</b>	16406	741	512	100	100	100
<b>FAMILY BUDGET UNIT NO.</b>						
0	12696	589	406	77.4%	79.5%	79.3%
1 OR HIGHER	3710	152	106	22.6%	20.5%	20.7%
<b>AID TYPE</b>						
FAMILY GRANT (FG)	14657	658	460	89.3%	88.8%	89.8%
UNEMPLOYED PARENT	1736	80	51	10.6%	10.8%	10.0%
REFUGEE	36	2	1	0.2%	0.3%	0.2%
OTHER TYPES	5	1	0	0.0%	0.1%	0.0%
<b>ZIPCODE OF RESIDENCE</b>						
INVALID/ERROR	9	0	0	0.1%	0.0%	0.0%
92XXX OR 93XXX	11	0	0	0.1%	0.0%	0.0%
94XXX	16344	741	512	99.6%	100.0%	100.0%
95XXX	42	0	0	0.3%	0.0%	0.0%
<b>APPLICATION DATE</b>						
PRE-1980	1	0	0	0.0%	0.0%	0.0%
1980-1984	1022	44	34	6.2%	5.9%	6.6%
1985-1989	1973	91	69	12.0%	12.3%	13.5%
1990-1994	4300	199	128	26.2%	26.9%	25.0%
1995 TO PRESENT	9108	407	281	55.5%	54.9%	54.9%
<b>APPLICATION CODE</b>						
APPROVED	6894	305	211	42.0%	41.2%	41.2%
APPROVED W/CONDITIONS	338	13	10	2.1%	1.8%	2.0%
AID RESTORATION	5833	272	186	35.6%	36.7%	36.3%
RESTORATION W/CONDITIONS	18	0	0	0.1%	0.0%	0.0%
TRANSFERS	1797	74	46	11.0%	10.0%	9.0%
RESCIND DENIAL	69	3	2	0.4%	0.4%	0.4%
ADMINISTRATIVE/OTHER	1456	74	57	8.9%	10.0%	11.1%

<b>ETHNIC GROUP</b>						
WHITE	2434	111	79	14.8%	15.0%	15.4%
BLACK	9551	416	296	58.2%	56.1%	57.8%
HISPANIC	1985	90	58	12.1%	12.1%	11.3%
VIETNAMESE	1466	69	46	8.9%	9.3%	9.0%
OTHER	935	55	33	5.7%	7.4%	6.4%
<b>GENDER</b>						
F	15296	679	472	93.2%	91.6%	92.2%
M	1110	62	40	6.8%	8.4%	7.8%
<b>AGE</b>						
MEAN	32.57	32.54	32.64			
<b>LANGUAGE</b>						
ENGLISH	14582	662	462	88.9%	89.3%	90.2%
SPANISH	513	20	9	3.1%	2.7%	1.8%
VIETNAMESE	1311	59	41	8.0%	8.0%	8.0%

**APPENDIX D.**

**MEASUREMENT SCALES INCORPORATED IN THE QUESTIONNAIRE**

<b>SCALE/INSTRUMENT</b>	<b>Q-ITEMS</b>	<b>REF ITEMS</b>	<b>REFERENCE</b>
BPRS	359-364		Overall, J. E., Hollister, L. E., & Pichot, P. (1967). Major psychiatric disorders: A four-dimensional model. <i>Archives of General Psychiatry</i> , 16, 146-151.
GAIN696	parts of 136;		Dennis, M. (1996). <i>Global Appraisal of Individual Needs--Initial</i> . Version 0696. Bloomington, IL: Chestnut Health Systems.
HSCL	234		Derogatis, L. R., & Cleary, P. A. (1977). Confirmation of the dimensional structure of the SCL-90: A study in construct validation. <i>J. of Clinical Psychology</i> , 33, 981-990.
READY TO CHANGE	255,260		Heather, N., Gold, R., & Rollnick, S. (1991). <i>Readiness to Change Questionnaire: User's manual</i> . Technical Report 15. Kensington, Australia: National Drug and Alcohol Research Center, U. of New South Wales.  Heather, N., Rollnick, S., & Bell, A. (1993). Predictive validity of the Readiness to Change Questionnaire. <i>Addiction</i> , 88, 1667-1677.
ROSENBERG	77		Rosenberg, M. (1965). <i>Society and the adolescent self-image</i> . Princeton, NJ: Princeton University Press.
SF-36	211,218,219	1,3,9	Ware, J. E., Jr., & Sherbourne, C. D. (1992). The MOS 36-item Short-Form Health Survey (SF-36). I. Conceptual framework and item selection. <i>Medical Care</i> , 30, 473-481.
NSHAPC	23,24		Bureau of the Census. (1996). <i>National Survey of Homeless Assistance Providers and Clients</i> . Washington, DC: U.S. Department of Commerce, Bureau of Census.
QOLI	305		Lehman, A. F. (1988). A quality of life interview for the chronically mentally ill. <i>Evaluation and Program Planning</i> , 11, 51-62.
CCHIP-X	292		Scott, R. I., Wehler, C. A., & Anderson, J. J. (1994). Measurement of coping behaviors as an aspect of food insecurity. Paper presented at the Food Security Measurement and Research Conference, Washington, DC.
EBI1995	20		Robertson, M. (1995). <i>Evaluation Baseline Interview</i> . Berkeley, CA: Alcohol Research Group.

SCALE/INSTRUMENT	Q-ITEMS	REF ITEMS	REFERENCE
SSIP	136,137,139		Spalter-Roth, R. (1996). Personal communication regarding how to ask income questions, following the Survey of Income and Participation questionnaire.
Adapted CTS	243-247		Straus, M. A. (1990). Measuring intrafamily conflict and violence: The Conflict Tactics Scales. In M. A. Straus & R. J. Gelles, (Eds.), Physical violence in American families (pp. 29-47). New Brunswick, NJ: Transaction Books.
USDA HUNGER SCALE	293		Price, C., Hamilton, W. L., & Cook, J. T. (1997). Measuring food security in the United States: Guide to implementing the core food security module. Washington, DC: USDA Food and Consumer Service Office of Quality and Evaluation.
ARG DRINKING SCALE	249-254		Alcohol Research Group's Welfare Client Longitudinal Study.
EMPLOYMENT	164-177		Field Research Corporation (199?). Work and health survey.
WELFARE BENEFITS	114	23A	Montoya, I. D. (1998). Employment dynamics in response to welfare reform. NIDA funded research study.
Adapted LIFE EVENTS	76	53	Child Trends, Inc. (1997, May). Measures for the final common core constructs. Questionnaire for The Project on State-Level Child Outcomes, adapted from the New Hope Survey.
ARG DRUG SCREENER	257, 258	56	Alcohol Research Group's Welfare Client Longitudinal Study.
CHILD CARE ARRANGEMENTS	93	CC22	MDRC Project on Devolution and Urban Change.
Adapted CHILD CARE	84	D12	Poverty Research & Training Center. Women's employment study.
<b>Child's Section</b>			
RAND GENERAL HEALTH RATING INDEX	339	A.A.	Eisen, M., Donald, C. A., Ware, J. E., & Brook, R. H. (1980). Conceptualization and measurement of health for children in the Health Insurance Study. Santa Monica, CA: RAND.
INFANT BEHAVIOR QUESTIONNAIRE	312, 313	1,2	Rothbart, M. K. (1981). Measurement of temperament in infancy. Child Development, 52, 569-578.
TODDLER BEHAVIOR	321	3	Goldsmith, H. H. (1987). Toddler Behavior Assessment Questionnaire. Eugene:



SCALE/INSTRUMENT Q-ITEMS	REF ITEMS	REFERENCE
ASSESSMENT QUESTIONNAIRE		University of Oregon, Department of Psychology