Alameda County CalWORKs Needs Assessment

Barriers to Working and Summaries of Baseline Status

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EXECUTIVE SUMMARY

Introduction

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, Public Law 104-193) of August 1996, ended welfare as an entitlement for needy families with dependent children. The law replaced the 60-year-old federal 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. States must also meet yearly increasing minimum participation rates in order to be eligible for full federal funds for the following fiscal year. Federal law now prohibits states from using federal TANF funds to provide assistance to parents and caretakers for more than 60 months, a lifetime maximum.

In 1998, California counties transferred welfare recipients from the AFDC and GAIN programs to the California State TANF plan, following the passage of Assemby Bill 1452, which established the California Work Opportunities and Responsibilities to Kids (CalWORKs) program. California and Alameda County, like jurisdictions nationwide, have developedSand continue to refineSstate and local welfare-to-work programss. While each county throughout California has some leeway in the design and implementation of the local CalWORKs plan, all set 18- to 24-month time limits on the receipt of cash aid and support services. Unless parents participate in approved work activities, they may lose aid even sooner. However, county officials expressed concern that, as welfare recipients attempt to join the workforce, health-related problems like alcohol or drug abuse, as well as other problems, for example, lack of job skills, minimal work history, or problems with child care, transportation, or housing, will emerge as barriers to getting and keeping work.

In Report #1 the study sample was described, and some potential barriers to working were identified. The key conclusions were: (1) the number of study participants with significant limitations on their ability to work appears to exceed the federally-imposed 20 percent limit on those exempted from work activities; (2) the combinations of potential barriers for many of the study participants point to the need for intensive or long-term supports to promote successful transitions to work; and (3) there is special concern for Vietnamese-speaking grantees, given this group's refugee experiences and need for intensive English language instruction and job skills

training.

In Report #2 additional potential barriers to working are identified, and other impediments to making the transition from welfare to work are explored. While the intent of Report #1 was to identify potential barriers to *self-sufficiency*, the stated goal of the PRWORA legislation, the focus of this report shifts to identifying the barriers to *getting and keeping work*. Even though working first may not lead directly to self-sufficiency, working may prove successful at moving people towards self-sufficiency. More will be said in subsequent reports about barriers specific to achieving self-sufficiency.

The following five sections describe the study, key findings and conclusions of this report, and plans for future reports.

Project Purpose

- C To compile a full and inclusive examination of potential barriers to working among a cross-section of the Alameda County CalWORKs population, with particular emphasis on health-related barriers.
- C 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.
- C To assist Alameda County in planning for the service needs of its CalWORKs recipients.

Project Implementation

- C Obtained funding 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 non-exempt cases, except non-needy caretaker cases, who were receiving CalWORKs benefits in October 1998 and who spoke English, Spanish, or Vietnamese.
- Between November 1998 and May 1999 recruited into the study and interviewed 512 adult CalWORKs program participants and asked them about one randomly selected child

in the family.

- Submitted the first in a series of reports on August 30, 1999, covering demographics, citizenship, residence, household composition, education, language proficiency, work history, welfare history and expected participation in CalWORKs, and some potential health-related barriers to obtaining and keeping work.
- Submitted, this, the second report on February 10, 2000, covering additional health-related barriers, other types of potential barriers to working, circumstances of daily living, status of the randomly selected child, respondents' suggestions for improving services, and an assessment of how Alameda County CalWORKs program participants compare with other populations.
- C Follow-up interviews will begin February 9, 2000, in order to assess each respondent's progress towards finding and keeping work, along with health and other personal statuses.

Findings

Note, all findings provided in this report are based on the self-report of study participants.

- C For reporting purposes five ethnic groups were distinguished: African-Americans, English-speaking Latinos, Spanish-speaking Latinos, Vietnamese, Whites, and all others.
- When interviewed, 72 percent of study participants were not currently involved in any activities preparing them for working.
- Only 17 percent had signed their welfare-to-work plan. However, 78 percent of them were somewhat or very satisfied that it was a good plan. Of the services already received, the two considered most helpful were money for transportation and child care.
- C Thirteen potential barriers to working were identified, six of which were health-related. Using broad definitions of the barriers, 96 percent of all respondents were experiencing one or more potential barriers, while using narrow definitions 81 percent were.
- Compared to respondents working at least 26 hours per week, respondents working fewer hours were more likely to be experiencing the following two barriers: lack of job skills or

- inadequate work history, or problems with child care.
- Using the broad definitions of potential barriers, having two or fewer barriers (29% of respondents) was not very likely to prevent people from working, while having five or more (32%) was very likely to interfere with working.
- C English-speaking Latinos experienced more health-related barriers to working.
- Circumstances of daily living were challenging, due to household incomes that averaged 112 percent of poverty, housing and utility costs that averaged 28 percent of income with many respondents unable to pay the full cost themselves, and lack of food subjecting 14 percent of families to moderate to severe hunger during the previous year.
- C Spanish-speaking Latino and White respondents reported the largest household incomes, at, respectively, 138 and 135 percent of poverty level.
- Study respondents were similar to other TANF groups and different from other U.S. adults on five key demographic characteristics and three of five potential barriers to working. Among TANF groups, our study respondents were the most ethnically diverse, older, and included more males.
- One child in each family was studied in more detail. The typical child was 7.4 years old, earned a B average or better in school, was in good or better health, and had health insurance coverage. One out of ten suffered from a chronic health condition.
- In response to open-ended questions about the CalWORKs program and what the government could do to assist single parents, study participants emphasized providing: help finding jobs, more job training, money for childcare, cheaper housing, more education, and flexible administration of CalWORKs.

Conclusions

Alameda County CalWORKs program participants will need a variety of services to help them overcome numerous potential barriers to working, as will TANF recipients throughout the United States.

- The circumstances facing most program participants in their daily lives are quite challenging, notably low incomes relative to expenses (particularly housing costs), difficulty accessing health services, and occasional periods of hunger. These challenges will hamper efforts to sustain the transition to working, even when barriers to getting and keeping work are overcome.
- When these interviews were conducted, most of the respondents were not yet active in the CalWORKs program, thus they could say little about how the program was helping them find work. Those who were no longer receiving CalWORKs were more likely to be working than those still in the program, possibly because they were individuals who did not need assistance to make this transition.

Future Plans

This report concludes our description of the study sample and the potential barriers to obtaining and maintaining employment that program participants in CalWORKs face. As comprehensive as these findings are, they also raise questions about relationships among personal statuses and barriers to working. The next report will address more complex questions using multivariate analyses to identify the most significant relationships. Subsequently, descriptive statistics will be selected to summarize those relationships. Following the publication of the next two reports, new data will become available from the second wave of interviews covering changes in personal status. Then, additional reports will be developed to describe the progress program participants are making in getting and keeping work, the extent to which CalWORKs recipients utilized services to overcome barriers to working, and how long it is takes to find and keep work. It is hoped that these results will be of import to communities, the County, the State, and welfare recipients themselves.

SECTION 1. INTRODUCTION

Preview of Report #2

This is the second of four planned reports about the Alameda County CalWORKs Needs Assessment study. All findings in this report are based on respondents' self-reports. The report is organized into an introduction (Section 1) and eight additional sections. Section 2, Healthrelated Potential Barriers to Getting And Keeping Work, elaborates on findings concerning potential health-related barriers, some of which were introduced in Report #1. Section 3, Other Potential Barriers to Getting And Keeping Work, examines study participants' employment and work histories, work skills, child care, time spent taking care of one or more children who have health or other problems, transportation difficulties, housing stability, and criminal involvement. Section 4, Impacts of Barriers to Working, gives an overview of the enumerated potential barriers and examines their association with work. Section 5, Challenges of Daily Living, highlights the difficulties of living on a very low income, including finding and keeping housing, keeping food in the house, smoking, and meeting a variety of family needs. Section 6, Status of a Randomly Selected Child, provides detailed information on the status of one child in the household. Section 7, Participant Suggestions for Improving Services, reports initial impressions from reviewing open-ended responses to five questions about the CalWORKs program's operation and effects, as well as welfare programs in general. In Section 8, Comparing Alameda County CalWORKs Program Participants to Other Groups, differences are highlighted between TANF recipients in Alameda County, other TANF recipients, and the U.S. population, to situate better the specific and perhaps unique needs and circumstances of Alameda County CalWORKs recipients. Section 9, Conclusions, summarizes the highlights of this report, including potential barriers to working, the key characteristics of this population, and the circumstances surrounding respondents' lives.

Unlike Report #1, which presented findings by distinguishing among linguistic groups, Report #2 presents findings by ethnic group. Instead of tables on English-, Spanish-, and Vietnamese-speaking respondents, findings of interest are tabulated by six ethnic groups: African-American (55%); White (13%); English-speaking Latino (5%); Spanish-speaking Latino (5%); Vietnamese (9%); and Other (13%). Language spoken at home was used to distinguish the two groups of Latinos. The Other ethnic group includes individuals who speak a language at home other than English, Spanish, and Vietnamese, or who identified their ethnicity as other than African-American, White, or Latino/Hispanic, or who identified with two or more ethnic groups, regardless of the language spoken at home. Some of the study participants included in the Other

ethnic group were Asians (other than Vietnamese), Native Americans, Native Hawaiians, and Pacific Islanders.

A second major change from Report #1 to Report #2 relates to the search for barriers. In Report #1 the intent was to identify health-related barriers to *self-sufficiency*, the stated goal of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA, Public Law 104-193). However, due to the low wages paid for unskilled and semi-skilled labor, it seems unlikely that the majority of CalWORKs program participants will achieve self-sufficiency without completing their high school education, then acquiring specialized skills through additional training, education, or both. Since the emphasis in CalWORKs is on finding jobs first, rather than pursuing further education or specialized training, it seems more realistic to identify first the potential barriers that clearly impede people from *finding and keeping work*. Even though working first may not lead directly to self-sufficiency, it may prove successful at moving people towards self-sufficiency. Future reports will expand on additional barriers relating to self-sufficiency and report on the progress study participants make towards achieving self-sufficiency.

Interpretations of these study findings must consider the timing of certain events. Potential study participants were randomly selected from a cross-section of welfare-to-work-eligible CalWORKs recipients in October 1998. Participant recruitment and baseline interviews stretched across six months, from November 1998 into May 1999. At the beginning of this time frame many CalWORKs recipients had not yet attended an orientation, signed a welfare-to-work plan, or, perhaps, even understood the relevance of time limits for their welfare careers. The Alameda County Social Services Agency was still relying on repeat mailing of letters rather than immediate sanctions to draw recipients into the CalWORKs program. By the end of the interview period, these conditions had changed. Sanctions were more prevalent, program involvement had increased for some respondents, and other respondents had departed for work (Alameda County Social Services Agency, 1999).

A second timing issue relates to the Needs Assessment field work protocol for conducting interviews in three languages: English, Spanish, and Vietnamese. To minimize the proliferation of questionnaire errors across versions of the instrument, the translation process, and hence the recruitment and interview activities, were sequenced. The English-language version of the questionnaire was administered for several weeks, during which time some faulty skip instructions, poor wording choices, and other problems were identified and corrected. Only then was the questionnaire translated into Spanish, then later into Vietnamese. Accordingly, none of the Spanish and Vietnamese-language interviews took place in the first three months of field

work. Respondents interviewed later had more time to become involved in CalWORKs activities, including employment. Therefore, it is unclear whether differences across the three language groups are due to true group differences or to the sequencing of interviews. In subsequent reports, more sophisticated analyses will be applied to address this quandry.

Linkage to Report #1

In Report #1, "Alameda County CalWORKs Needs Assessment: A Look at Potential Health-Related Barriers to Self-Sufficiency," released in August 1999, we discussed the study design and its implementation, described the demographics and other characteristics of the sample, and began coverage of potential health-related barriers to working. Thus, only in Report #1 does information about study participants' gender, age, race/ethnicity, primary language, duration of residence in Alameda County, citizenship status, household and family characteristics, education, English language proficiency, and welfare history appear. Copies of Report #1 remain available from the Public Health Institute.

Similar to Report #1, Report #2 does not include tests of significance between groups or confidence interval estimates. While most findings are presented by ethnic group, suggesting that differences exist among the groups, in fact such differences may not prove statistically significant, particularly for differences among the smaller groups. Interpretations of the findings in Report #2 emphasize the largest differences. Nevertheless, some of the differences of interest described in this report may be superseded by other findings in Reports #3 and #4. Too many tests of significance tend to produce spurious findings or lack an interpretable pattern in their relationships. Therefore, our strategy was to follow the descriptive work of Reports #1 and #2, which builds our understanding of these data, with more comprehensive multivariate analyses. In the meantime, conclusions regarding the study findings should be drawn tentatively, by entertaining the possibility that further investigation may alter them.

A considerable portion of Report #1 focused on potential health-related barriers to successful departure from welfare. Section 2 of this report continues the coverage of potential health-related barriers. The mental health barrier is redefined, and all health-related barriers are reviewed in terms of ethnic group differences. Childbearing is included as an additional health-related barrier. Issues relating to women's health also are discussed.

For most potential barriers to working, two estimates of prevalence rates for each potential barrier to getting and keeping work are presented. Estimates based on a broader definition

represent a likely maximum proportion of respondents encountering that particular barrier. Estimates based on a narrower definition represent the minimum percentage of respondents likely to be facing that particular barrier. Both frequencies and percentages of respondents experiencing a barrier are reported. Some health-related barriers were explained more fully in Report #1.

Evidence of a *potential* barrier to obtaining work does not necessarily indicate a *permanent* disability or unresolvable problem, which would make it impossible for study participants to obtain employment. Some barriers can be overcome with the passage of time and/or with appropriate referrals to services and treatment. Nevertheless, the presence of multiple barriers points to the possible need for specialized assessments, sensitive and responsive support for overcoming the barriers, consistent utilization of available services, and consideration for exemption from time limits.

References

Alameda County Social Services Agency. (1999). *CalWORKs Quarterly Report, January - March 1999*. Oakland, CA: Author.

SECTION 2. HEALTH-RELATED POTENTIAL BARRIERS TO GETTING AND KEEPING WORK

Mental Health - Part 2

In Report #1, 21.9 percent of the sample was identified as having a potential mental health barrier to successful departure from welfare. This estimate was based on four indicators of immediate need for mental health care \$\mathbb{S}\$ stated need for care, self-recognition of impaired functioning, failure to take prescribed medications, and hospitalization for mental illness. This section of Report #2 uses a second approach to estimate potential mental health barriers based on a mental illness symptom checklist included in the CalWORKs Needs Assessment questionnaire. The Symptom Checklist-90 (SCL-90, Derogatis, Lipman, & Covi, 1973) was developed over 25 years ago to summarize symptoms of mental distress. Only 53 of the 90 items were included in the questionnaire to reduce interview length. Nine groups of items covered depression, interpersonal sensitivity, obsessive-compulsive behavior, paranoid thinking, hostility, anxiety, phobic anxiety, somatization (physical symptoms), and psychotic thinking. The mean of all items indicates the overall symptom level.

Some symptoms of mental illness occur occasionally in a mild form throughout the general population. Symptoms tend to increase during times of high stress, such as periods of unemployment, preparing for examinations, experiencing a medical problem, childbirth, loss of an important person or relationship, moving, or starting a new job. Symptom checklist responses range from 0 to 4 for each symptom; 0 indicates symptom not present, and 4 indicates extremely bothered by the symptom. Mean scores across symptoms indicate the level of mental distress at the time of the interview. Males tend to score lower than females, making it necessary to separate respondents by gender before interpreting patterns.

Categories of respondents were created by applying SCL-90 norms from a previous study (Rickels, Garcia, Lipman, Derogatis & Fisher, 1976) and norms from a related clinical instrument, the Brief Psychiatric Inventory (Derogatis, 1993) to three natural groupings of scores in the data. The resulting three groups resembled previously defined normative groups. Different mean scores were defined as cutoffs for males and females within each of the three groups, using the normative data as guides. The first group reported next to no symptoms on the list of 53; their cutoff scores ranged from 0 to 0.229 for males and to 0.279 for females. The second group reported enough symptoms at higher levels to be distinguished as having transient or initial signs of a mental problem. Their psychological symptom levels resembled those of

persons seeing their doctor in primary care for pregnancy or minor medical problems. The cutoff scores ranged from 0.230 to 0.699 for males and from 0.280 to 0.809 for females. The third group experienced the most symptoms. They had scores high enough to indicate the need for psychological treatment, with levels of distress resembling the levels reported by persons under treatment for anxiety disorders. The distribution of scores for the third group was skewed upward, with some mean scores exceeding 2. The cutoff scores for this group were 0.70 to 4 for males and 0.81 to 4 for females. As Table 2-1 shows, 17.8 percent of the 512 respondents were classified in the many symptom group, high enough to indicate a possible mental disorder.

Table 2-1 shows differences among the ethnic groups regarding level of mental health symptoms. The two groups with the lowest proportion of persons experiencing the most symptoms (possible mental disorder) were Whites and Spanish-speaking (SS) Latinos, as shown in the bottom row. Proportionally more English-speaking (ES) Latinos reported high levels of symptoms than any other ethnic group, about twice the rate for Whites and SS Latinos.

Table 2-1. Symptoms of Mental Illness

	Africa	n-Am. 281)	White (n=67)		ES Latino (n=24)			Latino =25)	Vietna (n=	amese 47)	Other (n=68)			tal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Few symptoms	138	49.1	28	41.8	10	41.7	10	40.0	20	42.6	33	48.5	239	46.7
Some symptoms	91	32.4	31	46.3	8	33.3	12	48.0	18	38.3	22	32.4	182	36.5
Many symptoms	52	18.6	8	11.9	6	25.0	3	12.0	9	19.1	13	19.1	91	17.8

Based on Q234.

This measure of a potential mental health barrier to working was combined with the measure utilized in Report #1, and two definitions of the potential barrier were developed. The broad definition includes everyone likely to have a mental health problem. The narrow definition identifies respondents most likely to experience a mental health problem as a barrier to working. The measure developed in Report #1 was based on respondents needing assistance with mental health, not being able to take care of family due to their own mental health, not currently taking prescribed medications for a mental problem, or being hospitalized for a mental problem in the past 12 months. According to Table 2-2 there was only moderate agreement between the two measures. Almost as many people with many symptoms said "no" to all four of the problem questions as said "yes" to one or more, 8.4 percent versus 9.4 percent. The majority of respondents, 70 percent, reported neither mental health problems nor many symptoms.

Table 2-2. Combining Two Definitions of a Potential Mental Health Barrier to Working

	Few Symptoms	Some Symptoms	Many Symptoms	Total
No mental health problems	41.6%	28.1%	8.4%	78.1%
One or more of 4 problems	5.1%	7.4%	9.4%	21.9%

The narrow definition of a potential mental health barrier includes those respondents who reported enough symptoms to have a possible mental disorder, 17.8 percent, plus anyone not taking prescribed psychotropic medications. This total of 18.8 percent (not shown in table) was similar to the finding in Report #1 that 21.9 percent were experiencing a potential mental health barrier. The broad definition of a potential mental health barrier includes everyone who reported one or more of the four problems or reported many symptoms, 30.3 percent of the sample. The intersection of the two measures is highlighted in the L-shaped box in Table 2-2. Overall, between 19 and 30 percent of study participants may have a mental health problem that prevents them from finding and keeping work.

Health Barriers to Working

Table 2-3, below, indicates which ethnic groups are more likely to have a potential health barrier to working. Because we learned that distinguishing among ethnic groups was more informative than distinguishing groups by the Social Service Agency's designated primary language for the case, or only by language spoken at home, the following tables apply the revised approach to each of the potential health barriers. Besides the revised approach to defining mental health barriers, there was one further change from Report #1 in the counts of persons experiencing the five barriers. Upon re-doing the analyses, five more respondents were classified as experiencing a potential alcohol or illegal drug use barrier, broadly defined, for a total of 22.3 percent of the sample.

Table 2-3 shows that ES Latinos were *most* likely to experience each type of potential health barrier to working, regardless of whether a broad or narrow definition is used. There was one exception; Whites were more likely to experience a family violence barrier using the broad definition. As explained in Report #1, this barrier was defined using self-reports of being a victim of the violent behavior of either a partner or family member. Either the Vietnamese or the SS Latinos were *least* likely to experience any of the potential health barriers to working, with one exception. Whites were least likely to experience a mental health barrier using the narrow definition. By type of potential barrier, the Vietnamese were least likely to experience a potential

barrier due to family violence or alcohol or illegal drugs. SS Latinos were least likely to experience a physical health barrier. Neither the SS Latinos nor the Vietnamese reported any learning disabilities. Possibly, members of these two groups have less experience working with this particular diagnosis. It is likely, however, that the learning disability estimate is low for all groups (Lewin, 1998; Young, Gerber, Reder & Cooper, nd).

Table 2-3. Potential Health Barriers to Working

	African (n=2			nite (67)		atino =24)		Latino =25)	Vietna (n=		Otl (n=			tal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Mental healt	h													
Broad	83	29.5	23	34.3	9	37.5	7	28.0	13	27.7	20	29.4	155	30.3
Narrow	52	18.5	11	16.4	6	25.0	5	20.0	9	19.1	13	19.1	96	18.8
Alcohol or il	legal dr	ug use												
Broad	73	26.0	20	29.9	8	33.3	4	16.0	1	2.1	8	11.8	114	22.3
Narrow	32	11.9	10	14.9	4	16.7	2	8.0	0	0.0	2	2.9	51	10.0
Physical hea	lth													
Broad	146	52.0	33	49.3	17	70.8	11	44.0	25	53.2	40	58.8	272	53.1
Narrow	103	36.7	26	38.8	16	66.7	9	36.0	24	51.1	30	44.1	208	40.6
Family viole	nce													
Broad	69	24.6	21	31.3	7	29.2	4	16.0	1	2.1	20	29.4	122	23.8
Narrow	49	17.4	16	19.4	2	25.0	3	12.0	2	2.1	35	22.1	87	17.0
Learning dis	ability													
Both	18	6.5	8	11.9	3	12.5	0	0.0	0	0.0	6	9.0	35	6.8

Behavioral Health Combinations

Mental health and alcohol or illegal drug use problems are increasingly being studied in combination and are often collectively referred to as behavioral health problems. Adding family violence problems, given the mental trauma associated with such events, these three potential health barriers are examined as to their co-occurrence. Table 2-4 reveals that, of the three combinations, family violence and mental health barriers occur together most frequently, whether defined broadly or narrowly. Anywhere from 7 to 13 percent of study respondents were assessed as having both potential family violence and mental health barriers to working. The rates of co-

occurrence of family violence and alcohol or illegal drug use, along with mental health and alcohol or illegal drug use, were similar, ranging from 4 percent (narrowly defined) to 10-11 percent.

Table 2-4 also highlights ethnic group differences in the co-occurrence of the three behavioral health problems. ES Latinos had the highest prevalence for the two combinations that include alcohol or illegal drugs (the first and third panels), whether these barriers were measured broadly or narrowly. Whites had the highest rates of family violence and mental health problems when these were broadly defined (second panel); African-Americans and ES Latinos had the highest rate when they were narrowly defined. For every combination of barriers presented, Vietnamese respondents had the lowest rates regardless of whether they were broadly or narrowly defined. SS Latinos tended to have the second lowest rates of co-occurrence of these barriers. As noted above, these two groups typically reported the fewest health problems. Possibly, differences among groups in recognizing and reporting symptoms caused lower estimates of dual problems.

Table 2-4. Co-occurrence of Behavioral Health Barriers

	Africar (n=2		Wh (n=			atino =24)	SS La			namese =47)	_	ther =68)		otal :512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Alcohol or il	legal dr	gal drug use & Mental health		h										
Broad	37	13.2	9	13.4	6	25.0	1	4.0	0	0.0	5	7.4	58	11.3
Narrow	14	5.0	2	3.0	2	8.3	0	0.0	0	0.0	1	1.5	19	3.7
Family viole	nce & N	Iental h	nealth											
Broad	38	13.5	14	20.9	4	16.7	1	4.0	1	2.1	10	14.7	68	13.3
Narrow	23	8.2	4	6.0	2	8.3	1	4.0	1	2.1	5	7.4	36	7.0
Family viole	nce & A	lcohol (or illega	l drug	use									
Broad	33	11.7	6	9.0	4	16.7	1	4.0	0	0.0	7	10.3	51	10.0
Narrow	13	4.6	3	4.5	2	8.3	1	4.0	0	0.0	2	2.9	21	4.1

Childbearing and Women's Health

Pregnancy can keep a woman out of the work force for up to six months, according to A.B. 1542. Alameda County CalWORKs program participants can request an extension for an additional six months. Twenty percent of respondents were pregnant when interviewed or at some time during the prior year. Eighteen percent of sample respondents reported needing

prenatal care in the last 12 months, and 81 percent of them received such care.

According to female respondents, preventive care for women was accessible and utilized. Only one percent of female respondents reported never having a pelvic exam, and 71 percent had their last pelvic exam within the past year. Thirty-nine percent indicated that they had a mammogram at some point in their lives, including 60 percent of those over age 35 and 77 percent of those over age 45. This is represents a positive finding regarding women's health care and community outreach, especially considering the variety of languages spoken and cultures existing within Alameda County. However, women's access to routine health care may be reduced as more daytime hours are devoted to CalWORKs work-related activities.

Summary

Further analyses of respondents' mental health status led to some revision of the findings in Report #1:

- Narrow and broad definitions of a potential mental health barrier to working were created;
 between 19 and 30 percent of respondents reported enough mental health symptoms or problems to be experiencing this potential barrier.
- ES Latinos reported the highest levels of symptoms among the ethnic groups and were more likely to experience a potential mental health barrier to working.

Combinations of two behavioral health problems were examined, including alcohol or illegal drug use, mental health, and family violence:

- The most common combination of potential barriers was family violence and mental health problems, experienced by 13 percent of the sample using the broad definition, and 7 percent using the narrow definition.
- ES Latinos were most likely to have a combination of problems, while SS Latinos and Vietnamese study participants were least likely.

Pregnancy and childbirth are both potential barriers to work, at least temporarily:

• 20 percent of respondents were pregnant when interviewed or during the prior year.

Across potential health barriers:

- The most frequently occurring barrier was a physical health problem or limitation, reported by 42-54% of respondents; in contrast, a learning disability was reported by only 7%.
- ES Latinos were most likely to experience each of the health barriers, with the exception of family violence, broadly defined, which Whites were more likely to experience.

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SECTION 3. OTHER POTENTIAL BARRIERS TO GETTING AND KEEPING WORK

Work History and Readiness

Congress intended to move at least 80 percent of TANF recipients into self-sufficiency, and throughout the U.S. the number of parents receiving aid has declined dramatically since welfare time limits were instituted. State and county program planners are now questioning the employability of those remaining on the rolls, as well as pondering the fate of those who voluntarily left welfare. Examining the past work histories and current working patterns of people who are receiving CalWORKs provides an important starting point for determining what training programs and support services must accomplish, and, ultimately, for assessing whether the goals of welfare reform are achievable. At the simplest level, lack of prior work experience inhibits gaining work. One study of employers' attitudes towards hiring welfare recipients found that some form of work history or previous work experience was required for entry level positions (Regenstein et al., 1999). This study reported that 60 percent of employers required references from previous employers, and 40 percent required prior work experience, as evidence of applicants' work reliability. Following the discussion of work history, work readiness will be examined in terms of work skills and job training. Then, a potential barrier to working using history and readiness will be defined.

As summarized in Report #1, 8 percent of study participants had never worked at all. At the time of the baseline interview, only 25 percent of the study sample was working 26 hours or more per week (Report #1, p. 25), the CalWORKs objective at that time. As Table 3-1 conveys, an additional 18 percent of respondents worked 26 or more hours per week sometime within the past year. Thus, over half of the study respondents may be unable to document qualifying work experience, given that employer references over a year old may not be useful in securing new employment, and given Regenstein's (1999) findings concerning employer requirements for previous work experience and/or references.

Substantial differences in work history are evident across ethnic groups. White respondents reported the highest prevalence of currently working 26 hours or more a week (40.4%). The Vietnamese group reported the lowest prevalence of current work (17.0%), as well as the highest proportion of individuals who have never worked at all (27.7%). Given that the weekly work requirement increased from 26 to 32 hours, reports developed covering follow-up data will present findings based on working or engaging in work-related activities 32 hours per week or more.

Table 3-1. Prior Work Experience

	Africar (n=2			White (n=66)		Latino =24)		Latino =25)	Vietnamese (n=47)		Other (n=68)			otal 510)
Work history	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Currently working 26+ hours/week	69	24.6	28	40.4	7	29.2	8	32.0	8	17.0	14	20.6	134	26.3
Worked 26+ hours/week within the past year	69	24.6	13	10.6	3	12.5	4	16.0	3	6.4	8	11.8	94	18.4
Worked 26+ hours/week more than 1 year ago	109	38.9	27	40.9	12	50.0	11	44.0	17	36.2	38	55.9	214	42.0
Never worked as many as 26 hours/week	15	5.4	2	3.0	1	4.2	2	8.0	6	12.8	3	4.4	29	5.7
Never worked at all	18	6.4	2	3.0	1	4.2	0	0.0	13	27.7	5	7.4	39	7.6

Based on Q177 and Q188. Two respondents did not answer these questions.

As Table 3-2 displays, 28 percent of the sample reported that in the last week they spent most of their time working, with SS Latinos and Whites most likely to be working. The most frequently reported activity was keeping house or taking care of children. Over half of the Vietnamese group, and nearly half of Others reported spending most of last week taking care of children. Ten percent of respondents reported spending most of the time in the past week going to school, although the two Latino groups had no respondents going to school in the last week. Another 10 percent of the sample spent most of their time looking for work. Just 2 percent spent most of their time engaged in CalWORKs activities. This may be due to the relatively early timing of interviews in relation to implementation of welfare-to-work time limits and work requirements. It will be important to examine changes in these activities using the 15-month follow-up interviews.

From a follow-up question we learn that an additional 12 percent of respondents reported that although they did not spend *most* of their time working in the last week prior to their interview, they did spend *some* of their time working for money. Thus, a total of 36 percent of respondents spent some time in the last week working for money (n=186). Ninety percent of those working for money in the last week reported having only one job. Of those who worked for pay in the past week, 65 percent worked 26 or more hours (Table 3-3). With the exception of SS Latinos,

more than half of each ethnic group worked at least 26 hours, among those who worked in the last week.

Table 3-2. Primary Work-Related Activity in the Past Week

	Africar (n=2			nite (67)		Latino =24)		Latino =25)		namese n=47)	_	ther =68)		otal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Working	73	26.0	29	43.3	5	20.8	12	48.0	11	23.4	16	23.5	146	28.5
Not at work, but have a job	6	2.1	0	0.0	2	8.3	0	0.0	0	0.0	2	2.9	10	2.0
Looking for work	37	13.2	2	3.0	1	4.2	2	8.0	1	2.1	6	8.8	49	9.6
Keeping house/taking care of children	101	35.9	18	26.9	10	41.7	8	32.0	25	53.2	32	47.1	194	37.9
Going to Cal- WORKS programs	8	2.8	0	0.0	0	0.0	2	8.0	1	2.1	0	0.0	11	2.1
Going to school	31	11.0	8	11.9	0	0.0	0	0.0	7	14.9	8	11.8	54	10.5
In treatment or counseling	3	1.1	0	0.0	2	8.3	0	0.0	0	0.0	0	0.0	5	1.0
Unable to work	15	5.3	8	11.9	2	8.3	1	4.0	1	2.1	3	4.4	30	5.9
Other	7	2.5	2	3.0	2	8.3	0	0.0	1	2.1	1	1.5	13	2.5

Based on Q164a.

Table 3-3. Number of Hours Worked for Money in the Past Week

	Africa (n=2	n-Am. 281)		White (n=67)		ES Latino (n=24)		Latino =25)		amese =47)		ther =68)	-	otal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total working	94	33.4	34	50.7	9	37.5	13	52.0	14	29.8	22	32.3	186	36.4
1-10 hours	10	10.6	2	5.9	3	33.3	1	7.7	1	7.1	4	18.2	21	11.3
11-25 hours	19	20.2	10	29.4	0	0.0	6	46.2	5	35.7	4	18.2	44	23.6
26+ hours	65	69.1	22	64.7	6	66.7	6	46.2	8	57.1	14	63.6	121	65.0

Based on Q171.

Work also brings the possibility of fringe benefits. However, not all of the 24 percent of respondents who were currently working 26 or more hours per week were receiving benefits. In terms of work-based health benefits, 12 percent of respondents working 26 hours or more were receiving health insurance through work or union membership, 31 percent were receiving sick pay, 33 percent dental benefits, and 28 percent vision benefits.

Among respondents engaged in some form of work in the previous week (n=200), 43 percent were involved in clerical or manual work (Table 3-4). Forty-one percent of study participants responding to this question also reported doing some other form of work, including hair cutting, production, construction, retail, security, telemarketing, and child care.

Table 3-4. Type of Work Done by Respondents Who Worked for Pay in Past Week

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Type of Work	N	%
Clerical	49	24.5
Manual	37	18.5
Health Care	27	13.5
Food Services	26	13.0
Administrative	16	8.0
Other	82	41.0

Based on Q168. More than one response possible per study participant.

Thirty-nine percent of respondents reported that they did not work for pay at a formal job during the past 12 months (Table 3-5). Across ethnic groups, another five percent of respondents reported that they were unable to work because of their physical health at the time of the interview. Two percent of the Vietnamese respondents were physically unable to work, but 55 percent were not working at a formal job. Conversely, 10 percent of White respondents said a physical limitation prevented working, but only 28 percent reported not working. Apparently, Vietnamese respondents were in better physical shape to work than Whites, but less able to find formal jobs. More SS Latinos worked for pay in the past year, and they reported the highest number of weeks worked.

Of those not usually working 26 hours or more per week, but who were physically able to work (n=348), 46 percent reported that they were actively looking for work during the past 30 days. Approximately half of every ethnic group but one reported looking for work in the past 30 days; only 17 percent of Vietnamese respondents reported looking for work.

Table 3-5. Work History for Past Year

	Africar (n=2	n-Am. 281)		hite =67)	ES La (n=24			atino (25)		amese (47)	Other (n=68)		To (n=5	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Physically unable to work last week*	14	5.0	7	10.4	2	8.3	1	4.0	1	2.1	3	4.4	28	5.5
0 weeks or under the table only	110	39.1	19	28.4	9	37.5	8	32.0	26	55.3	29	42.6	201	39.3
1 - 20 weeks	75	26.7	16	23.9	7	29.2	4	16.0	6	12.8	22	32.4	130	25.4
21 - 40 weeks	38	13.5	10	14.9	2	8.3	5	20.0	4	8.5	8	11.8	67	13.1
41 - 52 weeks	44	15.7	15	22.4	4	16.7	7	28.0	10	21.3	6	8.8	86	16.8
Total working in past year	157	55.9	41	61.2	13	54.2	16	64.0	20	42.6	36	52.9	283	55.3
Number of weeks worked if able		1.2		0.7	15	5.2		3.7		5.4		8	15	

Based on Q164a covering the past week and Q181 covering the past year. *Physically unable were not asked about working during the past year.

Respondents not usually working 26 or more hours per week (n= 378) were asked why they were not currently working that many hours. Verbatim open-ended responses were coded from a 52-item list of potential reasons for not working at least 26 hours per week. Respondents were asked to distinguish their three most important reasons. Table 3-6 shows the most important reason reported for not working 26 or more hours per week. Wanting or needing to stay home and take care of a child or family member was the most frequent response for the Vietnamese, SS Latino, and ES Latino groups. Among African-American respondents, attending school was the most commonly given reason; among White respondents an equal proportion cited attending school and unavailability of full-time work as reasons for not currently working 26 hours or more. Among Vietnamese respondents, 20 percent reported an education, language, or literacy barrier as the primary reason for not working 26 or more hours per week.

Table 3-6. Reasons For Not Working at Least 26 Hours per Week

		African-Am. (n=212)		White (n=39)		atino 17)		Latino =17)		amese 39)		her :54)		otal 378)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Want/need to stay home to take care of child or other family member	28	13.2	3	7.7	4	23.5	5	29.4	14	35.9	10	18.5	64	16.9
Attending school or training	34	16.0	8	20.5	0	0.0	1	5.9	6	15.4	10	18.5	59	15.6
Full-time job unavailable	27	12.7	8	20.5	2	11.8	0	0.0	3	7.7	10	18.5	50	13.2
Chronic physical illness/disability	13	6.1	5	12.8	1	5.9	1	5.9	2	5.1	3	5.6	25	6.6
Cannot afford child care	15	7.1	0	0.0	4	23.5	2	11.8	0	0.0	2	3.7	23	6.1
Education, language, or literacy problem	3	1.4	2	5.1	0	0.0	2	11.8	8	20.5	1	1.9	16	4.2
All other reasons	92	43.4	13	33.3	6	35.3	6	35.3	6	15.4	18	33.3	141	37.3

Based on Q178.

Job Assistance. Thirty-one percent of the entire sample reported that sometime in the past 12 months, they needed help getting and keeping a job (Table 3-7). Of this group over half (57.2%) said they received the help they needed. Interestingly, 90 percent of SS Latinos who needed assistance in finding a job reported receiving the assistance they needed.

Table 3-7. Needing and Receiving Help Finding and Keeping a Job

	African-Am. (n=281)		White (n=67)		ES Latino (n=24)		SS Latino (n=25)		Vietnamese (n=47)		Other (n=68)		Total (n=512)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Needed help finding a job	100	35.6	12	17.9	9	37.5	10	40.0	8	17.0	20	29.4	159	31.1
Received help finding a job	55	55.0	7	58.3	5	55.6	9	90.0	4	50.0	11	55.0	91	57.2

Based on Q128g and Q130g.

Work Skills. Since the implementation of CalWORKs, the lack of basic work skills among welfare recipients has remained a top concern given the urgency of work requirements, time limits, and welfare recipients' need for well-paid, stable employment. Local labor market conditions, particularly the unemployment rates (Stapleton & Tucker, 1997) and the match between welfare recipients' skills and available jobs, influence the likelihood that welfare recipients will obtain employment. In a tight job market, such as Alameda County has recently experienced, limited job skills may go further in securing work than at other times. Nevertheless, it appears that many welfare recipients lack the basic skills sought by employers.

Using the National Adult Literacy Survey, Johnson and Tafoya (1999) found that welfare recipients have substantially lower basic skills than other adults. In California, almost 80 percent of welfare recipients have either low or very low basic skills, compared to 34 percent of full-time workers in the state. While Johnson and Tafoya also found that a substantial proportion (58%) of adults with basic skills and demographic characteristics similar to welfare recipients are working at least part-time, the jobs held by this group are characterized by low wages, intermittent employment, and less than full-time hours. In California, only one-third of adults with basic skills similar to welfare recipients' skills were employed full time year-round. A recent study by Pavetti (1997) examining women's basic skills using the Armed Forces Qualifying Test (AFQT) found that women with extremely low skill levels are considerably worse off socially and economically than women with at least moderate skill levels. People with extremely low skill levels find it difficult to move to steady employment, and those who do make the transition take a long time to do so.

Respondents were asked whether they had any work experience or training in each of 22 blue-collar clerical, service, and manual labor tasks (see Appendix A); for example, typing, filing, or carpentry. Overall, only 2 percent of respondents reported no experience in any of the tasks listed (Table 3-8). Nineteen percent reported having experience in 1-3 tasks, and 79 percent reported having experience in four or more tasks. Table 3-8 shows that the Vietnamese group reports the

Table 3-8. Number of Work Skills

	African-Am. (n=281)		White (n=67)		ES Latino (n=24)		SS Latino (n=25)		Vietnamese (n=47)		Other (n=68)		Total (n=512)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None	7	2.5	1	1.5	0	0.0	0	0.0	4	8.5	0	0.0	12	2.3
1 - 3	33	11.7	5	7.5	2	8.3	10	40.0	34	72.3	12	17.6	96	18.8
4 or more	241	85.8	61	91	22	91.7	15	60.0	7	19.1	56	82.4	404	78.9

Based on Q163.

fewest work skills, with 81 percent reporting three skills or fewer. Sixty percent of the SS Latino group have 4 or more work skills. Among the other three ethnic groups—African-American, White, and ES Latino— more than 85 percent of respondents had four or more work skills. Twenty-eight percent of respondents had a license or certificate from a vocational or other training school or program (not presented tabularly). The skills included in this tally do not include other key requirements employers have in mind when hiring or promoting. for example, educational achievement and language skills. Thus, non-English-speaking respondents may find it difficult to obtain higher-paying jobs, even if they have four or more of these skills.

Job Training. Table 3-9 shows the percentage of respondents who were preparing to find a job or participating in an educational or training program. About 45 percent of respondents reported that they were in school or receiving job or skills training during the previous 12 months, with the proportion ranging from 29 percent for ES Latinos to 49 percent for African-Americans. Twenty-six percent were in some form of training or educational program at the time of the interview. The most frequent form of training among African-Americans, Whites and Other respondents was attending a two-year junior college (not presented tabularly). The most frequent form of training reported by Vietnamese respondents was English as a Second Language (ESL) classes, and both Latino groups were most likely to be involved in job search programs. The Vietnamese group had the lowest participation rates in job search and job training programs. Twenty-eight percent of respondents were engaging in one or more of eight activities to obtain a job when interviewed. Of those, 81 percent felt that the activity would help them obtain work. All ES Latinos and Vietnamese respondents were optimistic that the activity would help them find work.

Table 3-9. Participation in Job Training and Schooling

	African-Am. (n=281)		White (n=67)		ES Latino (n=24)		SS Latino (n=25)		Vietnamese (n=47)		Other (n=68)		Total (n=512)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Attended training or school in last year	138	49.1	25	37.3	7	29.2	11	44.0	16	34.0	31	45.6	228	44.5
Currently attends training or school	74	26.3	13	19.4	5	20.8	6	24.0	15	31.9	20	29.4	133	26.0
Currently participates in activities to get job	94	33.5	16	23.9	2	8.3	7	28.0	7	14.9	19	27.9	145	28.3
Feels these activities will help get a job (% of row above)	75	79.8	11	68.8	2	100.0	6	85.7	7	100.0	17	89.5	118	81.4

Based on Q152, Q154, Q159, and Q160.

According to Pavetti et al. (1997), helping extremely low-skilled recipients prepare for working may be the most difficult challenge faced by program administrators. Examining program strategies nationwide, these researchers found that the most successful programs for assisting extremely low-skilled women make the transition from welfare to work had five characteristics: close supervision, gradual addition of responsibility, links between even very small tasks and work, rewards for small steps towards success, and peer support. Of the 446 respondents who were involved in any of several training or adult educational activities at any point of their lives, 68 percent expressed the belief that those activities were helping them get a job. The proportion of positive responses ranged from 53 percent for ES Latinos to 85 percent for Vietnamese study participants. For additional information about respondents' interest in and reactions to training and educational activities, see Section 7 of this report.

Potential Barriers. Program participants who are not ready to look for work will require additional support from the County. They may lack prior work experience or particular skills required by employers. Referral to job training programs and placement in trainee positions can be pursued to prepare them for higher paying jobs. Broad and narrow definitions of this potential barrier were created as follows. Work history was one criterion. The other criterion was number of work skills. The narrow definition was never working 26 hours or more per week *and* possessing one or no job skills (Q163). The broad definition relaxed each requirement and specified that meeting either criterion qualifies the respondent. Thus, all respondents not working 26 hours or more in the past two years *or* possessing three or fewer job skills were identified as experiencing a potential barrier using the broad definition. The counts and percentages of persons so classified are indicated in Table 3-10.

Table 3-10. Lack of Work Experience or Skills as a Potential Barrier to Working

Work experience and job skills	N	%	Broad	Narrow
Not worked 26 or more hours in past 2+ years (Q188)	232	45.4	Т	
(Or) Possesses three or fewer job skills (Q163)	108	21.1	Т	
Broadly defined	263	51.4		
Never worked 26 or more hours per week (Q188)	68	13.3		Т
(And) Possesses one job skill or none (Q163)	51	10.0		Т
Narrowly defined	26	5.1		

Transportation

Since the passing of the PRWORA, and the implementation, state-by-state, of TANF and welfare-to-work programs, the issue of transportation has been recognized as a critical difficulty to getting and keeping work. According to anecdotal reports, some CalWORKs recipients have been unable to attend their CalWORKs interviews, orientations, and assigned activities, due to lack of transportation. Crew and Eyerman (1999) found transportation problems a predictor of difficulty in finding a job. Thus, dealing with transportation problems has become a primary focus for County officials, especially given employers' expectations that welfare recipients maintain work schedules.

Table 3-11 presents information on transportation-related issues affecting CalWORKs recipients, some of whom were already traveling to and from work-related activities or jobs. Traveling round-trip to work or training programs can involve a significant time burden. Several respondents reported travel times in excess of two hours. The burden is also financial. The average amount spent on public transportation or carpooling is \$3.51 per day for the 181 persons reporting out-of-pocket travel expenses. Another 147 persons drove an automobile to work or training; however, we did not ask them how much they spent per day to use the automobile nor how many miles they drove to and from work. Assuming a similar cost of \$3.51 per day, at the government rate of 32 cents per mile for automobile travel these commuters would be making an 11 mile round trip. Combining the two groups, commuters were spending about \$74 monthly, or 5 percent of average household income (\$1,571 from Table 5-2). Just over 12 percent of respondents were unable to use public transportation to get to work or training in the past year because of lack of money. At the same time that their mean income per household member was lower (see Table 5-2), SS Latinos and African-Americans spent more on public transportation than did members of the other ethnic groups.

Time and money were not the only transportation-related hurdles. Additional barriers included lack of access to public and private transportation. Welfare recipients for whom public transit routes or schedules were inadequate may need to rely on personal vehicles, the cost of which may be prohibitive. Danziger et al. (1999) found that about half of the respondents in their study of TANF recipients in Michigan lacked access to a car or did not have a driver's license. In this study, 61 percent of study participants lacked either a valid driver's license or access to an automobile. The lack of access to an automobile was more prevalent among African-Americans. Not surprisingly, they had the highest rates of using public transportation. Eight percent of respondents reported that they had trouble understanding the bus or BART system. Twenty-seven percent of respondents reported that at some time in the last year they needed help arranging for

transportation, but less than half received the assistance they needed. Similar numbers of respondents reported receiving money or vouchers to pay for transportation. Note that the percentages in the columns in Table 3-11 relate to the values of "n" cited either above the group of rows or in the leftmost column of the row; if the "n" differs from 512, then different column totals (sometimes not shown in the table) are used to calculate the percentages for each ethnic group.

Table 3-11. Transportation Time, Access, Mode, and Support

	African-Am. (n=281)			hite =67)	ES Latino (n=24)			Latino =25)	Vietnamese (n=47)		Other (n=68)		Total (n=512)	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Time of round trip travel to work or training (n=262)														
Commuters	1.	37	4	43	1	0	16		25		31		20	52
Up to 1 hour	91	66.4	32	74.4	6	60.0	13	81.3	25	100.0	23	74.2	190	72.5
1 to 2 hours	34	24.8	8	18.6	3	30.0	2	12.5	0	0.0	7	22.6	54	20.6
2 hours, plus	12	8.8	3	7.0	1	10.0	1	6.3	0	0.0	1	3.2	18	6.9
Mean travel time (minutes)	6	59	51		6	58	54		35		51		60	
Access to transp	ortatio	n (n=51	2)											
Have valid driver's license	121	43.1	45	67.2	13	54.2	12	48.0	40	85.1	37	54.4	268	52.3
Auto available	110	39.1	46	68.7	12	50.0	15	60.0	34	72.3	38	55.9	255	49.8
Confused by bus/BART	18	6.4	3	4.5	2	8.3	5	20.0	2	4.3	11	16.2	41	8.0
Lacked money for public transit	33	11.7	9	13.4	4	16.7	2	8.0	2	4.2	13	19.1	63	12.3
Primary mode	of trans	portatio	n to v	work, lo	ok for	work,	or tra	ining (n	n=376)					
Drive	59	27.3	28	58.3	7	41.2	7	35.0	22	75.9	24	52.2	147	39.1
Carpool	26	12	4	8.3	3	17.6	3	15.0	3	10.3	1	2.2	40	10.6
Public transportation	102	47.2	9	18.8	4	23.5	7	35.0	2	6.9	16	34.8	140	37.2
All other	29	13.4	7	13.6	3	17.6	3	15.0	2	6.9	5	10.9	49	13.1
Transportation	assista	nce												
Needed help arranging transportation (n=512)	86	30.6	12	17.9	7	29.2	7	28.0	4	8.5	23	33.8	139	27.1
Received help (n=139 needed)	40	45.5	7	58.3	2	28.6	4	57.1	2	50.0	9	39.1	64	45.4
Got money or vouchers (n=327 using auto or public transit)	42	22.4	9	22.0	2	14.3	3	17.7	1	3.7	8	19.5	65	19.9

Based on Q128, Q130, Q146g, Q294, Q295, Q298, Q299, Q300, Q300a and Q302.

Potential Barriers. Upon reviewing the above results, broad and narrow definitions of a potential barrier to working were developed. The narrow definition focuses on clear lack of access to transportation. Persons experiencing the barrier according to the narrow definition lack access to an automobile *and* they do not use an automobile at least daily *and* during the past 12 months they lacked money to use public transportation. Nearly 10 percent of the sample met this definition, see Table 3-12.

Table 3-12. Lack of Access to Transportation as a Potential Barrier to Working

Criteria	N	%	Broad	Narrow
Does not have an automobile available for use (Q295)	257	50.2		Requires
Does not use an automobile daily (Q296a)	255	49.8		all three
Lacked money for public transportation past year (Q146g)	63	12.3		
Narrowly defined	49	9.6		
Lacks a driver's license (Q294)	244	47.7	Т	
Broadly defined	258	50.4		

The broad definition of *every* potential barrier to working includes everyone meeting the criteria for the narrow definition. Thus, in Table 3-12, the broad definition adds everyone lacking a driver's license to all of the respondents meeting the criteria for the narrow definition. The resulting total of 258 experiencing this potential barrier, broadly defined, implies there were 209 respondents who did not meet the criteria for the narrowly defined barrier, but they lacked a driver's license.

Child Care

PRWORA fundamentally altered federal child care assistance programs for low-income families. The legislation eliminated the federal child care entitlement and consolidated the major source of federal child care subsidies for low-income children into a single block grant to states—the Child Care and Development Fund (Long et al., 1998). Meeting parents' child care needs is an important prerequisite to their ability to fulfill CalWORKs welfare-to-work requirements. In Alameda County, welfare recipients deal with one of two community-based contractors who process claims for child care assistance until they obtain a regular job.

Most respondents reported needing child care by someone other than a CalWORKs parent to cover work hours, attendance at training, searching for a job, job interviewing, or other adults-only business and errands. Child care needs range from full-time care for pre-school age children to before and after school care for elementary school children to periodic care for older children during non-school hours. At the time of the baseline interview, 63 percent of study participants reported that they used or needed child care for one or more children (see Table 3-13). Over two-thirds of the African-American and Other ethnic groups needed child care, as did approximately 60 percent of Latino and White respondents. Strikingly, only 30 percent of Vietnamese respondents needed child care. This may be because they are on average older. While Table 3-13

Table 3-13. Level of Need for Child Care

	African (n=28			hite =67)	ES L (n=	atino 24)		atino (25)	Vietna (n=	amese 47)		her (68)	To (n=5	tal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Any need	192	68.3	39	58.2	15	62.5	15	60.0	14	29.8	48	70.6	323	63.1
1 child	102	36.3	25	37.3	6	25.0	4	16.0	6	12.8	21	30.8	164	32.0
2 children	58	20.6	10	14.9	5	20.8	4	16.0	5	10.6	17	25.0	99	19.3
3 or more	32	11.4	4	6.0	4	16.7	7	28.0	3	6.4	10	14.7	60	11.7

Based on Q83.

summarizes the level of need for child care, it does not reveal whether these needs were being met. When respondents were asked whether they were receiving the help with child care that they needed (Q130h), 63 percent of those saying they needed help indicated that they were receiving the needed assistance.

Having to find affordable and appropriate child care for more than one child can be a daunting and difficult process. Sixty-three percent of respondents needed care for one or more children; 31 percent needed child care for two or more children (Table 3-13). Nearly 30 percent of SS Latinos needed child care for three or more children, while only 6 percent of Vietnamese needed as much child care.

Table 3-14. Types of Child Care Utilized

		nn-Am. 192)		nite :39)		atino 15)		atino 15)		amese		her -48)		otal 323)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Child's grandparent or another relative	109	56.8	19	48.7	6	40.0	10	66.7	6	42.9	25	52.1	175	54.2
Home day care or baby sitter	51	26.6	16	41.0	6	40.0	6	40.0	2	14.3	6	12.5	87	26.9
Preschool, nursery school, child care center	52	27.1	5	12.8	0	0.0	0	0.0	0	0.0	9	18.8	66	20.4
Child's father, mother, or respondent's partner	35	18.2	8	20.5	2	13.3	3	20.0	2	14.3	13	27.1	63	19.5
Extended day program	27	14.1	7	17.9	2	13.3	1	6.7	1	7.1	8	16.7	46	14.2
Older sibling	19	9.9	4	10.3	4	26.7	3	20.0	2	14.3	7	14.6	39	12.1
Activity or place (club, team sports, library)	19	9.9	4	10.3	4	26.7	3	20.0	0	0.0	4	8.3	34	10.5
Head Start program	11	5.7	2	5.1	0	0.0	1	6.7	4	28.6	5	10.6	23	7.1

Based on Q84.

Table 3-14 indicates the types of child care respondents report as their regular form of child care. Because some respondents use more than one type of child care, the total in Table 3-14 is greater than 100 percent. Fifty-four percent of respondents used children's grandparents or other relatives, other than children's siblings. Home day care or baby sitter was the next most commonly used form of child care, 27 percent. Twenty percent of respondents relied on a preschool, nursery school, or a child care center. Just over half the siblings used as babysitters were in the 12-17 year age group, but 5 percent were below age 10 (not shown in table). All ethnic groups used grandparents or other relatives more than any other form of child care. ES Latinos were just as likely to turn to home daycare or babysitters, and about 40 percent of SS Latinos and Whites also used this form of care. African-American respondents were more likely than other ethnic groups to use preschool for child care.

Shift workers are concerned about the availability and quality of child care for swing- and night-shift work. More than half (56%) of study participants who need or use child care, reported

needing child care in the evenings (Table 3-15). This proportion does not vary greatly across ethnic groups. Of those 178 respondents, only half actually found child care for those hours. While all SS Latinos needing evening child care found it, only 25 percent of ES Latinos found the evening child care they needed. Note that the column percentages in the bottom row of Table 3-15 relate to the counts in the row above, not the totals in the top row.

Table 3-15. Need and Availability of Evening Child Care

	Africa	n-Am. 188)		hite =39)		Latino =14)		Latino =15)		namese =14)		her (48)		otal 318)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Needed evening care	113	60.1	18	46.2	8	57.1	7	46.7	6	42.9	26	54.2	178	56.0
Received evening care (n=178)	59	52.2	12	66.7	2	25.0	7	100.0	3	50.0	11	42	94	52.8

Based on Q87 and Q88.

Looking at the 323 respondents who needed or used child care, 30 percent missed work or training in the past thirty days because they needed to care for their children. Around 20 percent had to miss one to three days in the past thirty days; nine percent missed four or more days in the past month to take care of their children.

Lack of child care does not result only in missed work days for CalWORKs recipients. As displayed in Table 3-16, 21 percent of respondents who used or needed child care had to quit work, school, or training because they had problems arranging or keeping their child care. Likewise, 32 percent said they were unable to take a job or start school or training because of child care problems. Almost half of ES Latinos who needed or used child care were unable to take a job or start training due to a lack of child care in the last year. SS Latinos appear to have the least amount of trouble with accessing child care to find or keep work. This may be due to the availability of grandparents or other relatives in SS Latino families, who provide child care to 67 percent needing it among these respondents.

Table 3-16. Lack of Child Care Interferes with Employment or Training

		n-Am. 192)		hite =39)		atino :15)	SS L (n=		Vietna (n=	amese 14)	Otl (n=	-	To (n=3	tal 323)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Quit work/training	45	23.4	8	20.5	3	20.0	2	13.3	3	21.4	8	16.7	69	21.4
Unable to take job/ start school/ training	67	34.9	11	28.2	7	46.7	2	13.3	4	28.6	11	22.9	102	31.6

Based on Q93 and Q94.

In addition to missing work, Crew and Eyerman (1999) found that child care problems forced TANF recipients in Florida to change jobs, work hours, and line of work. In sum, lack of adequate, available, child care reduced respondents' ability to obtain and retain jobs.

Child Care Expenses. Child care costs and programming are a central concern for agencies assisting welfare families. Only 5 percent of respondents who paid for child care in the past month received financial help to cover the cost. However, 57 percent expected to receive assistance for their child care costs. Of the respondents who were expecting assistance, 63 percent said that the County Social Services Agency program or its child care contractor will provide financial assistance. Twenty-two percent said some other agency was going supply to that assistance. Another 10 percent stated that someone else would be providing assistance for their child care costs. Eighty-nine percent reported that the assistance they are expecting to receive will cover the entire cost of child care.

Table 3-17 reports hours of *paid* child care utilized in the previous 30 days among those who need and use child care. A total of 322 respondents who needed child care were asked how many hours of paid child care they used in the prior 30 days. Almost half utilized only free child care. Forty percent of Whites and Latinos used 21 hours or more of paid care. Thirty-four percent of all respondents used paid child care for more than 20 hours in the last month.

Table 3-17. Hours of Paid Child Care and Amount Spent on Child Care in Last 30 Days

	African-Am. White (n=191) (n=39)													
						atino 15)		atino 15)	Vietna (n=	amese 14)		her 48)	To (n=3	tal 322)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Hours of paid chil	d care u	sed in]	past 30	days										
None (used free care only)	86	45.0	14	35.9	7	46.7	7	46.7	7	50.0	26	54.2	147	45.7
1-20 hours	38	19.9	9	23.1	2	13.3	2	13.3	3	21.4	10	20.8	64	19.9
21-40 hours	51	26.7	12	30.8	4	26.7	5	33.3	4	28.6	11	22.9	87	27.0
Over 40 hours	16	8.4	4	10.3	2	13.3	1	6.7	0	0.0	1	2.1	24	7.5
Amount responde	nt paid	for chil	d care											
	(n=1	05)	(n=	26)	(n=	=9)	(n=	=9)	(n=	=7)	(n=	23)	(n=1	179)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Fully reimbursed	54	51.4	15	57.7	4	44.4	5	55.6	5	71	16	69.6	99	55.3
\$1 - \$100	29	27.6	4	15.4	3	33.3	1	11.1	0	0.0	5	21.7	42	23.5
\$101 - \$200	14	13.3	6	23.1	2	22.2	2	22.2	1	14.3	1	4.3	26	14.5
\$201 or more	8	7.6	1	3.8	0	0.0	1	11.1	1	14.3	1	4.3	12	6.7
Average net cost ⁺	\$13	36	\$1	62	\$8	37	\$1	60	\$2	75	\$1	49	\$1	42

Based on Q95 and Q101. *Calculated for those who paid something out-of-pocket that was not reimbursed.

Of the 175 who reported using some paid child care, 111 received financial assistance for part or all of the cost, and 80 respondents paid for child care with their own money. Eighty-eight percent of them did not pay any money themselves. The monthly cost of the child care paid out-of-pocket was \$142 per respondent who paid. Vietnamese respondents paid the most, \$275, but only two of them paid. ES Latinos paid considerably less than any other ethnic group, \$87.

Respondents were asked how they felt about the quality of the child care they used. Most respondents were satisfied with the quality: 52 percent of those currently using child care felt that their child care was excellent most of the time, 23 percent reported that their child care was very good, and 17 percent rated it good. Approximately nine percent reported that their child care was fair or poor. Despite this overall positive picture of child care quality, problems with child care interfered somewhat with work attendance. For example, of those who stated that they used or needed child care at the time of their interview (n=323), 20 percent reported that they skipped work or training to stay at home with their child/children, because they worried about their children's safety. Of this group, about 19 percent, or 2 percent of all study participants, reported that they skipped work or training *at least weekly* to stay with their children. Another 8 percent of study

participants said they applied for aid because they had to take care of a sick or disabled child or family member. Thus, perhaps 10 percent or more were finding that a lack of child care interfered with work attendance.

Given the difficulties of finding affordable, quality child care for the hours needed, we asked if children were being left unattended. Forty-eight of the 322 respondents needing child care (15%) sometimes let their children 12 years or younger take care of themselves on a regular basis, if only for small amounts of time. Across ethnic groups the rates of respondents leaving young children alone ranged from 7 to 20 percent, with slightly higher rates among Whites and ES Latinos (20 percent each). Only 7 percent of SS Latinos have young children taking care of themselves.

Exceptionally young children, infants, and toddlers also were reported to be left alone to take care of themselves, on occasion. For example, 8 children between the ages of 1 and 3, and 10 children between the ages of 4 and 7, were taking care of themselves.

Lack of Child Care as a Barrier. Without appropriate, consistently available child care, it is much less likely that parents will be able to hold a job on a regular basis. The availability of child care for their children may well determine how much time parents can devote to work. Child care provided by professionally trained people is expensive. Low-paying jobs may not provide enough money to cover the expenses of workingSclothes, transportation, meals away from home, and so forthSas well as cover the costs of child care. Thus, lack of child care may even prove to be an incentive for parents to leave the CalWORKs program, while continuing to receive public assistance for their children.

The broad and narrow definitions of lack of child care were developed using information current as of the interview date. This approach probably underestimates the extent of problems respondents face when obtaining and maintaining adequate child care. It does reveal what level of success respondents are having in securing child care at a point in time, hopefully a representative snapshot. The narrow definition involved comparing the number of children for whom child care was needed with the number actually receiving child care. If the number of children needing care was greater, then lack of child care also was considered a potential barrier. Alternatively, if the respondent mentioned lack of child care or money to afford care as a reason for not working 26 hours or more, then child care was considered a potential barrier. The broad definition added respondents who mentioned not being able to obtain evening child care. Table 3-18 summarizes the numbers of respondents possibly experiencing a barrier to working due to lack of adequate child care.

Table 3-18. Lack of Adequate Child Care as a Barrier to Working

Criteria	N	%	Broad	Narrow
One or more children not getting care (Q83,Q 85a-i)	18	3.5		Т
Can't work 26+ hours due to no child care (Q178)	75	14.6		Т
Narrowly defined	82	16.0		
Needs but can not arrange evening child care (Q87,88)	84	16.4	Т	
Broadly defined	136	26.6		

Sixteen percent of respondents are experiencing this barrier using the narrow definition. Another 11.6 percent can not arrange evening child care, making a total of 26.6 percent who are experiencing this barrier using the broad definition. The other 4.8 percent who also can not arrange evening child care are some of the same respondents who are experiencing this barrier using the narrow definition.

Caring for Children with Special Needs

Information about children's health and well-being was obtained in two ways. First, questions were asked regarding demands on the respondent's time to care for the special needs of any of her or his children. Near the end of the interview, more in-depth questions were asked about just one child in the family, who was randomly selected by the research team. Individual child data are presented in Section 6. Here, the extent to which respondents may be spending time caring for the special needs of one or more children is estimated.

Parents with a disabled or severely troubled child may have no realistic alternative to providing care themselves, and thus may be unable to comply with welfare-to-work requirements. Single parents, in particular, may be temporarily unable to fully meet CalWORKs time commitments, or may find it difficult to retain a job. Respondents also were asked about child-related problems that could be very time consuming, cause emotional or financial strain, or require outside resources. Table 3-19 presents the prevalence of children's problems during the year before the interview. Almost half of the respondents reported one or more problems. For example, twenty-two percent of the study participants reported that they had a child or children who required a lot of care from them because of a physical, medical, or emotional problem. Also, children's problems with law enforcement agencies or the legal system affected 6 percent of parents. Although not included on the list in Table 3-19, another indicator of family problems is involvement of the child welfare agency, Child Protective Services (CPS), on behalf of a member of the family. Seven percent of

study respondents (see Table 3-20) reported that they had been visited by CPS in the last year. All cases occurred among the English-speaking ethnic groups.

Table 3-19. Problems with Child/Children in Previous 12 Months

Problem related to child/children	N	%
Child required a lot of respondent's care	115	22.5
Child is in special education class for slow learners	89	17.4
Child was expelled or suspended	70	13.7
Child was held back a grade	66	12.9
Child left to live elsewhere	57	11.1
Child returned from living elsewhere	43	8.4
Child got in trouble with the law	32	6.3
Child uses drugs/drinks alcohol	28	5.5
Child spent time in a gang, with bad crowd	23	4.5
Child became pregnant or became a father	17	3.3
Number of problems	N	%
No problems	267	52.1
One problem	115	22.5
Two problems	57	11.1
Three or more problems	73	14.2

Based on Q82.

Having to care for a child with special medical, mental, or emotional problems can pose a significant barrier to working. In general, other special child care needs may require less of a parent's time and energy. However, helping a slow learning child, helping out with a new grandchild, dealing with a child's legal problems, or involvement in a CPS case can take significant amounts of a parent's time and attention. Therefore, the broad definition of this potential barrier is that a parent mentioned any one of these five special needs, listed in Table 3-20. Respondents meeting the more restrictive definition reported either having to spend extra time with a child because of his/her special needs or reported at least two of the other four special needs. Table 3-20 presents the numbers and proportions of respondents categorized as having a potential barrier in this area according to either the broad (39%) or narrow (26%) definition.

Table 3-20. Potential Barrier to Working Due to Caring for Children with Special Needs

Taking Care of Children's Needs	N	%	Narrow	Broad
Child required a lot of respondent's care (Q82c)	115	22.5	Т	Any one
Child in Special Education for slow learners (Q82e)	89	17.4	Or any two	of these needs
Child became pregnant or a father (Q82h)	17	3.3	of these four	needs
Child got in trouble with the law (Q82i)	32	6.3	needs	
Visited by CPS worker in past year (Q76j)	36	7.0		
Percent affected overall			25.8	39.1

The next table (Table 3-21) shows which ethnic groups are experiencing the potential barrier of caring for children's special needs, and to what extent. White respondents may be experiencing this potential barrier more than the other ethnic groups, using either definition.

Table 3-21. Differences among Ethnic Groups in Caring for Children with Special Needs

	African (n=2			nite 67)	ES L (n=	atino 24)		atino 25)	Vietn (n=	amese 47)		her :68)		tal 512)
	N	%	N	%	N %		N	%	N	%	N	%	N	%
Broad	108	38.4	31	46.3	11	45.8	9	36.0	16	34.0	25	36.8	200	39.1
Narrow	68	24.2	24	35.8	6	25.0	6	24.0	13	27.7	15	22.1	132	25.8

English Language Skills

Due to the ethnic diversity of the respondents, the possibility of some respondents not being able to find higher paying work because of poor English language skills was considered. These questions were asked only of respondents who indicated that English was not their first language. Since it was possible that some respondents have weak English language skills, even though English is their first language, further analyses of this possibility will follow in subsequent reports. Broad and narrow definitions of this potential barrier were developed using questions about ability to speak, read, and write English. The broad definition consisted of counting all respondents who answered any one of the three questions noted in Table 3-22 with "Not too well", Not very comfortable", or "Not at all". For the narrow definition, only persons responding "Not at all" in response to speaking, writing, or reading English were counted. Just over 10 percent were experiencing this potential barrier using the broad definition, while 7 percent were experiencing this barrier using the narrow definition.

Table 3-22. Reporting Difficulty with English as a Second Language

	Broad (Not at comfortable, N		Narro at a	w (Not all)
Language difficulty with:	N	%	N	%
Speaking English	23	4.5	15	2.9
Writing English	29	5.7	23	4.5
Reading English	24	4.7	21	4.1
Potential barrier	55	10.7	34	6.6

Based on Q15, Q16 and Q17.

Housing

Overall, the majority of study participants appeared to have fairly stable housing arrangements. On average, respondents had lived in their current residence for 3.8 years. Seventy percent of respondents were living in their own home or apartment at the time of the interview (Table 3-23), Vietnamese respondents were most likely to be living this way, while White and ES Latino respondents were least likely to do so. Almost everyone, 97 percent, were living either in their own or someone else's home or apartment. However, seven percent of those home or apartment residents were neither currently owners nor paying rent. ES Latinos and Other ethnicities were most likely to be living in such a temporary arrangement, that is, not contributing to the rent or other housing cost. Ten percent of Whites were likely to need to move in the next 30 days, notably higher than for other ethnic groups.

Two other indicators of housing instability are living in a more transient arrangement, such as a hotel, on the streets or in a shelter, a nursing home, detox center, jail, or a halfway house, and moving in with other people. Six percent indicated they had experienced one or more transient living situations during the 12 months prior to their interview. Nineteen percent had to move in with someone else in the past year. Whites lived in transient situations most frequently, and ES Latinos reported moving in with other most frequently.

Table 3-23. Current Living Situation and Mean Years of Residence

		n-Am. 281)		hite =67)		Latino =24)		Latino =25)	Vietn (n=	amese 47)	_	Other n=68)	To (n=5	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Living in own apartment/ home	202	71.9	39	58.2	14	58.3	16	64.0	42	89.4	47	69.1	360	70
Living in someone else's apt/ home	71	25.3	24	35.8	9	37.5	8	32.0	5	10.6	19	27.9	136	26.6
Not currently paying rent for apt/house (n=496)	17	6.2	4	6.3	3	13.0	1	4.2	1	2.1	9	13.6	35	7.1
Can stay at residence next 30 days	270	96.1	60	89.6	24	100.0	24	96.0	45	95.7	68	100.0	491	95.9
Lived in transient arrangement past year	18	6.4	7	10.4	2	8.3	1	4.0	0	0.0	5	7.4	33	6.4
Moved in with others past year	57	20.3	12	17.9	7	29.2	4	16.0	4	8.5	15	22.1	99	19.3
Mean years in current residence	3	.8	3	3.3	5	5.2	3	3.7	4	.0		3.6	3.	.8

Based on Q20,Q 21, Q24, and Q25.

Table 3-24 further reveals fairly stable housing patterns among sample respondents. Two-thirds of study participants had not moved at all in the last 12 months. Among Vietnamese, SS Latino, and Other respondents the proportion of respondents who had not moved in the last year was even higher. At the other extreme, 12 percent of respondents had moved at least twice. The most frequent movers were African-Americans (14.2%) and Whites (14.9%). Almost 5 percent of respondents overall reported moving due to eviction in the past year; however, 12 percent of SS Latino respondents had been evicted.

Table 3-24. Number of Times Moved in Past 12 Months

	Africa			hite =67)		atino 24)		atino 25)	Vietna (n=	amese 47)	Otl (n=	her 68)	To (n=5	tal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
None	179	63.7	41	61.2	13	54.2	19	76.0	41	87.2	50	73.5	343	67.0
Once	62	22.1	16	23.9	9	37.5	6	24.0	4	8.5	10	14.7	107	20.9
2 or more	40	14.2	10	14.9	2	8.3	0	0.0	2	4.3	8	11.8	62	12.1
Moved due to eviction	16	5.7	2	3.0	1	4.2	3	12.0	0	0.0	3	4.4	25	4.9

Based on Q147 and Q148.

Inadequate or Unstable Housing as a Barrier. When income levels are low and housing prices are high, the challenge of finding and keeping adequate housing is a difficult one. Without adequate and stable housing, it is less likely that parents can take care of their children and hold down a regular job. Temporary housing does not address this need. Moving repeatedly is costly and time consuming. Thus, the lack of stable and adequate housing for the family was identified as a potential barrier to working.

The definitions of this potential barrier were: narrow**S**moving two or more times in the past year or living in a more transient arrangement, such as a hotel, on the streets, or in an institution; broad–having to move in with another family in the past year or not currently paying rent to live in your own or someone else's place (see Table 3-23). Table 3-25 summarizes the numbers of respondents possibly experiencing a barrier to working due to lack of adequate and stable housing.

Table 3-25. Lack of Adequate Housing as a Barrier to Working

Criteria	N	%	Broad	Narrow
Lived in transient arrangement past year (Q20, Q26b)	33	6.4		Т
Moved 2+ times in past year (Q147)	62	12.1		Т
Narrowly defined	74	14.5		
Not currently paying rent for house or apartment (Q20, Q21)	35	6.8	Т	
Had to move in with others past year (Q76e)	99	19.3	Т	
Broadly defined	140	27.3		

Having to move in with others in the past year occurred for more respondents (19.3%) than any of

the other criteria. Twelve percent of respondents moved two or more times in the past year. Seven percent of respondents residing in homes or apartments were not contributing to the rental or other housing costs. Living in a transient arrangement in the past year affected six percent of respondents. Overall, 14 percent of the study participants were experiencing this potential barrier using the narrow definition, while 27 percent were experiencing a potential barrier using the broad, more inclusive, definition. With housing prices on the rise in Alameda County, this problem bears watching as it could grow worse.

Criminal Involvement

Criminal histories or current engagement in illegal activity comprise additional potential barriers standing between CalWORKs recipients and their ability to fulfill work or training requirements. Any criminal record may pose a barrier to obtaining employment, and felony histories are particularly troubling to many prospective employers. In California CalWORKs benefits are not available to people convicted of drug felonies after August, 1996.

- Some respondents had criminal histories. Twenty percent of the study participants reported that they had been convicted of a crime since they were 18 years old (Table 3-26). Vietnamese and SS Latinos had substantially lower adult conviction rates than did the English-speaking ethnic groups. 40
- Ten percent of study participants were convicted of a crime more than once, and 10 percent of respondents reported having been convicted of a felony since they were 18 years old.

African-Am. White ES Latino SS Latino Vietnamese Other Total (N=24)(n=25)(n=47)(n=281)(N=67)(N=68)(n=512)N % % N N Convicted of crime 12.0 3 57 20.3 17 25.4 6 26.1 3 6.4 16 23.5 102 20.0 since 18 years old Convicted of 2 or 27 9.6 13.4 3 12.5 0 0.0 1 2.1 10 14.7 50 9.8 more crimes Convicted of a 31 11.0 8 12.0 4 16.7 2 8.0 2 4.3 5 7.4 52 10.2 felony since 18

Table 3-26. Criminal History

Based on Q286, Q288, Q289, and Q290.

Respondents also were asked about their criminal activity during the 12 months prior to their interview. In the last 12 months four percent of study respondents were arrested once, and two percent twice or more. An 18-item list of illegal activities (see Appendix B) was employed to learn

about levels of criminal activity. These activities included: passing bad checks, shoplifting, and using a weapon of physical force against someone. Eighty-seven percent of study respondents had not committed any of these criminal acts in the past 12 months. Eight percent had committed one act, and six percent had committed two or more of these acts in the past 12 months.

Recent involvement with the criminal justice system can also indicate potential problems for individuals trying to meet welfare-to-work requirements, including regular work, because of competing time commitments. Table 3-27 indicates that the prevalence of such involvement is low.

Table 3-27. Criminal Justice System Status in the Past 90 Days

	N	%
On probation	33	5.9
Awaiting charges/trial/sentencing	15	3.0
Out on bail	9	1.8
In jail/prison	9	1.8
Any involvement	37	7.2

Based on Q291.

Potential Barrier. Clearly, being in jail prevents a person from working. Less clear is whether being on probation or parole interferes with working. Being convicted of a crime will make it more difficult for a person to find a job. Since many respondents lack an extensive work history, their criminal records and activities may play a significant role in finding and keeping work. Thus, the broad and narrow definitions of this potential barrier include any involvement with the criminal justice system, as well as being convicted of a felony after turning 18 (Table 3-28). Criminal activities also may distract people from making the transition to working or keeping regular work hours. Thus, the broad definition of this potential barrier added engaging in two or more illegal activities from the list of 18.

Nearly 15 percent of the sample was experiencing the criminal involvement potential barrier, using the narrow definition. Six percent reported engaging in two or more criminal activities within the past 12 months. Using the broad definition, 17 percent of respondents may need support for

Table 3-28. Criminal Activity as a Barrier to Working

Criteria	N	%	Broad	Narrow
Involved in the criminal justice system (Q291a-f)	37	7.2		Т
Convicted of a felony after 18 years old (Q290)	52	10.2		Т
Narrowly defined	72	14.1		
Reported two or more criminal activities (Q284a-r)	28	5.5	Т	
Broadly defined	87	17.0		

coping with criminality issues. How many of these people are among those exiting the CalWORKs program will be of interest, since they may either give up hope of finding work due to having a criminal record, or they may conclude that criminal activities will bring them sufficient income.

Other potential barriers

Many other aspects of a parent's life situation may unravel, producing a temporary barrier to finding and keeping work or participating in CalWORKs activities. Addressing intermittent housing problems from plumbing or roof leaks to broken locks and other safety or security issues could interrupt a job search or cause someone to be dismissed from a job. Being temporarily short of cash could interfere with taking or keeping a job, for example, due to lack of money for work uniforms. However, respondents are no different from persons not on welfare, in that they must find ways to overcome these hurdles, convince their employers that they are only temporarily inconvenienced, or find the needed support rapidly. Section 5 reviews some of the possible problems in the context of challenges to daily living. Rather than try to define these types of problems as barriers, they are noted to provide a context for interpreting the success rates for persons leaving welfare for work. What becomes more clear following this review is that such challenges abound among CalWORKs program participants. Very likely the rates of successful transitions will be further limited by the difficulties program participants face in handling their daily living challenges.

Summary

Some respondents are already working, while others do not appear nearly ready to work. Findings of note regarding work history and readiness are:

- 26 percent of respondents were working 26 or more hours per week at the time of the interview, while 8 percent had never worked at all.
- The Vietnamese group reported the lowest proportion of respondents currently working, 17 per cent, as well as the highest proportion of respondents who have never worked at all, 28 percent.
- Among Vietnamese and Latino respondents, wanting or needing to stay home and take care of
 a child or family member was the most frequent reason for not working 26 or more hours per
 week. Among African-Americans, attending school was the reason most frequently given.
 For Whites, attending school and lack of full-time work were most frequently cited.
- 31 percent of respondents reported that sometime in the past 12 months they needed help finding a job. Nearly 60 percent of this group said they received the help they needed.
- 79 percent of respondents had 4 or more work skills. Only 2 percent of the study sample had no work skills.
- 45 percent of respondents were in training or school in the previous year, and 26 percent were in training at the time of their interview.

Lack of transportation or child care can reduce respondents' ability to find and keep work:

- Only 39 percent of respondents had both a valid driver's license and an automobile for their use.
- Among study participants relying on bus or BART as their primary means of transportation, 12 percent were unable to afford public transportation for commuting sometime during the past year.
- The mean cost of transportation was \$3.51 per day, or \$74 monthly, 5 percent of mean household income.

- Approximately two-thirds of study respondents reported that they currently need or use child care or sitters either during the day, before or after school, or in the evening.
- 17 percent of study respondents reported that they skipped one to seven days of work, school, or training in the last 30 days to care for their children.
- Almost one-third of the 323 respondents who needed child care indicated that they were
 unable to start work or training sometime during the previous 12 months because of lack of
 child care.
- Most respondents were satisfied with the child care they were using; however, 20 percent of
 the study participants using or needing child care reported that they were sufficiently worried
 about their children's safety to skip work or training activities.

In some families the children need more than the usual amount of attention:

- Almost 50 percent of respondents reported having one or more problems with their children that could interfere with their obtaining and keeping work.
- 22 percent of respondents reported that they have children who required a lot of care from them because of a physical, medical, or emotional problem.
- 7 percent reported that they were visited by a Child Protective Services agency worker in the past year.

Proficiency with English is essential for many higher-paying jobs:

• Ten percent of respondents reported having some difficulty reading, writing, or speaking English.

Stable, adequate housing for everyone in the family is essential to maintaining one's ability to engage in work. Moving or struggling with housing problems can interfere with working or take time away from looking for work:

• 97 percent of respondents were residing in a home or apartment with an average length of stay of 3.8 years. 27 percent of them were not living in their own place, though, and 7 percent were

not paying any rent.

- Nearly 20 percent of respondents said they had to move in with someone else during the past year, in order to have a place to live. Six percent lived in transient housing or on the streets during the prior 12 months.
- 5 percent of respondents were evicted during the prior year, and nearly 15 percent of African-Americans and Whites moved two or more times.

An orientation towards criminal acts might reduce a person's motivation to participate in CalWORKs. Having a criminal record, being arrested, or spending time in jail can interfere with performing work tasks or looking for work:

- 20 percent reported that they have been convicted of a crime since they were 18 years old, with 10 percent being convicted of a felony.
- Whites and ES Latinos were more likely to have been convicted of a crime than the other ethnic groups; non-English speaking groups were least likely to have been convicted.
- 13 percent of respondents reported committing one of 18 illegal acts during the prior 12 months.
- In the past 12 months, 4 percent of study respondents were arrested once; 2 percent were arrested at least twice.

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SECTION 4. IMPACTS OF BARRIERS TO WORKING

A Review of Potential Barriers

To identify the level of need for services in the CalWORKs population, data were analyzed in terms of potential barriers to getting and keeping work. Even though working first may not lead to self-sufficiency, the goal of the PRWORA legislation, it may prove more successful at moving people towards self-sufficiency. This section summarizes the potential barriers to working that seem most likely to interfere with making the transition from welfare. The presence of barriers is examined further in relation to ability to work at least 26 hours per week, as required by the program when interviewing began. Subsequent reports will address the increase in required hours to 32.

Because respondents were interviewed at different times, based on language group, reports of working and benefitting from participation in CalWORKs may favor respondents who were interviewed later. Since it is not possible to distinguish whether differences in working are due to ethnicity or to date of interview and time in the program, without applying covariance analyses, ethnic group differences are not reported in the following tables.

The types of potential barriers that have been identified are divided into two groups: health-related and other. Table 4-1 reviews the definitions of these two groups of barriers and distinguishes between the broad and narrow definitions, where two definitions were created. For all barriers, the broader definition includes everyone who meets the criteria for the narrow definition. Thus, under the broad definition in the table, only the changes extending the narrow definition are noted. The purpose of having two definitions of potential barriers is to examine worst-case versus best-case scenarios. In the worst case, more program participants will experience barriers to working, and fewer of them will be working when time limits take effect. This scenario is addressed by creating a broader definition of potential barriers to working that includes more respondents. In the best case, fewer program participants will experience these barriers. Narrow definitions were developed to be more restrictive, to exclude people who are not likely to need assistance in overcoming a barrier, and to capture the people who are most likely to have problems finding and keeping work.

Table 4-1. Definitions of Potential Barriers to Working

Potential Barrier	Narrow Definition	Broad Definition Adds
HEALTH-RELATED		
Physical health	One or more health problems interfere with responsibilities (Q217a-v)	One or more daily activities is limited a lot (Q219a-j) or extremely bothered by medical problems (Q208)
Mental health	High score on 53 symptoms (Q234 a-ba) or not taking prescribed medications currently (Q241, 242)	In past 12 months needing help with mental health (Q128c), unable to take care of self or family (Q235), or in hospital overnight (Q239)
Alcohol or illegal drug use	Drinking 5 or more drinks at a time at least monthly (Q252, 253) and having 3 or more dependence symptoms (Q254a-i), or daily use of illegal drug (Q259a), or currently in need of treatment for alcohol or drugs (Q266a)	Either drinking 5 or more drinks at least monthly (Q252, 253) or having 3 or more dependence symptoms (Q254a-i) or weekly use of illegal drug (Q259a) (Q266a) or need help with alcohol/drug problems (Q128d) or in treatment in last 12 months (Q270)
Family violence	Victim of violence from family member (Q246 all) or partner (Q245 all) or needed help with violence problem in last 12 months (Q128e) or need help currently (Q266c)	Has ever received help for a violence problem (Q248)
Learning disability	Was assessed or diagnosed with a prob	olem (Q155)
New child	Female (Q4) was pregnant (Q76h) or h	nad a child (Q76i) in past year
OTHER		
Lack work experience, skills	Never worked 26+ hours per week (Q188) and fewer than 2 work skills (Q163a-w)	Has not worked 26+ hours in past 2 years (Q188) or fewer than 4 work skills (Q163a-w)
Lack of transportation	Does not have auto available (Q295) daily (Q296a) and lacks money for public transit (Q146g)	Lacks a driver's license (Q294)
Child care not available	More children in family need child care than are currently receiving it (Q83, 85a-i) or unable to obtain or pay for child care cited as reason for not working 26+ hours (Q178)	Evening child care is needed but not available (Q87, 88)

Potential Barrier	Narrow Definition	Broad Definition Adds
Taking care of children's special needs	Spent a lot of time caring for child (Q82c) or two other reasons to spend time with child (Q82e,h,i), including CPS visits (Q76j)	Any <i>one</i> of the reasons included in the narrow definition
Criminal involvement	Reported involvement with the criminal justice system last 90 days (Q291a-f) or convicted of a felony since 18 years old (Q290)	Reported two or more criminal activities (Q284a-r) in prior year
Poor English language skills	Not able to speak (Q15), write (Q16), or read (Q17) English	Not comfortable speaking (Q15), writing (Q16), or reading (Q17) English
Unstable, inadequate housing	In past year lived in hotel, on streets, or in institution at least once (Q20, 26b) or moved two or more times (Q147)	Not currently paying rent for own place or shared place (Q20, 21), or had to move in with another household in past year (Q76e)

The number and percentages of respondents experiencing each barrier are presented below. Using the broad definition of potential barriers, nearly all respondents (96.5%) were facing at least one potential barrier. Of those people facing a barrier, the mean number of barriers was 3.8. The maximum number of potential barriers any one respondent was experiencing was 10. Seventy-seven percent faced one or more health-related potential barriers. A larger number, 92 percent, faced other types of potential barriers. Three barriers in particular were most likely to be encountered, with about half of the respondents experiencing one or more of these: a physical health limitation on activity, a shortage of work experience or job skills, and a lack of transportation. The two least common potential barriers were a learning disability and a lack of English-language skills, both affecting 10 percent or fewer respondents. Possibly, under-reporting of these two barriers occurred.

When applying the narrow definitions of potential barriers, the most frequently occurring potential barriers were health-related. However, when applying the broad definitions, other types of barriers occurred more frequently than health-related barriers. Two other barriers accounted for this switch in frequency of occurrence. Using broad definitions, work history/experience and transportation may affect about 50 percent of the respondents. Using the narrow definition, no more than 10 percent are likely to be affected. For all other potential barriers, the increase when switching from a narrow to a broad definition is consistently small across potential barriers, anywhere from 5 to 15 percentage points. Note, two potential barriers, having a learning disability and adding a new child to the family, have only one definition.

Table 4-2. Summary of Potential Barriers to Working

Potential Barrier	Narrow D	efinition	Broad De	finition
	N	%	N	%
HEALTH-RELATED				
Physical health	208	40.6	272	53.1
Mental health	96	18.8	155	30.3
Alcohol or illegal drug use	51	10.0	114	22.3*
Family violence	87	17.0	122	23.8
Learning disability, special needs	35	6.8	35	6.8
New child	99	19.3	99	19.3
1 or more health-related barriers	343	67.0	395	77.1
OTHER				
Lack work experience, skills	26	5.1	263	51.4
Lack of transportation	49	9.6	258	50.4
Child care not available	82	16.0	136	26.6
A lot of time caring for child	132	25.8	200	39.1
Criminal involvement	72	14.1	87	17.0
Poor English language skills	34	6.6	55	10.7
Unstable, inadequate housing	74	14.5	140	27.3
1 or more other barriers	300	58.6	469	91.6
ALL				
1 or more potential barriers	416	81.2	494	96.5

^{*}The latest analysis of the drug use barrier led to a correction of the percent affected in Report #1, which was reported as 21.3% for the broad definition.

Some potential barriers are not included in the listing above, in particular having less than a high school education. Because there are jobs for persons who never completed high school, and not graduating from high school is not an impediment to learning on the job, this potential barrier was not included among barriers to getting and keeping work. As stated in the introduction, though, the lack of a high school education, or its equivalent, is considered a potential barrier to becoming self-sufficient, that is, earning enough income to avoid the need for public assistance. So far, the

emphasis in public welfare agencies is on finding recipients jobs. Also, there are surely many more barriers to self-sufficiency that could be assessed. The above listing is considered a good beginning towards identifying all of the critical barriers to getting and keeping work.

Impact of Barriers on Working

Of considerable interest is the extent to which potential barriers to working actually interfere with working. First, several ranges in the number of barriers being experienced are compared to learn whether experiencing more potential barriers is associated with working. These results are derived for both the broad and narrow definitions, then compared. Finally, differential impacts of specific potential barriers are reported.

The following analysis of potential barriers to working is not intended to guide staff in helping individual program participants find and keep work. Rather, these results should be extrapolated only to TANF recipients in general, some of whom may have difficulty overcoming one barrier while others easily surmount three or more barriers. *Nor* were these results intended to provide cutoffs for counts of barriers, in order to determine which program participants to help and which to exempt from work requirements. The following two tables describe the strength of the association between the number of potential barriers being experienced and extent of working.

First, Table 4-3 summarizes how many respondents were working by the number of broadly defined barriers they may be experiencing. Eighteen respondents (3.5%) were not experiencing any potential barriers, and 63 percent were not working when interviewed.

Table 4-3. Impact of Broadly Defined Barriers on Extent of Working Currently

	0 - 2 Barriers (n=149)			Sarriers 198)	5 or more (n=1		Total Sample (n=512)		
	N	%	N	%	N	%	N	%	
Not working	63	42.3	131	66.2	128	77.6	322	62.9	
Work less than 26 hrs	18	12.1	17	8.6	16	9.7	51	10.0	
Work 26 or more hrs	68	45.6	50	25.2	21	12.7	139	27.1	

Working based on Q171, Q177.

Having more barriers to overcome was associated with working less. Almost 58 percent of respondents with two or fewer barriers were working, compared to 34 percent of those with three to four barriers and only 22 percent of those with five or more barriers. These findings indicate that reducing the number of barriers to working should increase the likelihood of finding and

keeping work. Because virtually all respondents who were working also were experiencing some barriers, broadly defined, perhaps program participants do not need to overcome all barriers before seeking work.

The preceding analysis was repeated using the narrow definition of a potential barrier. Similar results emerged (Table 4-4), but the number of barriers a person was experiencing declined. Consequently, the categories of number of barriers were revised to reflect the greater impact of facing a narrowly defined potential barrier. The similarity of the results suggest that either the broad or narrow definitions may be employed to analyze the impacts of potential barriers to working. The primary difference between the two sets of results was that fewer narrowly defined barriers have impacts on working that are similar to larger numbers of broadly defined barriers.

Table 4-4. Impact of Narrowly Defined Barriers on Extent of Working Currently

	0 or 1 F	Barrier	2 - 3 B	arriers	4 or more	Barriers	Total Sample		
	(n=227)		(n=1	(n=193)		92)	(n=5	12)	
	N	%	N	%	N	%	N	%	
Not working	123	54.2	131	67.9	68	73.9	322	62.9	
Work less than 26 hrs	25	11.0	16	8.3	10	10.9	51	10.0	
Work 26 or more hrs	79	34.8	46	23.8	14	15.2	139	27.1	

Working based on Q171, Q177.

Since some respondents already had left CalWORKs by the time they were interviewed, it is important when interpreting the impacts of barriers to working to ascertain whether program participants who exit the program for work are less likely to have barriers than those who stay. If so, then the people who are having a harder time obtaining and keeping work will become a larger proportion of CalWORKs cases over time. People who are more difficult to assist also are more likely to encounter time limits. Sixteen respondents (8.4%) were no longer receiving CalWORKs benefits at the time of their interview. Seventy-six percent of them were working, whereas only 33 percent of those still receiving CalWORKs benefits were working. The group that exited had, on average, similar levels of potential barriers to working as current participants. Thus, for those who left early, leaving did not seem related to overcoming barriers to working.

The last issue of concern was whether certain barriers are more likely to interfere with working than other barriers. First, among the narrowly defined barriers, lack of work skills or experience or not having sufficient child care prevented almost everyone with either barrier from working 26 hours or more. When the broader definition of barriers was applied, these two barriers remained most influential, although some respondents were able to work 26 hours or more despite

experiencing either barrier. The third most influential barrier was involvement in criminal pursuits. The remaining barriers were less clearly associated with preventing working and did not differ that much from one another in their influence. It is noteworthy that none of the three most influential barriers is health-related, and that the Alameda County Social Services Agency receives funding to address lack of work skills or work experience and child care. Perhaps program participants will be able to work despite experiencing a health-related barrier.

Summary

The key points regarding impacts of potential barriers on working are:

- Nearly all study respondents were experiencing one or more broadly defined potential barriers. 81 percent experience at least one narrowly defined.
- Almost 90 percent of respondents who experienced a broadly defined health-related barrier also experienced a narrowly defined health-related barrier. For other types of barriers, the overlap between broadly and narrowly defined barriers was only 64 percent.
- Experiencing more barriers is associated with not working.
- The two potential barriers most strongly associated with not working were lack of job skills or work experience and lack of adequate child care.

SECTION 5. CHALLENGES OF DAILY LIVING

Not only do CalWORKs program participants face barriers to getting and keeping jobs, they must also surmount considerable difficulties associated with living on a very low income, such as finding and keeping housing, keeping food in the house, and meeting numerous family needs for clothing and incidentals. As they progress from seeking work to finding a low-paying job, program participants also will face the need to cover more of their medical expenses. This section aims to develop the context in which our study participants operate. Issues that persons with larger incomes can resolve readily may prove more challenging to welfare parents.

Income

This section looks at *household* income received by respondents and others in their households from public assistance, work and other sources. CalWORKs benefits and Food Stamps are the two primary forms of public assistance income, with 92 and 89 percent of respondent households receiving these respectively (Table 5-1). The fact that not all study participants reported receipt of CalWORKs benefits may be a function of the length of time between sample selection and interview. Whites and Latinos were slightly less likely to receive both CalWORKs and Food Stamps than were other respondents. SS Latino households were most likely to use the WIC program, perhaps because WIC was seen as an alternative to Food Stamps by individuals from immigrant communities who feared involvement with the stringent immigrant eligibility provisions for Food Stamps. Other reported sources of benefits include transportation vouchers (11.3%), General Assistance (1%), and Supplemental Security Income (SSI) (6.8%).

Whites were most likely to report income from a job to the household; about 55 percent of Latinos also reported that they or someone in their household received income from working as did roughly half of the other groups. One-fifth of ES Latinos said that they received income from work they did not report, higher than the other ethnic groups, and much higher than the Vietnamese at four percent. ES Latinos also were most likely to report that some of their income came from loans or gifts, with Whites and then African-Americans next most likely. Vietnamese were the least likely to report this income source. Whites were twice as likely to report child support as a source of income than were the other ethnic groups, except that only one Vietnamese respondent received income from this source.

Table 5-1. Household Income Sources

		an-Am. 281)	White (n=67)			Latino =24)		Latino =25)	Vietnamese (n=47)			her =68)		otal 512)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
CalWORKs	265	94.3	56	83.6	20	83.3	21	84.0	44	93.6	63	92.6	469	91.6
Food stamps	256	91.1	52	77.6	18	75.0	22	88.0	44	93.6	61	89.7	453	88.5
WIC vouchers	95	33.8	14	20.9	5	20.8	10	40.0	12	25.5	22	32.4	158	30.9
Transportation vouchers	33	11.7	10	14.9	1	4.2	3	12.0	1	2.1	10	14.7	58	11.3
General Assistance	3	1.1	0	0.0	0	0.0	0	0.0	0	0.0	2	2.9	5	1.0
SSI disability	25	8.9	2	3.0	1	4.2	0	0.0	3	6.4	4	5.9	35	6.8
Housing (Section 8)	4	1.4	1	1.5	1	4.2	0	0.0	0	0.0	0	0.0	6	1.2
Regular job or business	121	43.1	45	67.2	13	54.2	14	56.0	25	53.2	32	47.1	250	48.8
Unreported work	37	13.2	7	10.4	5	20.8	3	12.0	2	4.3	11	16.2	65	12.7
Unemployment insurance	5	1.8	1	1.5	0	0.0	3	12.0	1	2.1	0	0.0	10	2.0
Flea markets, panhandling	24	8.5	8	11.9	2	8.3	0	0.0	0	0.0	6	8.8	40	7.8
Other disability	11	3.9	0	0.0	1	4.2	0	0.0	5	10.6	2	2.9	19	3.7
Loans or gifts	52	18.5	15	22.4	8	33.3	4	16.0	1	2.1	9	13.2	89	17.4
Child support	27	9.6	17	25.4	3	12.5	3	12.0	1	2.1	9	13.2	60	11.7
Retirement	20	7.1	3	4.5	1	4.2	6	24.0	0	0.0	7	10.3	37	7.2
Other legal	23	8.2	11	16.4	6	25.0	4	16.0	4	8.5	6	8.8	54	10.5
Illegal income Based on O133a	4	1.4	0	0.0	3	12.5	2	8.0	0	0.0	1	1.5	10	2.0

Based on Q133a - g, Q133g-specify recoded, Q137a through Q139u.

Table 5-2 reports household income from public assistance, work, gifts, and child support. Vietnamese respondents reported the highest monthly household income from public assistance sources (\$864), an amount 57 percent greater than the average for Whites (\$551). White households brought in considerably more in one month through regular jobs or business on average (\$1,049) than did the other ethnic groups. The two Latino groups are next highest (\$815 and

Table 5-2. Household Income Prior 30 Days

	African-Am. (n=281)	White (n=67)	ES Latino (n=24)	SS Latino (n=25)	Vietnamese (n=47)	Other (n=68)	Overall mean (n=512)	Range
CalWORKs	\$492	\$370	\$479	\$464	\$588	\$509	\$485	\$0-\$1,611
Food stamps	\$175	\$131	\$154	\$184	\$193	\$191	\$172	\$0-\$722
WIC vouchers	\$22	\$15	\$18	\$35	\$7	\$28	\$21	\$0-\$300
Transportation vouchers	\$6	\$7	\$2	\$5	\$1	\$5	\$5	\$0-\$192
General Asst.	\$3	\$0	\$0	\$0	\$0	\$4	\$2	\$0-\$302
SSI disability	\$52	\$18	\$20	\$0	\$42	\$40	\$41	\$0-\$1,260
Housing (Section 8)	\$10	\$10	\$16	\$0	\$0	\$0	\$8	\$0-\$1,999
Total Public Assistance ⁺	\$760	\$551	\$691	\$687	\$864	\$780	\$741	\$0-\$3,819
Regular job or business	\$450	\$1,049	\$678	\$815	\$600	\$538	\$582	\$0-\$6,200
Unreported work	\$20	\$26	\$36	\$37	\$8	\$14	\$20	\$0-\$700
Unemployment insurance	\$5	\$12	\$0	\$43	\$3	\$0	\$7	\$0-\$800
Flea markets, panhandling	\$3	\$6	\$2	\$0	\$0	\$3	\$3	\$0-\$600
Other disability	\$24	\$0	\$10	\$0	\$66	\$15	\$22	\$0-\$1,200
Loans, gifts	\$40	\$65	\$167	\$15	\$6	\$18	\$42	\$0-\$2,500
Child support	\$10	\$28	\$6	\$25	\$9	\$18	\$14	\$0-\$662
Retirement	\$61	\$31	\$125	\$166	\$0	\$63	\$60	\$0-\$3,000
Other legal*	\$59	\$131	\$52	\$94	\$164	\$40	\$77	\$0-\$4,200
Illegal income	\$4	\$0	\$74	\$61	\$0	\$0	\$9	\$0-\$1,500
Non-public	\$677	\$1,347	\$1,150	\$1,256	\$825	\$709	\$833	\$0-\$10,400
Total income	\$1,437	\$1,898	\$1,841	\$1,943	\$1,689	\$1,489	\$1,574	\$170- \$10,400
Family size	3.98	3.75	4.29	5.56	4.89	4.38	4.18	1-15
% of poverty	102	135	131	138	120	106	112	12%-741%

Based on Q42, Q133a-g (recoded), Q137a through Q139u. *No data available on Earned Income Tax Credit (EITC). ⁺These totals exceed the sum of all numbers in this column due to unspecified income sources.

\$678); African-Americans have the lowest job or business income (\$450). The most prominent sources of household income other than public assistance and job or business were unreported work, loans or gifts, and child support. These other income sources were not sizable except for loans and gifts for the ES Latino group (\$167). Virtually no respondents reported income from illegal sources, and very few respondents reported that they worked or traded time for necessities or other things in the past 30 days. The exception was babysitting, with 9 percent of the sample reporting that they worked or traded for babysitting in the last 30 days.

The average household income in the prior 30 days of \$1,574 was 12 percent above the 1998 federal poverty guidelines, using the size of each respondent's family in these analyses. Even African-American households, the group with the lowest mean income at \$1,437, exceeded the federal poverty line, while SS Latinos' average income exceeded the guidelines by 38 percent. However, the range of incomes across respondents started at \$170, well below the poverty line and well below the median household income for all families in the U.S. In relation to the cost of living moderately well as a Bay Area family of one parent and two children who need child care, respondents' average income fell 57 percent short (The California Budget Project, 1999). In other words, CalWORKs program participants in Alameda County must more than double their income to live moderately well, or, in TANF terms, become self-sufficient.

Housing

The average monthly cost for housing and utility expenses among all respondents was \$438, for a household with 4.2 members (Table 5-3). SS Latino respondents spent, on average, \$153 more. Although not shown in the table below, monthly housing costs ranged from \$0 to \$1700. Approximately half the respondents spent more than \$400, half spent less. Approximately 14 percent of the sample spent \$700 or more for housing in the month preceding the interview.

Table 5-4 shows the proportion of respondents who needed and received assistance with housing at any time in the previous 12 months. Thirty-one percent of respondents reported needing assistance with paying their rent; however, the proportion varied widely across ethnic groups. Nearly two-thirds of those reporting a need for rental assistance received the help they needed. Note, the percentages in the second row for receiving assistance are based on the numbers cited in

Table 5-3. Money Spent on Housing and Utilities in Past 30 Days

	Africar (n=2 N		I	nite 67) %	ES Latino (n=24) N %		SS Latino (n=25) N %		Vietnamese (n=47) N %		Otl (n= N		To (n=5 N	
None	6	2.2	3	4.5	0	0.0	0	0.0	0	0.0	2	3.0	11	2.2
\$1 - \$199	30	10.8	4	6.0	1	4.2	1	4.0	9	19.1	6	9.0	51	10.1
\$200 - \$399	108	39.0	23	34.3	11	45.8	5	20.0	17	36.2	20	29.9	184	36.3
\$400 - \$699	98	35.4	22	32.8	10	41.7	14	56.0	16	34.0	31	46.3	191	37.7
\$700 or more	35	12.6	15	22.4	2	8.3	5	20.0	5	10.6	8	11.9	70	13.8
Mean amount spent in last 30 days	\$42	23	\$4	71	\$4	34	\$5	91	\$4	02	\$4	33	\$4	38

Based on Q143a-b.

the first row for needing assistance. Also, there were missing responses, noted by the smaller sample size numbers in the last two rows. Again, the grouped responses varied, from 50 percent for Whites and Others to 86 percent for Vietnamese. Overall, 22 percent of the study participants reported being unable to meet their full housing payment at some time during the previous 12 months. This situation occurred most commonly among Whites (35.8%). No Vietnamese respondents reported being unable to meet their housing costs in the past year. Additionally, one-third of respondents were unable to pay their full utility bills over the past year, ranging from 6 percent of Vietnamese to 44 percent of ES Latino respondents.

The proportion of study participants receiving housing subsidies varied substantially by ethnicity. Two-thirds of Vietnamese respondents received housing subsidy payments in the last year, compared to 13 percent of SS Latinos, 17 percent of Whites, 30 percent of ES Latinos and 44 percent of African-American respondents. The low prevalence of housing subsidies among SS Latinos may reflect the requirement of legal permanent resident status in order to qualify for public housing, established under the Illegal Immigration Reform and Immigrant Responsibility Act of 1996. The housing stability among Vietnamese respondents may reflect their increased receipt of housing subsidies.

Table 5-4. Housing Financial Problems and Assistance Patterns

	African (n=2 N			hite =67) %	ES Latino (n=24) N %		SS Latino (n=25) N %			amese =47) %	Other (n=67) N %			otal :512) %
Needed assistance to pay rent	65	23.1	24	35.8	5	20.8	4	16.0	36	76.6	26	38	160	31.3
Received assistance to pay rent (n=160)	38	58.5	12	50.0	3	60.0	3	75.0	31	86.1	13	50.0	100	62.5
Unable to pay full housing payment	62	22.1	24	35.8	6	25.0	7	29.2	0	0.0	12	17.6	111	21.7
Unable to pay full utilities (n=503)	109	39.1	26	40.6	10	43.5	8	33.3	3	6.4	16	24.2	172	34.2
Received housing subsidy (n=472)	115	43.7	10	16.7	6	30.0	3	13.0	31	67.4	17	28.8	182	38.6

Based on Q128k, Q130k, Q144a, and Q144b.

Respondents were asked about the presence of eleven indicators of substandard housing (Table 5-5). Nearly 75 percent of respondents had one or none of the housing problems listed (Table 5-6).

Table 5-5. Housing Problems

Type of problem	N	%
Insect problems	87	17.0
Smoke detectors missing or not working	71	13.9
Plumbing problems	66	12.9
Electrical problems	58	11.3
Broken locks	49	9.6
Rats or rodents	44	8.6
Security bars do not open	44	8.6
Holes in ceiling or floor	39	7.6
Landlord not providing heat or hot water	28	5.5
Lead paint	26	5.1
Exposed wiring	24	4.7

Based on Q31a-k.

Thirteen percent of respondents reported two housing problems. The 13 percent reporting three or

more problems were considered to be living in substandard housing, although less than four percent of the sample reported that their current housing situation interferes with their abilities to participate in CalWORKs activities.

Table 5-6. Number of Housing Problems

Number of housing problems	N	%
No housing problems	276	53.9
One housing problem	105	20.5
2 housing problems	65	12.7
3-5 housing problems	51	9.9
6 or more housing problems	15	2.9

Based on Q31a-k.

Hunger

Food security was measured using the recently developed USDA Hunger Scale (Table 5-7). The context for all questions is limited to not having enough money to buy food. Weight loss diets, fasting, and other voluntary restrictions of food intake do not contribute to the measure of hunger. The scale includes a range of behaviors, from worrying about running out of food, through cutting back on the variety of foods, to going whole days without eating. Although they may worry about running out of food, "food secure" households have sufficient food at all times from socially acceptable sources. In households rated "food insecure", but not yet "hungry", adults have cut down on food intake or variety to spare the children, and the variety and quality of food for the children is reduced. In "hungry" households, adults are likely to be hungry whole days and children also have reduced food intake. The most severe hunger response affirms all 18 questions, including children going whole days without food. This applied to only one household in the sample. Table 5-7 shows the proportion of households in the sample classified as food secure versus food insecure.

Fifty-nine percent of respondent's households were characterized as food secure, a figure about 5 percent lower than U.S. population estimates for two similar population segments—persons with income near the poverty line and female single parents. Just over 14 percent of respondents qualified as hungry, about 2 percent higher than national population estimates of hunger for these two sub-populations. For comparison, the hunger rate nationwide for persons below 130 percent of the poverty level is 11.9 percent. Among those below 100 percent of poverty, 13.1 percent are hungry; the hunger rate for people below 50 percent of the poverty line is 17.0 percent. Alameda

County hunger rates among CalWORKs participants appear slightly higher than national rates for similar populations.

Table 5-7. Food Secure and Food Insecure Households

	African-Am. (n=281)		White (n=67)		ES La (n=2			Vietnamese (n=47)		Other (n=67)		Total (n=512)			
	N	%	N	` /		N %		N %		N %		N %		N %	
Food secure	175	62.3	32	47.8	11	45.8	13	52.0	32	68.1	41	60.2	304	59.4	
Not worried	113	40.2	21	31.3	6	25.0	9	36.0	18	38.3	23	33.8	190	37.1	
Worried	62	22.1	11	16.4	5	20.8	4	16.0	14	29.8	18	26.5	114	22.3	
Food insecure	106	37.7	35	52.2	13	54.2	12	48.0	15	31.9	27	39.7	208	40.6	
Reduced diet quality	70	24.9	22	32.8	8	33.3	8	32.0	10	21.3	16	23.5	134	26.2	
Moderate hunger	28	10.0	10	14.9	3	12.5	4	16.0	4	8.5	10	14.7	59	11.5	
Severe hunger	8	2.8	3	4.5	2	8.3	0	0.0	1	2.1	1	1.5	15	2.9	
% of poverty	102		135		131		138		120		106		112		

Based on Q293a-r. USDA Food Security Scale raw score cut points were used to determine the extent of food security and food insecurity, which includes hunger.

Whites and Latinos were most likely to experience both food insecurity and hunger. Vietnamese were the least likely to experience either food insecurity or hunger; nevertheless, about 11 percent lived in households classified as hungry at some time during the year before the interview.

Fifty-five percent of the sample reported they needed assistance with subsidized school meals for their children, 98 percent of whom said they received the assistance they needed. This high rate of assistance may be due to the systematic protocol of California schools to send subsidized school lunch applications home with every child at the beginning of each school year.

Using Tobacco

As Table 5-8 illustrates, smoking is prevalent across ethnic groups; 43 percent of all respondents smoked at least one day out of the prior 30.

Table 5-8. Smoking Rates

African-Am.	White	ES Latino	SS Latino	Vietnamese	Other	Total			
(n=281)	(n=67)	(n=24)	(n=25)	(n=47)	(n=68)	(n=512)			
N %	N %	N %	N %	N %	N %	N %			

Currently	132	47.0	35	52.2	10	41.7	7	28.0	6	12.8	29	42.6	219	42.8
smokes														

Based on Q220.

Whites smoked more frequently than others (52.2%); Vietnamese were the least likely (12.8%). Using the mean number of cigarettes smoked per day and the number of days out of the prior 30, a rough estimate of the monthly cost per respondent was derived. Assuming each pack of 20 cigarettes cost \$3.50, the monthly cost per smoker would be \$42.60 or 3 percent of the average household income, assuming only the respondent smokes. Although smoking is a health problem, most illnesses strike after middle age. Thus, smoking *per se* was not treated as a potential barrier to working, either for health reasons or because employers are less willing to hire people who smoke.

Family Needs

To obtain information on needs for community services and service utilization among CalWORKs recipients, study participants were read a list of 19 potential needs of low income families. For each item, they were asked if they had needed assistance in the last 12 months and whether they received the assistance they required. Health care needs were reported in Report #1. Child care, transportation, employment, and housing needs are reported in other sections of this report. The remaining areas of need—clothing and household goods Sare described in Table 5-9. Twenty-nine percent of respondents needed school clothes for their children, 24 percent needed cold weather clothing either for themselves or their children, and 20 percent needed work clothing for themselves. For each area of need, less than a third of the respondents who needed help received it.

Table 5-9. Needing Assistance with Clothing and Household Goods

	Africa (n=2 N	n-Am. 281) %	White (n=67) N %		ES Latino (n=24) N %		SS Latino (n=25) N %		Vietnamese (n=47) N %		Other (n=68) N %		Total (n=512) N %	
School clothing for children	75	26.7	19	28.4	6	25.0	8	32.0	21	44.7	21	30.9	150	29.3
Received assistance (n=150)	22	28.9	8	42.1	2	33.3	4	50.0	8	38.1	5	23.8	49	32.5
Cold weather clothing for self or children	71	25.3	12	17.9	3	12.5	9	36.0	13	27.7	14	20.6	122	23.8
Received assistance (n=122)	9	12.5	4	33.3	1	33.3	3	33.3	2	15.4	3	21.4	22	8.8
Work clothing for self	52	18.5	17	25.4	6	25.0	6	24.0	4	8.5	17	25.0	102	19.9
Received assistance (n=102)	14	26.4	4	24	3	50.0	3	50.0	0	0.0	6	33.3	30	28.8
Household goods	52	18.5	11	16.4	1	4.2	1	4.0	6	12.8	11	16.2	82	16.0
Received assistance (n=82)	11	21.2	4	36.4	0	0.0	0	0.0	1	16.7	3	27.3	19	23.2

Based on Q128 and Q130.

Health care is another need that may go potentially unmet among CalWORKs recipients and their children. People who lack both medical insurance and available cash are often forced to forego necessary health care. Table 5-10 shows the proportions of households in the sample in which someone could not see a dentist, a doctor, or an optometrist or obtain prescribed medicine due to a lack of money in the last 12 months.

Table 5-10. Lack of Health Care in Past 12 Months

	Africar (n=2 N			nite :67) %	ES La (n= N	atino 24) %	SS La (n= N		Vietna (n=4		Otl (n= N		To (n=5 N	
Unable to see a dentist	39	13.9	10	14.9	5	20.8	4	16.0	3	6.4	10	14.7	71	13.9
Unable to see a doctor or go to a hospital	23	8.2	9	13.4	5	20.8	2	8.0	2	4.3	10	14.7	51	10.0
Unable to see an optometrist	27	9.6	7	10.4	1	4.2	0	0.0	1	2.1	11	16.2	47	9.2
Unable to obtain prescribed medication	22	7.8	8	11.9	6	25.0	1	4.0	3	6.4	5	7.4	45	8.8

Based on Q145.

Summary

Resources are meager for keeping everything going in welfare households. Shortages of adequate housing, clothing, money for commuting, and food are just a few of the problems respondents face as they transition from welfare to work.

- Mean monthly household income was \$1,571 for 4.2 persons per household, about 12 percent above the \$1,403 federal poverty guideline.
- White respondents tended to be the least reliant on welfare as a source of income, with 29 percent of their household income, on average, coming from public welfare sources; African-Americans, Vietnamese, and the Other ethnic group were most reliant on welfare at just over 50 percent.
- 13 percent of respondents reported having three or more problems with their housing.
- 14 percent of households were classified as experiencing some hunger, slightly above national hunger rates for families living at or around the poverty level.
- 29 percent of respondents needed school clothes for their children, 20 percent needed work clothes for themselves and 24 percent needed cold weather clothing for themselves or their children in the last year. Overall, only about 30 percent who reported needing assistance with clothing actually received any.

• Due to a lack of medical coverage or available cash, 14 percent of study respondents reported that they or someone else in their household had to forego dental care, 10 percent did not see a doctor, 9 percent did not receive eye care, and 9 percent could not obtain prescribed medication in the past year.

References

The California Budget Project. (1999, October). *Making ends meet: How much does it cost to raise a family in California*? Sacramento, CA.

SECTION 6. STATUS OF RANDOMLY SELECTED CHILD

Situation of Focal Child

The transition from welfare to the work force affects not only the adult making that journey but also her or his children. Children whose parents are involved in CalWORKs face an unknown future. Living with parents who are going through a difficult transition period, such as that of moving from reliance on public assistance to entering or re-entering the work force, children may experience difficulties themselves as they learn to adjust to a new situation and to increased demands on their parents' time and energy. On the other hand, children whose parents successfully move from the welfare rolls to the labor force stand to benefit from an improved standard of living and parental sense of well-being. In order to complete the picture of families in transition, study respondents were asked about the developmental and academic progress of one child (randomly selected if there was more than one child in the household), as well as the child's health status and medical insurance coverage.

The mean age of the focal child was 7.4 years old. Ten percent were younger than two and 25 percent were between two and four years old. Another 31 percent were five to nine years old, 17 percent were pre-teens (10 to 12 years old) and 18 percent were teenagers (13 to 19 years old). Vietnamese children were older, on average than other children, with a mean age of 9.7 years. Children of ES Latino parents were the second oldest, with a mean age of 8.4 years. African-American children and children of parents of Other ethnicity were the youngest, at 6.9 and 6.5 years of age.

Progress in School

Children's school experiences are crucial to their current and future well-being. Of all the children sampled, 76 percent were attending Head Start, nursery school, or K-12. Sixty-seven percent were attending K-12. Of children enrolled in school, almost two-thirds (62.8%) were enrolled in elementary school (kindergarten through fifth grade), another 23 percent were in middle school (sixth through eighth grade), and the remaining 14 percent were high school students.

Two methods were used to establish a baseline measure of children's academic performance. If parents reported that their child received letter grades in school, grades were used. If not, the parent's own assessment of her/his child's progress was used. Table 6-1 presents this combined measure of academic progress by ethnic group. Thirty percent of the children fall into the top category, either receiving mostly or all As or being rated as an "excellent" student by the parent.

Thirty-five percent were B students or rated as "very good", and twenty-five percent were C or "good" students. A great deal of variability in academic performance exists across ethnic groups. While more than half (56.8%) of Vietnamese students fell into the top category, only 18 percent of the children of ES Latino parents did. Children of SS Latino parents were the second most likely group to fall into the top category; about one-quarter of all other students (African-American, White and Other) were in this category.

Table 6-1. Children's Academic Performance

		n-Am. 175) %		Thite =43) %		Latino =17) %		atino =21) %	Vietna (n= N	amese =37) %	_	ther 1=34) %		otal 327) %
A's/excellent student	49	28.0	11	25.0	3	17.6	8	38.1	21	56.8	9	26.5	101	30.9
B's/very good student	66	37.7	13	29.5	6	35.3	8	38.1	9	24.3	13	38.2	115	35.2
C's/good student	43	24.6	12	27.3	4	23.5	5	23.8	5	13.5	11	32.4	80	24.5
D's/fair student	14	8.0	5	11.4	3	17.6	0	0.0	0	0.0	1	2.9	23	7.0
F's/poor student	3	1.7	2	4.5	1	5.9	0	0.0	2	5.4	0	0.0	8	2.4

Based on Q329 and Q330.

Alternate measures of academic progress, or the lack thereof, included whether children have ever been held back a grade, whether they have been suspended or expelled from school and frequency of absences from school (Table 6-2). Overall, 15 percent of students had repeated a grade. Children of parents of Other ethnicity were most likely to have been held back (26.5%); those of Vietnamese parents least likely (7.9%). Vietnamese and Latino children were the least likely to have been suspended or expelled from school in the last year; those of Other ethnicity were most likely to have experienced suspension or expulsion. Children of Other ethnicity also had the greatest likelihood of missing school; one-quarter missed five or more days in the previous four weeks, more than double the overall percentage of students who missed that amount of school. Children of ES Latino parents and Vietnamese children had the lowest rates of school absence.

Table 6-2. Children's School Problems

	Africation (n=1)			hite =43) %		Latino =17) %		atino =20) %	Vietna (n=3		_	ther =34) %		otal 325) %
Ever repeated a grade	26	15.0	5	11.6	2	11.8	3	15.0	3	7.9	9	26.5	48	14.8
Suspended/ expelled last 12 months	26	15.0	6	14.0	1	5.9	1	5.0	0	0.0	6	17.6	40	12.3
Missed 5 or more days last 4 weeks	17	9.9	8	19.1	0	0.0	2	10.0	1	2.6	9	26.5	37	11.4

Based on Q331, Q332 and Q333.

Health Status

Children's physical health status is a another important area related to their parents' fortunes. Overall, the children of the study respondents enjoyed good health (Table 6-3). More than seventy percent of respondents rated their child's health as "very good" or "excellent". However, 10 percent rated their child's health as "fair" or "poor". The ratings that parents gave their child's health vary by ethnic group. More than three-quarters of African-American and Other ethnicity parents rated their child's health as excellent or very good, as did 73 percent of White parents and 72 percent of SS Latino parents. Sixty-two percent of the children of ES Latino parents were reported as having very good or excellent health. However, only 21 percent of Vietnamese parents reported their child to be in excellent or very good health. It is not clear whether this variation is due to actual disparities in health status among children from the various groups or to differences in definitions or characterizations of health that might exist across ethnic groups.

Evidently, these differences are not due to variation in chronic health conditions among children or to episodic health conditions. Ten percent of the children had a chronic health condition that requires daily adult supervision or care. The proportion of children of ES Latinos with such a condition was double that figure (20.8%). African-American and Vietnamese children had the lowest reported prevalence of chronic health conditions, 8 percent and 6 percent respectively. While these figures echo the overall health ratings for African-American children, they do not reflect what might be expected for Vietnamese children, given the relatively low ratings their parents gave their general health status.

Table 6-3. Children's Health Status

	African (n=2 N			hite =67) %		Latino =24) %		Latino =25) %	Vietna (n=4			her =68) %		otal (512) %
Excellent health	158	56.2	33	49.3	10	41.7	9	36.0	4	8.5	36	52.9	250	48.8
Very good health	65	23.1	16	23.9	5	20.8	9	36.0	6	12.8	17	25.0	118	23.0
Good health	41	14.6	12	17.9	6	25.0	5	20.0	16	34.0	13	19.1	93	18.2
Fair health	16	5.7	5	7.5	2	8.3	2	8.0	16	34.0	2	2.9	43	8.4
Poor health	1	0.4	1	1.5	1	4.2	0	0.0	5	10.6	0	0.0	8	1.6
Chronic condition	21	7.5	9	13.4	5	20.8	3	12.0	3	6.4	9	13.2	50	9.8
Needed medical care in past year	68	24.2	18	26.9	5	20.8	5	20.0	3	6.5	15	22.1	114	22.3

Based on Q339, Q340.

About one-fifth (22.3%) of children had an illness or condition that needed a doctor's or nurse's care, or necessitated a trip to the emergency room in the past year. With the exception of Vietnamese children, the proportion hovered between 20 and 27 percent; only 6 percent of Vietnamese children experienced an illness or injury that needed care, perhaps because they were older.

In general, respondents reported that their children had access to health care and were covered by medical insurance (Table 6-4). Across ethnic groups, between 88 and 94 percent of children received annual routine medical check-ups. More than 90 percent of all children, and more than 95 percent of all children save those of ES Latino parents, had health insurance. For virtually all these children, that insurance was Medi-Cal. The vast majority of respondents also stated that their child's insurance coverage paid all the costs of regular check-ups.

Three-quarters (74.5%) of all children ages two and above had been to a dentist in the past 12 months, an additional 13.4 percent had seen a dentist over a year ago. Children of SS Latino parents and Other ethnicity parents were the most likely to have never seen a dentist (20.8 percent and 22.0 percent respectively).

Table 6-4. Children's Health Care and Insurance

	Africa (n=2 N			Thite =67) %		Latino =24) %		Latino =25) %		amese =47) %		her =68) %		otal 512) %
Routine check-ups	260	92.5	63	94.0	21	87.5	22	88.0	44	93.6	60	88.2	470	91.8
Health insurance	277	98.6	65	98.5	22	91.7	25	100.0	47	100.0	66	98.5	502	98.0
If have insu	rance:													
Medi-Cal	268	96.8	60	90.9	19	86.4	24	96.0	47	100.0	63	95.5	481	95.6
Insurance covers all check-ups	271	98.2	62	95.4	18	85.7	25	100.0	43	93.5	65	98.5	484	97.0
If 2 years o	ld or old	er:												
Saw dentist in past year	164	76.6	42	72.4	16	76.2	17	70.9	35	77.8	33	66.0	307	74.5
Saw dentist over a year ago	27	12.6	8	13.8	3	14.3	2	8.4	9	20.0	6	12.0	55	13.4
Never saw dentist	23	10.7	8	13.8	2	9.5	5	20.8	1	2.2	11	22.0	50	12.1

Based on Q351, Q352, Q353, Q347, and Q348.

Summary

The following highlights what was learned about the children of parents participating in CalWORKs:

- The mean age of the focal child was 7.4 years old; 33 percent were less than 5 years old, 50 percent were 5 to 12 years old, and 17 percent were teens.
- Two-thirds of the students earned at least a B average or were at least "very good" students; 9.4 percent earned mostly Ds and Fs. Vietnamese children and those of SS Latino parents were most likely to have higher grades.

- Children from Other ethnic groups had the highest rates for grade retention, being suspended or expelled, and missing school. Vietnamese and Latino children had the lowest rates.
- 70 percent of the focal children were in excellent or very good health, 10 percent were in fair or poor health, and 10 percent had a chronic health condition. ES Latinos' children had the highest rate of chronic conditions.
- 98 percent of the focal children had health insurance coverage. 96 percent were covered by Medi-Cal. Over 90 percent were receiving routine health check-ups.

SECTION 7. PARTICIPANT SUGGESTIONS FOR IMPROVING SERVICES

This section explores responses to several open-ended interview questions that allowed respondents to state in their own words how welfare programs in general and the CalWORKs program in particular have affected them, as well as how welfare programs could serve them better. These results are suggestive, not conclusive, for three reasons. First, the questions were embedded in a long interview that prompted respondents to think about their lives in terms of welfare, working, and barriers to working. Second, their responses were complex, and the distinctions presented required a judgment call by one coder for each question. Third, respondents had different lengths of experience in the CalWORKs program, with some having minimal exposure to the program at the time of their interview.

Services Related to Getting Work

Questions concerning each respondent's involvement in activities to prepare them for working (see Table 3-9) were followed by two open-ended questions concerning the helpfulness of the activities (Q161-2). Of the 443 respondents (86%) who had participated in work and training activities, 300 respondents mentioned at least one way that some prior or current work-preparation activity was helping them find work. Among the more frequently mentioned reasons participation was helpful were: "Teach job skills or experience" (44%), "provide job search skills, interview skills, resume writing, etc." (26%), "help [to] earn diploma, certification, license" (11%), "finish formal education" (9%), "teach workplace behavior, attitudes, etc." (8%), "increase confidence, self-esteem, etc." (8%), and "help with contacts/links to potential employers" (5%). Given the range of time over which these work preparation activities could have occurred, it is not clear that respondents were commenting on CalWORKs activities. Nevertheless, these responses indicate what respondents thought was important to learn or accomplish, in order to find and keep a job.

There were 141 respondents who perceived the work and training activities as not helpful in getting a job now. The reasons they mentioned included: training was not practical enough (7%), volunteer work did not give usable skills (2%), need GED (1%), not interested in those occupational skills (1%), couldn't finish or program discontinued (4%), already have a job or not looking (3%), too long ago to help now (1%), cannot find work (1%), and cannot work due to health or disability (2%). About one-third of the negative responses reflect respondents' need for work or training that is customized to their goals and targeted toward work that will support self-sufficiency.

When interviewed, only 17 percent (n=86) of study participants reported having signed a welfare-

to-work plan (Q121). Of those, 78 percent reported being somewhat or very satisfied with their welfare-to-work plan, while 15 percent reported being dissatisfied or very dissatisfied. Of those who were dissatisfied, 37 percent mentioned that the plan will not help them get a better job, 34 percent mentioned that the activities were not likely to meet their needs, 15 percent mentioned that things do not happen as planned, and 12 percent mentioned that the time allowed was too short. The following question (Q123) asked why respondents were not very satisfied with their welfareto-work plan (n=41). The most frequently mentioned reasons for their dissatisfaction were the following. First, the activities of the welfare-to-work plan would not help the respondent get a better job or she or he would be forced into a poor job or "any job" (37%). Second, the plan activities were not right for her or his individual needs or goals (34%). Third, delays and disorganization of CalWORKs services were mentioned by 15 percent of respondents. Fourth, the rapid pace of the planned activities was a concern for 12 percent. Fifth, 10 percent perceived the plan as "just another requirement" with "rigid rules", that they did not expect to find helpful. Some other reasons, each mentioned by 7 percent were: plan was too slow, had either not received or needed more help with child care, and thought their plan needed to include additional services, such as "more help with housing" and "more help after you get the job, to keep it".

Those with signed welfare-to-work plans (n=86) were also asked, "What is the Social Services Agency doing to help you succeed with your plan?" SSA assistance was perceived as negligible or not helpful by 20 percent of the 86. Nine percent were no longer participating in plan activities. The two most important forms of help mentioned were child care (42%, n=36) and paid transportation (30%, n=26). Employment counseling, advice or support were mentioned by 19 percent of respondents. Fewer than 8 percent of those with signed plans mentioned any other form of assistance. The following were also mentioned: providing "motivation" or confidence, interviewing skills, resume preparation, job listings, job referrals and interview appointments, message center facilities, computer training, permission to complete education or help with educational expenses, interview clothing, language skills and job skills. Receipt of medical insurance was mentioned by 3 percent as something that would help them succeed with their welfare-to-work plan. Several respondents found services provided by the CalWORKs program unsuitable, including unusable child care (3%), and unreachable program staff (1%).

The CalWORKs Program Overall

Two interview questions encouraged the expression of opinions about Alameda County's CalWORKs program as well as welfare programs generally. While these questions were unguided, they came at the end of the interview and should be seen as providing respondents an opportunity to comment—or vent—on their own experiences and on "welfare". Because of the non-directed

nature of these questions, interpretation of response frequencies should be distinct from those in the rest of the interview. In general, we believe the percentages for these two questions may best be seen as minimums.

The first of the two questions inquired "If the President asked you what the government could do to assist single parents, what advice would you give?" (Q355). Five hundred ten of the study participants (99.6%) offered a response, and 85 percent offered one or more pieces of advice. Respondents could, and frequently did, mention several items in their open-ended answers; therefore the 510 respondents provided 1,135 items of advice. The proportions reported here represent the number of persons mentioning the same advice. When interpreting the meaning of the numbers of responses and their content, bear in mind that about 42 percent reported no involvement as yet with CalWORKs program services, and only 17 percent had signed a welfare-to-work plan.

The current goals of welfare programs were ratified by 11 percent of respondents. No opinion was offered by 5 percent of respondents. Another 5 percent intended to avoid participation because they believed they will do better on their own. Several specific forms of assistance that were mentioned are at least nominally part of CalWORKs.

Help with jobs and job training were mentioned 254 times. Some aspect of job training was the most prevalent response (13%). Most responses focused on paid training (not volunteer or unpaid), more access to training, and training for jobs with benefits and sufficient pay for respondents to meet their own expenses. Another 10 percent of responders mentioned more employment opportunities, with some suggesting guaranteed jobs. Adequate pay was specifically mentioned by 8 percent of responders. More specific work-related needs included appropriate clothing, post-employment support, advocacy for job security and help for the disabled.

Government support for child care was mentioned 197 times. Respondents said they needed help in paying for child care while in training or school, as long as their income remains low (21%). They requested more child care choices, more accessible care ("in the projects"), and extended hours ("always available"). Some (7%) mentioned assuring the quality of child care.

Education was mentioned 86 times. Respondents with the lowest educational levels expressed a need for more education and more help with obtaining it (4%), from GED completion to one-on-one tutoring. Those who may already have some education also want more educational opportunities (8%), including subsidies or full payment, child care, better education for employment (in better jobs), and full information about options. The most job-focused comments

on education (3%) included providing certificate training or loans and training for "careers, not jobs". Providing assistance sufficient to complete four-year college programs was specifically mentioned by 2 percent of respondents.

Seventy comments covered broader, longer-term concerns for the welfare of their children. Responses noted preparing the children for a good, responsible future, including guidance and mentoring in the form of school-based programs (5%), better schools and educational opportunities with individual attention for their children (5%), and job training in the schools and/or college paid for all who qualify (5%). About 5 percent of respondents wished for stricter enforcement of child support, even going so far as courts ordering absent parents to spend time with children.

Transportation issues were mentioned 39 times. Access to transportation for work-related activities was the most prevalent category mentioned (6%), including taxi emergency vouchers. Five respondents (1%) mentioned help with obtaining cars, and five respondents (1%) mentioned transportation for children to and from school and school activities. Accessibility of CalWORKs-supported services (training and child care) and location and distances to and from work relative to housing and other services were mentioned by 2 percent of respondents. Their comments included being burdened by excessive travel times, facing inadequate public transportation schedules, or having physical handicaps.

Other topics mentioned included health care, housing, food and neighborhood safety. Health insurance or health care was mentioned 21 times. Three percent of respondents mentioned preventive care, better care, care that actually cures, dental and mental health care. Health insurance needs were mentioned by 1 percent of respondents. Housing concerns were noted 99 times. The most frequently mentioned needs were faster access to lower cost or subsidized housing (6%) and making more affordable housing available (11%). A small number of respondents think housing assistance should go first to single parents (2%), and 4 respondents wanted assistance with buying houses or with maintaining payments in case of emergency. Food is enough of a concern that 3 percent of respondents mentioned needing more assistance, lunch money or bag lunches for CalWORKs work activity and training days, and help with children's nutrition. Eight respondents mentioned neighborhood safety as something needed by single parents, including eliminating drugs and lowering crime.

The CalWORKs program as now implemented was discussed 150 times. Flexibility in program implementation was the most coherent idea expressed by 29 percent of respondents, including respecting individual interests and goals, providing professional quality employment counseling, permitting education, and providing more variety and resources for training. Several respondents

proposed initial assessment with separate "tracks" for persons with no work experience (long-term cases), those younger and new to welfare, and those with extensive work experience, with corresponding supports emphasizing, respectively, soft skills training, finishing education, and job-search or private business supports. Almost 2 percent of respondents felt more time should be allowed for attaining self-sufficiency, and 1 percent requested slower sanctions and protection of child grants. Two percent wanted better information dissemination and outreach.

Additional services were mentioned by 56 respondents (11%). These included individual and group counseling about coping with poverty and financial management/raising children/life in general, more and better alcohol and drug treatment, crisis financial help, and parent/teen joint classes with sex education. Three respondents mentioned a need for job search assistance for felons. In a similar vein, about 2 percent of respondents recommended some aspect of increased supervision, including fraud investigation, to be sure recipients really need benefits, checking on conditions of children covered by grants (properly fed, clothed, and taught), and requiring every participant to be clean and sober.

The administration of the CalWORKs program was mentioned by about 3 percent of respondents. Concerns included faster granting and services procedures, decreased paperwork, provisions for emergency enrollment, decreased waiting times (especially for reimbursements), and delivering on promises. Another 3 percent recommended program improvements or noted flaws in the program, such as staff attitudes (now seen to be abusive and disrespectful), the perception that volunteer workers are more supportive and understanding than paid staff, and a need for continual recipient input ("do more surveys"). A few respondents stated that they became interested in participating in the CalWORKs program as a result of our Needs Assessment interview.

Final Thoughts

While 491 respondents (95.8%) offered a response to the question, "Is there anything else we haven't already talked about that you want us to know about you and the CalWORKs program?" (Q356), only 256 of them (exactly 50 percent of the sample) offered information that had not already been provided in response to the previous question. These responses came from people who still had energy to talk about their burning concerns at the end of an interview that ran over one hour in length. The general topics covered were similar to those for Q355, but the information was more detailed and specific to individual circumstances.

Generally favorable opinions of the goals and purpose of the CalWORKs program were offered by 23 percent of the 256 who gave additional information, including "It's a good program, will help women to become independent", "I'm ready to get off aid - it's no way to raise kids", and "looking

forward to participating". Generally negative responses were offered by 9 percent of respondents, including "want CalWORKs out of my life", "will/can do better [education/job] on my own", "want to get away from the stigma" and "want privacy back and can't get loans". About 10 percent had not started the program yet, and thus did not understand it. Just 2 percent expressed the idea that people should be paid to raise good children, said they do not intend to look for work until their children are in school, or suggested that mothers of babies be exempt from working.

Changes in the CalWORKs program were suggested 155 times. Thirty respondents (12%) requested more complete and accurate information about the program and what it is able to provide, including decreased bureaucracy and more staff training. Allowing more time to achieve self-sufficiency and extending program supports to the working poor was mentioned by 7 percent of respondents. If a new job does not work out, respondents want a quick reentry to CalWORKs benefits. Waiting lists for services were also criticized. Three respondents suggested gradual phasing out of financial and other supports, pay for hours spent in training or school, and some form of payment for good grades as incentives for participation. Additional assistance was mentioned by 9 percent of respondents, including outreach to refugee communities, help with forms, interpreters for non-Engish-speaking and hearing-impaired recipients, and flexible schedules to accommodate working beneficiaries, homeless beneficiaries or applicants and those without phones. Several respondents (2%) want CalWORKs to provide linkages to other services, including legal and advocacy services for divorce and child support, and information about community services such as help with furniture, and interview clothing.

Individualized approaches and personal attention were recommended by 7 percent of respondents, including separate tracks for people at different skill levels, welfare-to-work plans incorporating individual interests, and startup support for home businesses. A special track for felons was mentioned by 1 percent of respondents, several of whom mentioned that they became felons when they were caught not reporting work and prosecuted for welfare fraud. About 4 percent of respondents mentioned sanctions and threats that they consider to be unjustified. At least 5 percent of respondents reported unreturned phone calls when they try to contact CalWORKs staff. Frustration with multiple workers and changing workers was mentioned by 3 percent of respondents who commented on the importance of the support and friendship of one "worker" to their success. Another 8 percent commented on long waits at welfare offices, lost paperwork, disrespectful treatment by staff, and stereotyping by staff.

The topic of jobs and job training was mentioned 64 times. Job Club activities were regarded as helpful but ending too soon by 4 percent of respondents, but as a poor use of time, especially for those with work experience, by another 4 percent. Job training was mentioned by 7 percent of

respondents, including individuals desiring work skills or hands-on apprentice work, complete qualification for a better job, and training or course work available in non-work hours. Four percent wanted active help to get a better job, looking to CalWORKs to open doors, to arrange interviews or even to guarantee a job. Three respondents simply wanted more frequent job database updates, with more variety, and targeted geographically to be closer to where they live. More specialized needs were mentioned as well; 1 percent of respondents look to CalWORKs for advocacy to support job security. Others mentioned work which is accessible for the disabled and job search assistance for disabled persons, work-site child care, work which does not require English, flexible work schedules, and transportation for children to school and doctors.

Child care supports under CalWORKs were mentioned 36 times. Two percent felt that only family can care for children and wanted to be able to provide pay for family members (2%). Other problems mentioned were starting or continuing supported child care (3%), and needing child care for very long days or off-hours (1%).

Other less frequently mentioned concerns were the following. Support for education was requested 29 times. Specifics included the need to finish high school, GED, or ESL; the need for subsidized or free certification training including tuition, books, and supplies; respect for personal goals and advice on how to get more education under the program; and free or subsidized 4-year college program, with child care, toward a "career, not a job". Assistance with transportation was mentioned by 12 people (5%). Just 6 respondents (1%) mentioned health insurance. Two of them mentioned it was a problem that they had to stay on welfare to be sure they had coverage for themselves or their children. Lack of consideration for health or psychiatric problems was mentioned by 7 percent of respondents, including absence of time for grieving over recent multiple deaths in the family, inadequate disabled access, stress of multiple demands on time, translation needed for non-hearing persons, mental health problems, and caring for own or family medical needs. Several considered themselves unable to work or to participate in work-related activities because of their health problems. Housing problems included needing housing in order to participate in CalWORKs, needing lower cost housing, needing Section 8 or emergency assistance, and being on a waiting list for housing or housing subsidy.

Section 4 of this report concluded that, among potential barriers to working, two barriers had the strongest relationship to working less than 26 hours per week or to not working at all – little or no work experience and lack of child care. By way of comparison, in summarizing what respondents had to say about other aspects of participating in the CalWORKs program not covered in the questionnaire (Q356), three types of supports were identified as critical to meeting CalWORKs requirements for getting and keeping a job: family-based child care, very inexpensive housing, and

personal transportation.

Summary

Considering that the interview lasted about one and one-half hours, that only a few open-ended questions were asked sporadically during the interview, that these data were coded by only one person, and that responses to the questions are likely to change as more study participants spend more time in the CalWORKs program, caution should be exercised when interpreting these findings.

- 86 percent of respondents commented on the helpfulness of activities to prepare for working; 68% of those responding mentioned that one or more activities were helpful, 32% mentioned that they were not helpful. The two most helpful activities cited were acquiring real job skills and preparing job search materials.
- Of the 17 percent of study participants who had already signed their welfare-to-work plan, 15 percent were dissatisfied with their plan.
- When respondents were asked what the government could do to assist single parents, the four services most frequently mentioned were, in order, money for child care, access to affordable housing, transportation, and health care.
- 29 percent of respondents recommended greater flexibility in welfare-to-work programs, to include more access to training and education to obtain better jobs.
- The most frequent comments about CalWORKs from the 256 respondents who wanted to make them at the end of the interview included: it's a good program (23%); can't stand the program (9%); and no experience with the program as yet (10%).
- Three types of supports were identified as critical to meeting CalWORKs requirements for getting and keeping a job: family-based child care, very inexpensive housing, and personal transportation.

SECTION 8. COMPARING ALAMEDA COUNTY CALWORKS PROGRAM PARTICIPANTS TO OTHER GROUPS

This section examines two questions of particular interest: (1) Is Alameda County's TANF population representative of other TANF populations? and (2) How do TANF populations differ from the general U.S. adult population? We explore the extent to which the Alameda County CalWORKs population of interest, that is, those affected by the work requirements, differs from other populations with regard to gender, ethnicity, age, and marital status, as well as several barriers to working—job skills, education, mental and physical health, alcohol and other drug use, and family violence. Since respondents to the study were randomly selected for this study in October 1998, the results obtained from analyzing sample data will be treated as representative of the population of CalWORKs program participants in Alameda County as of that date.

Four populations were selected: the 1997 general U.S. adult population (U.S. Census Bureau, 1998), the population of all 1998 TANF recipients in the U.S. (Department of Health and Human Services, 1999), a group of 733 recipients studied in a Michigan county in 1997 by researchers from the University of Michigan (Danziger et al., 1999), and former TANF recipients interviewed in 1997, who participated in the National Survey of America's Families (Loprest, 1999). To the extent that TANF recipients differ from the general U.S. population, they may experience work requirements, the role of working, and barriers to working differently from the norm of U.S. adults. To the extent that Alameda County TANF recipients differ from the U.S. population of TANF recipients, care must be taken in generalizing what is learned about our study participants to the rest of the country. To the extent that Alameda County TANF recipients resemble one or more of the other groups of TANF recipients regarding socio-demographics and barriers to working, we may be able to generalize these findings to other TANF groups throughout the country that are participating in a welfare-to-work program.

Table 8-1 compares the Alameda County CalWORKs study participants with four other groups on five socio-demographic characteristics and six potential barriers to working. Before summarizing the findings in Table 8-1, it is important to clarify the differences in the way potential barriers to working were defined in the three studies and in the two populations. Mental health barriers were defined as follows. For the general U.S. adult population, representative epidemiological study results for all mental disorders in the past 12 months were used. For the CalWORKs sample, items from the SCL-90 were asked, and cutoff scores were developed by comparing these data to

Table 8-1. Comparisons of CalWORKs Sample with Other Populations

	U.S. Adult Population 1997	U.S. TANF Population	Alameda County CalWORKs	University of Michigan TANF Study	National Survey of Families, former AFDC/TANF recipients
	1977	1999	1998	1997	1997
	(n=186m)	(n=4.9m)	(n=512)	(n=733)	(n=1,564)
Demographic					
age>=30	69.5	46.4	57.2	48.0	45.0
Male	48.2	5.3	8.2	0.0	6.5
White	75.1	37.4	13.1	44.0	52.2
Black	10.7	36.4	54.9	56.0	34.7
Hispanic	9.8	19.9	9.6	0.0	13.1
Other	4.4	6.3	22.5	0.0	unk.
Married	59.7	35.0	24.8	24.0	28.0
No H.S. diploma/GED	19.2	67.7	42.4	30.1	28.9
Barrier to working					
Fewer than 4 job skills	n.a.	n.a.	21.1	21.1	n.a.
Mental health*	17.3	n.a.	18.8	30.0	18.0
Physical health*	9.0	n.a.	18.6	19.4	13.0
High alcohol use*	5.0	n.a.	5.7/3.9	2.7	n.a.
High drug use*	4.5	n.a.	12.1	3.3	n.a.
Family violence*	3.4	n.a.	14.8	14.9	n.a.

Note that n.a. indicates not available; unk. indicates not known.

several normative studies. Persons who possessed enough symptoms to have a mental disorder were counted, as were respondents who indicated that they were not taking prescribed psychotropic medications. For the University of Michigan study, Composite International Diagnostic Interview (CIDI) questions were asked to estimate the 12-month prevalence of major depressive disorder, post-traumatic stress disorder (PTSD), and generalized anxiety disorder. For the National Survey of America's Families that included former TANF recipients, a five-item scale was administered; percentile scores of 10 or less were used to reflect very poor mental health.

^{*}Defined below.

Physical health barriers were defined in the following ways. For the general U.S. adult population, percent of persons who rated their overall health as poor to fair. For the CalWORKs and University of Michigan samples, the percent of persons who rated their overall health as poor to fair and who were in the lowest quartile on the physical functioning scale from the SF-36. For the National Survey of America's Families, the responses to survey items indicating that health limits working were used.

High alcohol use barriers were defined in the following ways: For the general U.S. adult population, the percent of the population consuming five or more drinks five or more times in the past month. For the CalWORKs sample, two figures are displayed: percent consuming five or more drinks at least weekly in the past 12 months and percent consuming at that level and reporting three or more dependence symptoms. For the University of Michigan study, CIDI questions were asked to estimate the 12-month prevalence of alcohol dependence.

High drug use barriers were defined in the following ways: For the general U.S. adult population and the CalWORKs sample, the percent using illegal substances once per week or more for the past 12 months. For the University of Michigan study, CIDI questions were asked to estimate the 12-month prevalence of drug dependence.

Family violence barriers were defined in the following ways: For the general U.S. adult population the 1993 Commonwealth Fund Survey and the 1985 National Family Violence Survey results for women 18 and over reporting severe physical abuse. The Alameda County CalWORKs sample was assessed with questions similar to those in the CTS, and respondents answering yes to any of the questions were counted.. For the University of Michigan study, the percent of women who answered yes regarding questions about severe physical abuse on the Conflict Tactics Scale (CTS).

Turning now to the findings, with regard to the demographics, the TANF population is younger than the general U.S. adult population and nearly all female. Proportionally, more minority groups are represented in the TANF population, particularly Blacks and Hispanics. Fewer TANF recipients are married compared to adults in the U.S. population. These differences between U.S. adults and TANF recipients are clearly related to the eligibility requirements for receiving TANF benefits, notably being an adult (usually female) raising young children who lacks economic resources within the family. The three TANF study samples are more similar to the U.S. TANF population than the U.S. adult population on most demographic characteristics. All three TANF study samples are less likely to be married than the U.S. TANF population and more likely to have graduated from high school or possess a GED. The Alameda County study participants differ from

the U.S. TANF population and the other two study groups with regard to age, gender, and ethnicity: they are older, more are males, and fewer are White. Since the University of Michigan study group sampled only Whites and Blacks, the proportions of each are not necessarily representative of the TANF population in that area.

Despite some socio-demographic differences among the three TANF study groups, similar percentages of study participants experience half of the barriers to working: lack of job skills, inadequate physical health, and history of abuse by a family member. The higher percentage of Alameda County study participants experiencing a potential barrier due to high alcohol use is close to the U.S. adult rate of alcohol abuse. The rate of Alameda County CalWORKs recipients' mental health barriers is comparable to those of the general population and of former TANF recipients sampled in the National Survey of America's Families. Compared to the Michigan site, however, Alameda County study participants appear less likely to experience a mental health barrier to working. Alameda County welfare recipients are three times as likely to experience a substance abuse barrier to working as are members of the general U.S. adult population. Because of different measures reported, it is not possible to compare the Alameda County and Michigan TANF study groups.

These differences must be interpreted with caution, because the definitions of barriers to working differed across studies and among populations. For example, the definition of a physical health barrier was less restrictive for the general U.S. adult population. If the more restrictive definition used in two of the three TANF studies were applied, the rate of experiencing this barrier would decline. Then, the difference between the TANF population and the general U.S. adult population would appear even larger. The percentages of TANF recipients experiencing a mental health barrier to working suggest that the Alameda County study group is most similar to the general U.S. adult population. However, the two ways of defining this barrier differed, making it unlikely that the study group is really so similar to the general U.S. adult population.

Accepting the numbers at face value, TANF recipients do face more barriers to working than the general U.S. adult population. Except for mental health problems, more Alameda County TANF recipients are experiencing barriers to working than study participants in the other two TANF study groups. Considering the socio-demographic differences, too, such as being older, more diverse ethnically, and more males in the group, it may be that serving the Alameda County TANF population will prove more challenging than in other areas of the United States.

Summary

By comparing the CalWORKs program participants in Alameda County with the general U.S. adult population, all TANF recipients in the U.S., and three other groups of TANF recipients participating in similar studies, it became clearer in what ways the Alameda County CalWORKs program participants resemble, as well as differ from, these other groups:

- Compared with U.S. adults, TANF recipients are more likely to be females, younger, members of ethnic minority groups, and having problems with family violence, *and* less likely to be married, have a high school diploma or GED, and be physically healthy.
- Compared with U.S. adults, Alameda County CalWORKs recipients appear to exhibit similar rates of mental health and high alcohol use barriers to working, but they report more physical health barriers, high drug use barriers, and family violence barriers.
- Among TANF recipients, the Alameda County CalWORKs population differed from two other study groups in that the CalWORKs recipients were older, and fewer were Whites.
- Across health-related barriers the Alameda County study participants experienced higher rates of health-related barriers than either of the other two TANF study groups, with the exception of mental health problems, where CalWORKs participants appear to resemble former TANF recipients but not Michigan welfare recipients.

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SECTION 9. CONCLUSIONS

The purpose of this section is to review what was learned about the study sample, its demographics, barriers to working, and daily living circumstances, based upon self-report. Also, these findings are summarized so as to uncover some of the most promising issues needing further investigation in Report #3.

Demographics

The cultural diversity of the sample of 512 respondents was addressed differently in Report #2 by combining two variables, language spoken at home and ethnic group, to create six cultural groups: (a) African-Americans, 55 percent; (b) Whites, 13 percent; (c) English-speaking Latinos, 5 percent; (d) Spanish-speaking Latinos, 5 percent; (e) Vietnamese, 9 percent; and (f) Other, 13 percent. Most of the tables presented in this report compare these groups on the variable of interest. Despite the smaller size of the two Latino groups, these two often differed the most in their experiences of potential barriers.

We now know that 43 percent of all respondents did not graduate from high school, 8 percent were males, and 13 percent were married and living together. The mean age was 32. At baseline, 74 percent of the study participants were not working 26 hours or more, 8 percent were no longer receiving CalWORKs checks, and 29 percent were not planning to participate in CalWORKs. The mean household size was 4.2 persons, 2.3 of whom were children. Compared with other TANF populations, Alameda County TANF recipients were older, included more males, and were more ethnically diverse.

At the time of their interview, 26 percent of respondents were usually working 26 hours or more per week. Of those not working at least 26 hours, 82 percent had worked at least 26 hours per week sometime in their life, 8 percent had worked but never as much as 26 hours per week, and 10 percent had never worked. Forty-five percent of all respondents had worked at least 26 hours per week within the prior year.

The children of CalWORKs parents appeared to be doing well at the time of the interview. Nearly all had access to medical services via Medi-Cal. Students were making "B" grades or better on average. About 70 percent were in very good or better health, but 10 percent had a chronic health condition.

Potential Barriers to Working

Almost all respondents experienced at least one potential barrier to working when interviewed, or during the prior year. The broad definition of each barrier was intended to include everyone having the problem; the narrow definition was intended to focus on those with a serious problem that was very likely to interfere with working. Of the 13 potential barriers, 96 percent of respondents were experiencing at least one barrier, broadly defined, while 81 percent were experiencing at least one narrowly defined barrier. Only 18 respondents were not experiencing any potential barriers to working. Respondents who were working were more likely to experience fewer than 3 broadly defined barriers, whereas respondents who were not working were more likely to experience more than 4 barriers. Two barriers, in particular, were rarely experienced by respondents who were working: a lack of job skills and work history or a lack of adequate child care. Nor were those working as likely to have engaged in criminal activity or been involved with the criminal justice system. Since 186 respondents were working when interviewed, many of them were working despite experiencing one or more potential barriers to working.

Having a physical limitation or problem was the most prevalent potential health-related barrier. Between 40 and 53 percent of respondents were experiencing this type of problem. Mental health problems were second with between 19 and 30 percent experiencing this type of barrier. Three combinations of behavioral health barriers were considered. The most frequently occurring combination was mental health and family violence, ranging from 7 to 13 percent of respondents depending on the definition being applied. Non-health-related potential barriers were identified more often than health-related, using the broad definition, yet less often using the narrow definition. The differences between the broad and narrow definitions in terms of the numbers of respondents experiencing a potential barrier was typically about 10 percent of respondents. However, the two definitions produced more disparate counts for work skills/experience and transportation barriers. Both potential barriers were affecting fewer than 10 percent of respondents when defined narrowly, yet over 50 percent when defined broadly. Thus, the choice of which definition to employ becomes more critical when examining the impacts of these two potential barriers to working.

Alameda County study participants were compared with two other TANF groups previously studied for the prevalence of barriers to working. The most significant differences between study groups were demographic Sgreater ethnic diversity and lower education level of the Alameda County study group compared to participants in the University of Michigan and National Survey of Families studies Srather than in terms of barriers. In fact, 21 percent of the study groups in Michigan and Alameda County both lacked four or more job skills. The more ethnically diverse

Alameda County sample may have more difficulty finding work due to language differences, though. For example, using the broad definition of this potential barrier, about 11 percent of the sample may have been experiencing a language barrier to working.

Daily Living Circumstances

Not only do welfare recipients have potential barriers to working to overcome, but the circumstances in which they and their families live pose additional challenges. The high cost of housing in the Bay Area leaves respondents with less discretion for purchasing other goods and services. Over 20 percent needed clothing they could not afford during the past year. In 10 percent of the households someone did not get medical care in the previous year, and 14 percent did not get dental care. Fourteen percent were probably experiencing some hunger. Housing and utilities were costing about half of the respondents at least one-fourth of their total income. Other signs of the strain included: 34 percent of respondents could not pay their full utility bill, 22 percent could not pay the full rent amount, and 20 percent received some financial assistance to pay all their rent. Having too little money for rent also forces some people to live in less satisfactory housing. About 13 percent of all respondents reported having 3 or more problems with their housing, out of 11 possible problems.

An Emerging Picture

Using these findings about study participants, the following synthesis captures what is being learned, so that generalizations can be developed about CalWORKs program participants and how they are doing during the early stages of their transition from welfare to working.

Nearly every participant in the program faces one or more potential barriers to working. The more barriers a person faces, the less likely she or he is to be working. Having few job skills or minimal work history and lacking child care are most likely to be associated with not working. Participants who find work are likely to exit the program, yet still be faced with about two potential barriers to working. Upon comparing program participants in Alameda County with TANF recipients in other states, similar percentages of recipients face each type of barrier to working. However, participants in Alameda County are more diverse ethnically. Eleven percent of the sample have limited English skills, which may further limit access to work. Also, a smaller percentage of CalWORKs program participants in Alameda County have a high school education. With household incomes just slightly above the federal poverty level, program participants are finding it difficult to manage without additional assistance. Significant numbers live in poorly maintained housing, experience some hunger, go without health care, and need additional clothing. Two out of five smoke. Only

with the support of housing subsidies, food stamps, and Medi-Cal can Alameda County TANF recipients afford to provide the necessities for their families. About two-thirds of their children are in good health or better, earn an "A" or "B" average in school, and graduate to the next grade level on schedule. Nearly all children have medical insurance coverage. Despite the time restrictions on future aid, twice as many participants consider the overall program, and many of its activities, helpful as not helpful. The most needed supports are child care, transportation, and housing subsidies.

Distinguishing among six ethnic groups raised questions about selected groups needing additional services. Having a physical health limitation to working was the most frequently occurring potential barrier. Between two-thirds and three-fourths of study participants experienced one or more potential health-related barriers. English-speaking Latinos were consistently experiencing more health-related potential barriers than the other groups. Since English-speaking Latinos also were most likely to be missing dental or medical services, health concerns may need to be the focus of services for this group. Additional outreach to Spanish-speaking Latinos and Vietnamese may be needed to determine whether the reporting of fewer health problems is masking undiagnosed health problems. Vietnamese parents stood out in the following ways. With fewer English-language skills and job skills, they may benefit the most from training. They may be the most work-ready otherwise, as they tend to be stably housed, using automobiles, and physically fit for working. However, more Vietnamese indicated they stay home to keep house and take care of family members.

Areas to be Investigated in Future Reports

Questions of particular interest to be addressed in future reports fall into four areas. First, who is departing the program and why? To what extent do those who leave continue to receive some public assistance and for how long? Also, more should be learned about why 30 percent of the respondents are not interested in participating in the program, and whether they are the ones to leave. Descriptive analyses, such as crosstabs, can be employed to address this area. Further analysis of the responses to the open-ended questions also will be helpful. Second, what percent of respondents have severe problems or too many problems to make the transition to working? One way to address this area of interest is to track the progress of respondents towards working and self-sufficiency. Identifying the characteristics of differentially successful families will shed light on the process of successful departure from CalWORKs. The third area relates to better understanding how and why potential barriers to working prevent people from finding work, or even benefitting from CalWORKs. Refining the definitions of the barriers provides one approach to exploring this area. Another approach is to analyze how the difficulties with daily living relate

to the impacts of the potential barriers to getting and keeping work. Finally, a fourth area concerns the children of study participants, how they are doing, and how the parents are doing at getting and keeping work. This area will require considering the influence of the number and ages of children in the family and developing refined measures of family differences and children's statuses. Then, relationships between a respondent's progress towards self-sufficiency and how their children are doing can be examined in detail.

Certainly, other possibilities for extending these analyses will emerge as work begins on Report #3. This second report, along with the previous one, lays the groundwork for addressing more pointed questions. Since it is becoming clear what kinds of support program participants need to find work, presumably these findings also can be applied by County planners to designing and implementing services to meet CalWORKs program participants needs.

APPENDICES

APPENDIX A.

LIST OF JOB SKILLS

Extracted from question 163.

- a. Typing
- b. Operating a calculator
- c. Operating a computerized check out register
- d. Doing word processing on a computer
- e. Doing data entry on a computer
- f. Bookkeeping
- g. Filing
- h. Answering a phone system
- i. Driving a delivery truck
- j. Driving an 18-wheeler
- k. Restaurant cooking/preparing food
- 1. Working with tools to make things
- m. Construction work
- n. Operating heavy machinery
- o. Carpentry
- p. Doing electrical or air conditioning work
- q. Doing mechanical work
- r. Child care worker
- s. Taking care of other people, including nursing care, medical or dental assisting, or home health work.
- t. Doing plumbing work
- u. Process and package food
- v. Manual labor (cleaning, yard work, etc.)

APPENDIX B.

LIST OF ILLEGAL ACTIVITIES

Extracted from question 284.

- a. Driven a vehicle -- car, truck, van or motorcycle -- while you were drunk or high?
- b. Stolen a vehicle -- car, truck, van or motorcycle?
- c. Sold drugs yourself or helped someone else sell drugs?
- d. Gotten customers for prostitutes?
- e. Had sex for money or drugs?
- f. Passed bad checks, forged checks, or used a stolen credit card?
- g. Worked in bookmaking, numbers or illegal gambling?
- h. Obtained money through fraud or embezzlement?
- i. Bought things you knew were stolen?
- j. Taken something from a store without paying for it, that is, shoplifted?
- k. Broken into a house, a business, or a vehicle to take someone else's money or property?
- 1. Used a weapon or physical force against someone to steal money or property from them?
- m. Set fire to a house, building, or vehicle?
- n. Destroyed or damaged someone's property in some other way?
- o. Attacked or threatened someone with a weapon?
- p. Beaten up someone?
- q. Severely hurt someone on purpose in any other way?
- r. Forced someone to have sex or to do any kind of sex act against their will?