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SOCIAL WELFARE POLICY
AND THE CRISIS OF HUNGER

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Social Work

by
Karen Bolesworth
Susan Tufts
March 2001

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AND THE CRISIS OF HUNGER

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March 2001

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ABSTRACT

Social welfare policy change inherent in welfare reform through the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 has lead to reduced welfare assistance to the needy. What will happen to the already impoverished propelled into the crisis of hunger and homelessness?

A descriptive research design used secondary data extraction and a longitudinal time series design to examine 605 randomly selected case files dated 1994 through 1999 from a faith-based organization Crisis Ministry (CM). It was found that 84% of clients needed assistance with food after welfare reform from CM. It was shown that the most at risk groups were female and female-headed households with an average of 2.13 children, and 41% of the working poor needed to depend on CM more frequently to meet their basic needs. The reduction of social welfare benefits in Aid to Families with Dependent Children, Supplemental Security Income, and Food Stamps was associated with an increased number of recipients requiring assistance from CM food pantry to meet their basic needs such as food.

The sample showed a mean of 69% of the CM population "ran out of food, money and shelter" during the welfare reform years of 1997, 1998 and 1999. The cross tabulation and chi-square tests indicated the year the client needed

assistance when cross tabulated with clients that ran out of food showed the chi-sq. = 48.489, df = 5, p = 0.01. The year the client needed assistance when cross tabulated with clients that had no money, food and shelter showed the chi-sq. = 22.155, df = 5, p = 0.01. The year a client needed assistance from CM when cross tabulated or compared with the volunteer assessment of CM clients that needed food showed the chi-sq. = 19.054, df = 5, p = 0.01. The year the client needed assistance when cross tabulated with clients given assistance with food by CM volunteers showed the chi-sq. = 73.457, df = 5, p = 0.01.

The Pearson "r" 2-tailed correlation when correlated with the amount of income and the year the client needed assistance indicated a negative correlation of p = 0.05.

How many more children, women, female-headed households and the working poor will become increasingly homeless and hungry during the welfare reform years?

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CHAPTER ONE

Problem Statement

Poverty is an agonizing reality for millions of individuals and families. Termination or reduction of social welfare benefits appears to be having a significant impact on propelling already impoverished individuals and families into a crisis of hunger and of unmet basic needs for food, shelter, clothing and safe housing with electricity, water and heat. Social welfare policy changes inherently in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996(P.L.104) (PRWORA) have lead to reduced welfare assistance to the needy including decreased food stamp(FS)benefits and Aid to Families with Dependent Children (AFDC). In addition, social welfare policy has decreased benefits for Supplemental Security Income(SSI)recipients with specific disabilities.

Although the United States currently has the highest poverty rate among eight modern industrial nations, it has implemented social welfare policy changes that place impoverished individuals and families at increased risk. Numerous studies have shown the consequences of poverty are profound for men, women and children and need to be eradicated in beneficial, empirically based ways that will adequately meet the impoverished individuals' needs.

Institutional discriminations such as sexism, ageism, handicapism and classism also decrease equitable access of impoverished individuals and families to financial, educational and other resources. Bronfenbrenner's (Berns, 1993) ecological perspective indicates that the microsystem, mesosystem and exosystem interact between each other and influence to what extent an individual can develop their full potential and abilities and escape the insidiousness of poverty.

Yet Rank & Hirsch(1999) contends that poverty is not an isolated event that occurs only with the underclass; the reality is that most Americans' will experience poverty. By age 85, two-thirds of the U.S. population will experience poverty. Although the probability of experiencing severe poverty is significantly less than falling under the official poverty line, one-third of the U.S. population during their adult lifetime will experience severe poverty below the official poverty line.

The underclass consists of individuals that cannot get adequate education, housing, employment and income. The underclass consists of the homeless, disabled, domestic violence victims, the mentally ill, poverty-stricken families, large families, impoverished female headed families, the poor elderly, children, illegal aliens, and rural families (Berns, 1993).

Although claims are made that the safety net will be maintained, the fact is that public assistance cutbacks have historically affected the poor adversely while the majority of the population continues to receive employment benefits and universal services (Mishra, 1989).

Welfare reform is encouraging charity based nonprofit community-based organizations (CBO) such as Crisis Ministry (CM) to assist poverty-stricken individuals. Therefore, poverty, inequality, hunger and malnutrition have increased for the poorest of the poor.

Problem Focus

Data from the food pantry Crisis Ministry were examined to determine the influence of reduction or termination of social welfare benefits to recipients. To assist social workers in advocating for beneficial social welfare policy change that alleviates the suffering of the impoverished underclass, this study examined the influence of reduction or termination of social welfare benefits on recipients being able to meet their basic needs such as food. The study determined the services CM clients need most frequently to maintain their basic needs when encountering environmentally induced difficulties of reduction or termination of social welfare benefits.

Recent studies show that after welfare reform many individuals from the underclass are hungry and have inadequate access to food. The number of hungry

individuals in the United States rose by 50 percent between 1985 and 1990 (Karger & Stoetz, 1998). Hunger is defined as the decreased access to nutritionally adequate food through normal food channels. Abnormal channels for acquiring food include searching in trash bins, relying on soup kitchens, food pantries, and food banks (Morgen, 1989).

This study examined if social welfare policy changes in means tested benefits such as AFDC, SSI, and FS, programs were associated with an increased number of current/prior recipients of means tested benefits requiring assistance from CM with meeting basic needs. A descriptive research approach using a secondary data extraction and a longitudinal time series design trend study was utilized. The secondary data which also provided the demographic characteristics of the CM clients were collected from "client information sheets" using a simple random sample procedure. This approach provided an enhanced description of the hypothetical relationship between the reduction and termination of means tested welfare benefits and CM clients needing increased assistance with meeting their basic needs. Similar to the impoverished underclass, the average income level of CM clients is in the lowest quintile reported for the poorest of the poor in 1997 as \$8,872 by the U.S. Census data.

It was hypothesized that the reduction or termination of social welfare benefits, due to welfare reform, increased hunger and forced recipients to depend on organizations such as CM to meet their basic needs. It was also hypothesized that children, female-headed households, and AFDC, FS and SSI recipients, and the working poor was the most at-risk group that needed to depend on CM more frequently to meet their basic needs (Day, 1997).

CHAPTER TWO

Literature Review

For nearly 150 years, Elizabethan Poor Laws dictated America's response to the indigent. Communities and families took care of the local poor and meted out funds administered by God-fearing town folk. It was during this time, that the poor were categorized as either worthy or unworthy of help. The worthy individuals were categorized by their inability to work and frequently were lame, blind or orphaned children. The unworthy were the vagrants, drunkards, and citizens deemed as lazy and unconcerned about their status in their new country(Karger & Stoetz, 1998).

Modern day charity structure took its form during the early Scientific Philanthropy (1860-1900). During this time, both science and technology forged a world view that God and religion could be improved upon by using the newest of scientific discoveries(Huff, 1999). The beginning of the century was influenced by the Civil War and the technologies developed during that conflict. The leaders turned to science to shape their philosophy of charity management. These ideas lent to the belief that charity could be administered efficiently. Scientific charity was framed into the paradigm of business activities and became secular, rational, and empirical in its form(Huff, 1999).

The backlash to this philosophy was the Social Gospel Movement that started in the early decade of the 20th Century. The Settlement House workers involved in the Social Gospel movement were committed to scientific principles, and were relegated to administering aid to the poorest of the poor(Huff, 1999).

The second decade of the 20th Century, brought about the coalition of thought between urban reformers and radical minded farmers, that government could be an "instrument for improvement and change. This thinking and political movement brought about the beginning of government interventions for the poor and destitute. This snowball of intervention continued throughout the first half of the century culminating in the 1930's, when Franklin Roosevelt shepherded the Social Security Acts. Numerous laws were passed to ease the miseries of the poor, disabled and disadvantaged, and restored rights to minority groups(Day, 1997).

The death rattles of federal intervention for the poor began in the late 1970's with the philosophy of Reaganomics. Ronald Reagan hit a cord with the economic downturn of the 1980's. During this time, social programs experienced a 17 percent cut in their programs(Day, 1997). Reagan suggested that the gap in service would be supplemented by the former supports of private charity and volunteerism. These harsh cuts lasted well over a decade

and were finally mitigated by the resurgence of Democratic power. President Clinton now carefully weighs the balance of economics and ethical treatment of the poor. Some programs have been restored, but the gaps in goods and services continue with the destitute turning to community-based agencies to assist them with their day-to-day struggles (Day, 1997).

Multiple changes in social welfare policy due to the Personal Responsibility and Work Opportunity Act of 1996 (P.L.104) (PRWORA) appear to be associated with increased poverty and hardship for at-risk, disadvantaged, impoverished individuals and families. Arrangements for children's financial security have long been inadequate, but now any predictability of income support for children has been eliminated through the PRWORA of 1996 and the change of Aid to Families with Dependent Children (AFDC) to Temporary Assistance to Needy Families (TANF). For instance, Sari (1985) examined the impact of welfare policy on single working mothers who lost AFDC benefits, Medicaid, and food stamps as a result of federal policy change. It was found that these families encountered dire crises due to insufficient income, lack of health care, and loss of employment. The study indicated that AFDC benefit reductions profoundly worsened poverty among mothers and their children.

AFDC's previous income support arrangements for children, as inadequate as they may have been, seemed to at least acknowledge that the welfare of children is a public trust(Ewalt, 1997). For the first time, cash benefits will be limited to five years, and able-bodied parents on welfare will be required to become employed, do volunteer work or enter into a short-term job training program after four weeks(Zimmerman, 1997).

According to Day (1997)there is no other demographic group that is as impoverished as female headed households with children. The feminization of poverty in single mother families is due to inequity in wages and economic options for women and lack of child support from noncustodial fathers(Germaine, 1991). Diminished economic resources are usually related to welfare dependence, decreased housing quality, neighborhoods and child care. Moreover, stressors related to poverty consist of an increased risk of emotional difficulties and becoming a victim of crime(Hetherington, 1989).

While states have been allowed to create their own welfare schemes, numerous provisions bind them to promoting employment. Twenty-five percent of the state's current caseload is required to be working by the end of 1997. By 2002, 50% of recipients must be employed. If these requirements are not met, the amount of a state's block grant can be decreased by 21%. The PRWORA appears

to be an immense labor bill instead of welfare legislation. It is questionable whether the economy will be able to create the jobs necessary to employ the welfare population. Although the unemployment rate has decreased during the last year, wages have not increased and labor costs continue to be exceedingly low. Due to competition from foreign low wage labor, United States (U.S.) employers have provided fewer benefits, especially health care to fewer Americans. If U.S. workers demand enhanced benefits, U.S. manufacturers can, and do, send their factories to foreign countries. The Central Bank regards this as advantageous, since it keeps the price of labor and consumer prices down. However, this is disastrous for TANF mothers, that are looking for employment, since health care benefits are a necessity, the lack of which is the most typical explanation for returning to welfare (Pitkin, 1998).

The underlying value of the welfare initiatives of the 1990's appears to be individual responsibility for economic well-being. Policy makers contend that if each individual on public assistance would take complete responsibility for her/his life, then the difficulties related to welfare dependence would be alleviated. However, analysis of employment of women heads of households indicates that historically the marketplace has never provided adequate employment to raise public

assistance families out of poverty (Segal, 1997). Although "quick attachment to work" programs are favored in the United States, the programs' attractiveness only stems from the desire to decrease cost instead of the adverse influence they may have on the lives of beneficiaries (Riemer, 1997).

The passage of welfare reform discontinued the government's 60 years old guarantee of subsistence income for impoverished families and took money out of local economies. One of the consequences of this legislation is a severe reduction in the food stamp safety net which will send the already impoverished Americans into further insidious poverty and hunger.

Current government reactions to hunger and other social difficulties have been labeled as "emergencies" despite declining public welfare assistance provided for the needy. Lipsky & Smith (1989) contends that this means that the government will allot funds to nonprofit community-based organizations (CBO) to give temporary assistance. Although designating these difficulties as emergencies all prompt response from CBO's to alleviate presenting difficulties, it will delay resolution of the chronic underlying conditions of poverty (Lipsky & Smith, 1989).

A central provision of PRWORA is designed to encourage the involvement of faith-based providers of

social services. This provision has been declared the "Charitable Choice" provision (section 104 of H.R.3734) of the 1996 PRWORA (Sherwood, 1998). Rogers & Ronsheim (1998) contends the "charitable choice" is idealistic, since it assumes that churches and other private charities can effectively alleviate the void resulting from welfare reform. The "charitable choice" provision is similar to the Reagan administrations' social policy agenda in their conception of a charity model of welfare in which well-meaning volunteers give services to the poor. This model was also employed since human service budgets of public agencies were reduced and subsidies were decreased. Tragically, the plight of the poorest of the poor worsened (Haynes & Mickelson, 1992).

A comparison of the poverty rates among families with children from eight modern industrial countries showed that the poverty rates were highest in the United States (Rainwater, 1995). Poverty is considered the primary cause of hunger, malnutrition and early death throughout the world. Interactions among poverty, malnutrition and disease comprise a tragic poverty trap, that can maintain the destructiveness of poverty into future generations of families. The poverty trap can lead to malnutrition, decrease resistance to disease, decrease ability to learn, decrease ability to work, and shortened life expectancy, while drastically increasing the risk of

an early death. Furthermore, poverty can curtail potential physical, emotional, intellectual and social development and lead to the feeling of despondency (Miller, 1991). Although worldwide hunger is decreasing, hunger is increasing in America. The number of hungry individuals in the United States rose by 50 percent between 1985 and 1990 (Karger & Stoetz, 1998).

Despite the increasing number of hungry individuals in America, food stamps have been a target in social welfare policy reform. For impoverished individuals and families, a small decrease in food stamps would cause hardship, and extreme cuts would be catastrophic. A 40 percent decrease in food stamps would lead to a 22 percent total family income reduction for a family of four with no income except welfare (Amidei, 1981).

Since early 1981, there has also been an increased removal of individuals from the Social Security Disability Amendments of 1980 (Peterson & Kinson, 1987). Approximately 33 percent of the population will experience a disability in their life and may need to apply for SSI. SSI pays monthly checks to individuals who are blind, or has a disability and have few assets and limited income. A disability includes both physical or mental problems that restrict an individual from participating in work related activities and when the individual is expected to remain disabled for at least a year or die. Categories of

disability's individual's experience vary extensively and incorporate physical, mental, cognitive, emotional, intellectual and health related disabilities (Beebe & Masterson, 1997). However, following the implementation of the 1996 Public Law 104-121 Social Security benefits and Medicare and Medicaid benefits are no longer allocated to individuals with drug addictions or alcoholism, and children with specific behavioral disorders (SSA, 1997).

SSI is the single most common sources of government economic support for individuals with disabilities. Individuals who receive SSI usually receive food stamps. Individuals can receive Social Security disability benefits at any age. If the recipient is receiving benefits at age 65, they become retirement benefits, but the amount remains the same (SSA, 1997).

A recent National Alliance for the Mentally Ill (NAMI, 1998) study found that the average monthly SSI benefit was only 73.5 percent of the federal poverty level, or \$2 per hour below the federal minimum wage. The 1995 federal poverty line for a family size of one is \$7,763 per year and \$15,569 for a family of four. This is equal to, on average, only 23.85 percent of the median household income in the general population. Ware & Goldfinger (1997) indicates SSI recipients are considerably poorer than single individuals in the general population and are considerably disadvantaged in the housing market. The

comparison of monthly SSI benefits to fair market rents reveals startling results. For example, on average, it takes 58.6 percent of a monthly SSI check to rent a studio apartment and 69 percent of a monthly SSI check to rent the average one-bedroom apartment. These figures, coupled with the loss of the supply of affordable units, revealed a growing housing crisis for impoverished, disabled individuals (NAMI, 1998).

Although a large percentage of elderly individuals are just above the poverty line, they are at risk of poverty due to loss of income entailed by retirement, inadequate private pensions, Social Security benefits, the devastating consequences of the costs of health care and long term care of loss of a spouse. In addition, women are at an increased risk of experiencing poverty, since women tend to earn less income throughout their lifetime and tend to have lower levels of retirement benefits. Poverty is more severe for elderly individuals with chronic disabilities, mental illness or who have developmental disabilities (Beebe & Masterson, 1997).

General Assistance (GA) programs typically serves impoverished individuals that are terminated from federal disability programs as well as a significant number of older clients who are in need of long-term income assistance (Peterson & Kingson, 1987). The General Assistance (GA) program was created as a kind of public

assistance for individuals ineligible for other programs such as TANF, SSI, or Social Security(Coulton, Crowell & Verma, 1993). General relief is a state-mandated program; however, legislators recently gave counties the right to impose time limits when there were increased case loads, which resulted in increased program costs. Since February 1999, approximately 22,000 individuals have been terminated from General Assistance(Rivera, 1999).

Despite the belief that imposing time limits on general relief welfare benefits will reduce GA welfare rolls, the program has failed to adequately assist recipients in attaining employment. It has propelled many recipients into hunger and compelled recipients to depend on soup kitchens, food pantries, and other community organizations to meet their needs(Rivera, 1999).

Recent studies show that after welfare reform many individuals are hungry and have inadequate access to food (Magen, 1989). In 1997, the Urban Institute (1998) indicates almost half of the low income families(defined as family incomes below two times the federal poverty line) were unable to purchase adequate amounts of food. The adults ate less food or skipped meals because there was inadequate money available to purchase food. Eighty percent of the families classified as having food difficulties indicated they were suffering food shortages, and the remaining 20 percent of families were concerned

they may not have enough to eat. The percentage of low-income children experiencing these food difficulties was 59% in California. In addition, a 1997 study found that 36% of families no longer receiving TANF indicated that their children were eating less food due to lack of money to purchase food(Network, 1998). Studies that measure food insufficiency and insecurity indicate an estimated 10 million Americans can be considered as hungry(Eisinger, 1996).

Emergency food providers report long lines and increasing requests for food, especially between working families. Moreover, 78% of cities surveyed in the United States indicated they had a 14% increase in the requests for emergency food in 1998. Eighty-four percent of cities surveyed also indicated an increased need for emergency food among families with children(UCSM, 1998).

Second Harvest National Food Bank's study of emergency food clients in 1997 found that more than one in eight individuals requesting emergency food had their cash assistance terminated in the previous two years. The study also found that almost 40 percent of client's households had at least one employed adult. Research indicates that individuals who are limited to the minimum wage job market face poverty even when working full time. Employment usually offers them little financial benefit

and often fails to provide important benefits such as health coverage(Kerline, 1993).

Despite claims that the safety net will be maintained, the fact is that unemployment and public assistance cutbacks have historically affected the poor adversely while the majority continues to be fully employed and receive universal services. The tax burden on the wealthy has been reduced but has increased for the poor. Therefore, poverty, inequality, hunger and malnutrition have increased(Misha, 1989). The increase in food banks and the possible collapse of the safety net appears to be occurring following welfare reform(Plotnick, 1997). Although food assistance programs decrease some of the distress of poverty, they cannot change the situation that makes assistance necessary. The overall impact of persistent economic hardship leads to poorer bio-psycho-social functioning including diminished physical, psychological, and cognitive functioning(Lynch, Kaplan & Sherman, 1997).

Food pantries such as the CBO CM are available and assist the needy with some of their unmet tangible needs such as food. A food pantry is a nonprofit organization that distributes donated food and grocery products to needy clients. The Crisis Ministry food pantry is attempting to alleviate hunger and provide a holistic program designed to assist individuals in being free of

hunger and poverty. Food pantries are at the front line and attempt to empower impoverished individuals (Morrill, 1999).

With the local economy continuing to deteriorate and the new social welfare policy reforms, CM is feeding twice as many people as in past years. According to the CM director, CM assisted 6,400 clients in 1997 and more than 10,000 clients in 1998. In other words, statistics indicate there was 36% increase in clients requiring assistance. Volunteers and nonprofit agencies have been authorized by welfare reform to take on part of the responsibility to assist individuals and families effected by changes in social welfare programs. CM is meeting this challenge by expanding and reorganizing their services in an attempt to meet the increased need of impoverished individuals and families. However, due to increased demand for services and lack of donations, CM cannot consistently provide assistance with utilities, gasoline vouchers, emergency shelter vouchers and other tangible assistance. CM currently only serves as a temporary adjunct to provide short term assistance to disadvantaged and poverty-stricken at-risk men, women and children to meet their basic needs.

It is crucial that social workers address hunger and poverty in the United States in order to eliminate social and political inequalities. For instance, current debates

pertaining to welfare reform do not reflect the social, emotional, or larger economic needs of individuals receiving public assistance. Social workers need to ensure that attention is given to individuals' needs for education, employment, safe and affordable housing, nutrition, and medical care (Kilty, Richardson & Segal, 1997).

The National Association of Social Work (NASW) Code of Ethics (1997) holds social workers responsible for assisting individuals and families in enhancing their universal worth, dignity, human rights and individual uniqueness. Social workers have an ethical obligation to enhance families' and individuals' lives by providing them with the necessary tools for survival such as food, shelter and clothing. In addition facilitating social policy changes, will assist them in adapting to their environment. It is also important for social workers to facilitate necessary changes in: employment policies, child care, medical benefits, educational preparation, gender inequality, ageism, and racism which would allow families and individuals to enhance their lifestyles (Coe, 1992).

Theory

Bronfenbrenner contends that the social settings in which an individual interacts tends to limit or expand the individual's potential abilities. There are four general

structures in which relationships and interactions occur that form patterns which influence human development: microsystem, mesosystem, exosystem and macrosystem. The microsystem alludes to activities and relationships with other individuals that are experienced by an individual in specific settings such as family, school, peer groups, and neighborhood. The mesosystem comprises linkages and interrelationships among two or more of the individual's microsystems such as the family and the neighborhood. The exosystem alludes to settings in which children are not directly involved, but which influence them in one of their microsystems such as the family and the neighborhood. The macrosystem comprises the individual's society and subculture with specific reference to lifestyles and belief systems such as democracy (Berns, 1993). For instance, Bronfenbrenner's ecological perspective recognizes the family, partner, school, work, health care, neighborhood, poverty, and race/ethnicity as crucial ecological systems that impact the lives of parents and children (Fernandez & Nicholls, 1996).

Structural and economic factors that contribute to poverty have been well documented. These factors include inequitable access to financial, educational and other resources along with institutionalized racism, sexism, handicapism, and classism (Gerdes, 1997). Classism is prejudice toward the individuals in lower economic

classes, built on beliefs that they are lazy, unmotivated, corrupt, promiscuous, ignorant, or inadequate.

Institutional discrimination infiltrates the social welfare system so deeply that we may not realize it.

Built on adverse attitudes in rules, regulations, and procedures, it becomes racism, sexism, ageism, and classism and denies equal rights and opportunities to groups. In addition, different types of institutional discrimination interact with each other and classism. In other words, individuals discriminated against tend to be at an increased risk of being poor. Even though some people prevail over the barriers of institutional discrimination, the majority cannot. Despite capabilities and hard work institutional discrimination continues to oppress the impoverished (Day, 1997).

CHAPTER THREE

Method

Study Design

The purpose of this study was to examine if social welfare policy changes in AFDC, SSI, and FS were associated with current/prior recipients of these social welfare benefits needing assistance from CM in meeting their basic needs. A descriptive research approach was utilized to describe the relationship that existed between the variables. The descriptive research approach could not be used to delineate cause and effect. The study incorporated the following descriptive research approaches: a secondary record technique, a correlational study, and a longitudinal study(Chien, 1994).

The secondary record technique was considered a descriptive research approach, and allowed the researcher to describe the independent and dependent variables by using data previously gathered by CM volunteers. Secondary records were not susceptible to the reactivity effect or the potential of being biased when the subject knows they are participating in part of a study. However, the disadvantages of utilizing secondary records included the problem of selective depositing or depositing only particular data, and selective survival or the survival over time of only certain records(Chien, 1994).

The statistical tests used for bivariate analysis included the non parametric chi-square test that required ordinal or nominal level of measurements of the variables. The chi-square test was used to examine if the particular value of one variable tended to be related with the particular value of another variable. In other words, the chi-square was utilized to delineate if one variable caused the other variable (Grinnell, 1997).

Pearson correlations were utilized to analyze the strength of the relationship between two variables, but correlational tests were not used to determine cause and effect. The Pearson 'r' correlational statistical tests were utilized to examine correlations between the independent and dependent variables at the ratio level of measurement. The bivariate correlation provided a statistical analysis of the association between two variables (Weinbach & Grinnell, 1995).

The longitudinal time series design trend study provided data from different years, so that changes were examined over time from the years 1994 through 1999. The trend study was utilized to discover how the sample changed over time. In other words, every year the individuals surveyed were different; however, they were all CM clients. This allowed the researchers to determine if any trends occurred. For instance, the first measurement of the variables of the sample examined the CM

"client information sheets" (CIS) dated 1994. The second measurement of the variables examined a different sample from CM CIS's dated 1995. The third measurement of the variable examined another distinct sample from CM CIS's dated 1996. The longitudinal time series design trend study was utilized to discover how the sample changed over time. Therefore, the longitudinal time series trend study examined the changes that occurred from 1994 through 1999 (Grinnell, 1997).

It was hypothesized that reduction or termination of social welfare benefits, due to welfare reform, increased hunger and this reduction forced recipients to depend on organizations such as CM to meet their basic needs such as food (Rivera, 1999). It was also hypothesized that AFDC, FS and SSI recipients, children, female-headed households and the working poor were the most at-risk groups and needed to depend on CM more frequently to meet their basic needs (Day, 1997).

Sampling

The data sample was obtained by accessing information from a charity based nonprofit organization, Crisis Ministry. Samples of CM client information sheets (CIS) were examined for the years 1994 through 1999. The information or data were extracted from existing CIS intake forms filled out by the clients and volunteers during interview sessions. Data was collected from the

client information sheets during the three years prior to the institution of the Welfare Reform Act, 1994, 1995, 1996, (pre-welfare reform years), and the three years following implementation of the Welfare Act, 1997, 1998, and 1999 (post-welfare reform years) for a total of six years.

The total number of client information sheets available or total population of the sample was approximately 22,000 CIS's collected by CM volunteers from 1994 through 1999. The sample was 605 CIS's covering six years of CM client information sheets. The sample consisted of a simple random sample pulled from the records. The simple random sample increased the generality to the entire population of previous CM clients.

The data were available at the agency site and some of the information was cataloged by the volunteers in a data processing system. The CM supervisory personnel was very supportive and welcomed the research study. The director of CM gave written permission to both researchers to access "client information sheets" and any other CM information that might be pertinent to the study.

The demographic information consisted of the following: gender, family sizes, number of children, number of adults, ages of children, amount of income, sources of income, recipient of means tested welfare

benefits and amount of rent/mortgage. The presenting problems/crisis consisted of the following: changes in means tested welfare benefits, changes in earned income, no money, food and/or shelter, serious illnesses in the family, death, family problems, changed in child support/alimony, change in household size, crime victim, legal entanglements, utility problems, a refrigerator or major appliance broke. The date the client needed assistance was also delineated. In contrast, the clients reported needs consisted of: food, shelter, clothing, utility assistance, transportation assistance, infant needs, prescription medication(s) assistance, linkage and referrals. Volunteer assessed services consisted of the following: a client maximum yearly benefits from CM, so ineligible clients were still acknowledged as needing service(s) noted below; lack of CM funds/donations available although the client needed the following services noted below: food, infant needs, emergency shelter, clothing, linkages/referrals, utility, transportation and prescription medication assistance. The amounts of assistance the client received during the year from CM were also included.

Data Collection and Instruments

A data extraction form (DEF) was developed through integrating Crisis Ministry's "client information sheets" and Sari(1985) and Ginsberg's (1994) studies that examined

reduction in welfare benefits. The DEF was adapted to enhance the description of the independent variables and dependent variables that also incorporate CM clients' information. Adaptation of these instruments was necessary to incorporate vital CM client information and they increased the reliability and validity of the data collected.

The majority of independent variables were measured at the nominal level. The independent variables pertaining to family size, amount of income, number of adults and children in the family and the ages of children were measured at the ratio level. The dependent variables pertaining to the number of times the client requested assistance from CM during each year and the year the client needed assistance were measured at the ratio level. All other dependent variables were also measured at the nominal level.

Procedure

The bulk of the data collection was conducted during the summer of 1999. Both researchers were responsible for data extraction and recording. Additional data collection continued until January 1, 2000. Data analysis was completed during the Spring quarter 2000 and the results were interpreted.

Protection of Human Subjects

Human subjects confidentiality was protected through the use of the DEF form. The DEF's provided protection of human subjects, and did not incorporate information that identified the client such as, the client's name, address, social security number, an exact date of birth, and the driver's license number.

CHAPTER FOUR

Data Analysis

Descriptive statistics were used to summarize and describe the variables in the sample. Frequency distributions were utilized to determine how often or frequently each problem occurred. Measures of variability, such as the standard deviation provided information about how widely the scores were distributed (Grinnell, 1997).

The frequency statistics of CM client demographics of the 605 individuals in the sample from 1994 through 1999, consisted of 71% female and 29% male. Descriptive statistics of the total sample showed the average size of the family was 3.75 with a standard deviation (s.d.) of 2.01. The average age of the eldest child was six years old, the second child was four years old, the third child was three years old, the fourth child was two years old, and the fifth child was less than one year of age. Fifty-eight percent with a s.d. of 49% of CM clients were welfare recipients of AFDC, and/or FS and/or SSI. The average amount of income was \$487.00 a month with a s.d. of \$429.00. The average rent CM clients paid was \$203.00 with a s.d. of \$245.00 a month.

An average of 69% of CM clients with a s.d. of 46% indicated they had run out of money, food and had no shelter of their own. An average of 72% with a s.d. of

45% of the 605 clients served by Crisis Ministry ran out of food. Volunteer staff assessed that 91% with a s.d. of 29% of clients needed food and 84% with a s.d. of 37% were given assistance with food. CM clients were assisted an average of 1.69 times per year.

Following the implementation of welfare reform CM clients experienced a decreased amount of income. During the pre welfare years in 1994 the mean income for CM clients was \$562.00 with a s.d. of \$430.07. In 1998 the mean income was \$400.91 with a s.d. of \$349.66.

Welfare benefits decreased during the post welfare years. In 1995, there was a mean of 67% of clients and a s.d. of 50% receiving welfare benefits. In 1998, the mean dropped to 27% with a s.d. of 44% of CM clients receiving welfare benefits. In 1994, food stamp benefits for CM clients decreased from 49% in 1994 with a s.d. of 50%, to 19% with a s.d. of 39% in 1999. Social security disability benefits increased in 1994, from 11% with a s.d. of 31% compared to 27% of clients receiving SSI with a s.d. of 44% in 1999.

CM clients experienced an increase in "no income, and/or receipt of benefits" in 1994 from 19% with a s.d. of 39% compared to 40% with a s.d. of 49% in 1997. CM clients experienced an increase in "no money, food and shelter" in 1995 with a mean of 55% and a s.d. of 50% compared to a mean of 79% with a s.d. of 49% in 1999.

There was an increase in the amount of CM clients that ran out of money in 1994 with a mean of 21% and s.d. of 41% compared to a mean of 37% and a s.d. of 47% in 1997.

There was an increase in the amount of CM clients that ran out of food in 1996 with a mean of 48% and a s.d. of 50% compared to a mean of 85% and a s.d. of 36% in 1999.

An increase of CM clients needed food in 1994 with a mean of 82% in 1994 and a s.d. of 39% compared to 1999 with a mean of 99% and a s.d. of 2% of clients that needed food. Volunteers assisted CM clients with an increased amount of food in 1995 with a mean of 56% and a s.d. of 50%, yet in 1998 the mean was 95% with a s.d. of 22%. The number of times clients was assisted during 1996 was an average of 1.63 times with a s.d. of 86% and in 1997 clients were assisted 1.91 during the year with a s.d. of 1.06.

CM clients experienced an increase in serious illness in their family in 1994 with a mean of 2% and a s.d. of 24% in comparison to 1998 with a mean of 26% and a s.d. of 44%. CM clients also experienced an increase in being a crime victim in 1994 with 0% and s.d. of 2% in comparison to a 1997 mean of 13% and a s.d. of 2%.

Statistical tests were utilized to rule out chance as the reason for finding either differences or associations between variables in the sample. The statistical tests used for bivariate analysis included the non parametric

chi-square test that required ordinal or nominal level of measurements of the variables. The chi-square test was used to examine if the particular value of one variable tended to be related with the particular value of another variable. In other words, the chi-square was utilized to delineate if one variable caused the other variable (Grinnell, 1997).

The cross tabulation and chi-square tests indicated the year the client needed assistance when cross tabulated with clients that ran out of food showed the chi-sq. = 48.489, df = 5, p = 0.01. The year the client needed assistance when cross tabulated with clients that had no money, food and shelter showed the chi-sq. = 22.155, df = 5, p = 0.01. The year the clients needed assistance when cross tabulated with "assessment by volunteers as clients that needed food" showed the chi-sq. = 19.054, df = 5, p = 0.01. The year the client needed assistance when cross tabulated with clients given assistance with food by CM volunteers showed the chi-sq. = 73.457, df = 5, p = 0.01.

The Pearson "r" 2-tailed correlation when correlated with the amount of income and the year the client needed assistance indicated a negative correlation of p = 0.05.

REFERENCES

- Amidei, N. (1981). *Food stamps: The irony of success.* Public Welfare. 39(2): 15-21.
- Beebe, L., & Winchester, N. (1997). Social Work Speaks. 4th Ed. NASW: Washington, D.C.
- Berns, R. (1993). Child, family, community: Socialization and support. 3rd Ed. Harcourt Brace.
- Chien, Y. C. (1994). Introduction to experimental methodology. CA: CSUSB.
- Coe, R. D. (1992). *A longitudinal examination of poverty in the poverty years.* The Gerontologist. 28(40): 540-544.
- Cootz, S. (1992). The way we never were. NY: Warner Collins.
- Coulton, C. J. Crowell, L. & Verma N. (Summer 1993). *How time limited eligibility affects general assistance clients: An Ohio study shows few former recipients are finding work.* Public welfare. 51(3): 29-36.
- Day, P. (1997) *A new history of social welfare.* 2nd Ed. Allyn and Bacon: Boston.
- Eisenger, P. (1996). *Towards a national hunger count.* Social Work. 42(3): 214-34.
- Ewalt, P. L. (May 1997). *Income Security for children.* Social Work, 42(1): 5-6.
- Fernandez, M & Nichols, L. (June 1996). *Ecological approach in practice: a case study of the ounce of prevention fund.* Journal of Sociology and Social Welfare, 23(2): 121.
- Gerdes, K. E. (Fall 1997). *Long-term AFDC mothers and posttraumatic stress syndrome: is there a connection?* Journal of women and Social Work, 12(3): 350-367.
- Germaine, B.C. (1991). Human behavior in the social environment: An ecological view. NY: Columbia University Press.
- Ginsberg, L. H. (1995). Social Work almanac. 2nd Ed. NASW: Washington, D.C.

Gueron, J. M. (Fall 1987). *Reforming welfare with work.* Public Welfare. 45(4). 13-25.

Grinnell, R. M. (1997). Social work research and evaluation: Quantitative and qualitative approaches. IL: Peacock.

Haynes, K. S., & Mickelson, J. S. (March 1992). *Social work and the Reagan era: Challenges to the profession.* Journal of sociology and Social Welfare. 19(1): 169-183.

Hetherington, E. M. (1989). *Coping with family transitions: Winners, losers and survivors.* Child Development. 60. 1-14.

Huff, D. (1999). Scientific Philanthropy.
[Http://www.idbsu.edu/socwork/dhuff/history/chats/11.htm](http://www.idbsu.edu/socwork/dhuff/history/chats/11.htm).

Karger H., & Stoetz, D. (1998). *How public policy affects the family.* Public Welfare: 35(2): 71-85.

Keniston, K., Jackson, J., & Anderson, J. (1978). *How public policy affects the family.* Public welfare: 35(2): 12-27.

Kerline, A. E. (1993). *From Welfare to work: Does it make sense?* Journal of sociology and Social Welfare. 20(1): 71-85.

Kilty, K. M., Richardson, V. E. & Segal, E. A. (1997). *Editor's Introduction.* Journal of Poverty 1(1): 1-3.

Lipsky, M. & Smith, S. (March 1989). *When social problems are treated as emergencies.* Social Service Review, 63(1): 5-25.

Lynch, J. Kaplan, G., Sherman, S. (December 1997). *Cumulative impact of sustained economic hardship on physical, cognitive, psychological and other social functioning.*

MacKinnon, C. (1999). *Empowered consumers and telephone hotlines.*

Margen, S. (1989). *Food security and methods of assessing hunger in the United States.* http://www.brown.edu/Departments/World_program/hungerweb/intol/hunger.Html.

Miller, G. T. (1991). Environmental science: Sustaining the earth. 3rd Ed. Wadsworth: CA.

Misha, S. (1990). *Riding the new wave: social work and the neo-conservative challenge.* International Social Work. 32(3): 171-182.

Morrell, J. (1999). *Running on empty! U. S. food banks and food rescue programs.* [Http://www.worldhunger.org/articles/morrell2.html](http://www.worldhunger.org/articles/morrell2.html).

NAMI, (1998). *State and federal policy: Housing updates.* National Alliance for the Mentally Ill (NAMI) Advocate. 19(61): 7-9.

Peterson, C. S., & Kingston, E. R., (March 1987). *The effect of changes in the federal disability programs on state and local General Assistance programs.* Journal of Sociology and Social Welfare, 14(1): 95-115.

Pitkin, P. (1998). *Federal reserve policy guarantees' failure of welfare reform.* Northwestharvest.org/pitkin.htm.

Rainwater, L. (1995). *Poverty and the income package of working parents: The United States in comparative perspective.* Children and Youth Services Review. 17(½): 11-14.

Rank, M. R. & Hirshl, T. A. (May 1999). *The likelihood of poverty across the American adult life span.* Social Work. 44(3): 201-216.

Riemer, F. J. (December 1997). *Quick attachments to the workforce: An ethnographic analysis of a transition from welfare to low-wage jobs.* Social Work Research, 21(4): 225-232.

Rivera, C. (April 1999). *Welfare time limit boosts hunger and homelessness, two-studies find.* Los Angeles Times.

Rogers, B. W., & Robinsheim, D. (March 1998). *Interfacing African American churches with agencies and institutions: an expanding continuum of care with partial answers to welfare reform.* Journal of sociology and Journal Welfare, 25(1): 105-120.

Rosenberg, E., & Bernabo, L. (1992). *Hunger a hospital survey.* Social Work in Health Care. 16(3): 83-93.

Sarri, R. C. (1985). *Federal policy changes and the feminization of poverty.* Child Welfare. 64(3): 235-47.

Segal, E. A. (1997). *Welfare reform and the myth of the marketplace.* Journal of Poverty 1(1): 5-18.

Sherwood, D. A. (Spring, 1998). *Charitable choice: Opportunity and challenge for Christians in social work.* Social Work and Christianity, 25(1): 1-23

SSA. (1997). *Social Security Disability Notes No.17.* [Http://www.ssa.gov/odhome/dinnotel7.htm](http://www.ssa.gov/odhome/dinnotel7.htm).

United States Conference of Mayors. (December 1998). *A Status on Hunger and Homelessness in American Cities.*

Tully, D. T. & Jacobson, S. (1994). *The homeless elderly: America's forgotten populations.* Journal of Gerontological Social World, 22(3/4): 61-81.

U. S. Census Bureau: The official statistics. (September 1998). *Current population reports: Consumer income.* 60-200.

Urban Institute. (January 1999). *Snapshots of American's Families.*

Ware, N., & Goldfinger, S. (Summer 1997). *Poverty and rehabilitation in severe psychiatric disorders.* Psychiatric Rehabilitation Journal. 21(1): 3-7.

Weinstein, R. W., & Grinnell, R. M. (1995). Statistics for social workers. NY: Longman.

Whitaker, W. H. (July 1993). *A charity/justice partnership for U.S. food security.* Social Work. 38(4): 494-497.

Ziesmer, C., Marcous, L., & Marwell, B. (November 1994). *Homeless children: Are they different from other low-income children?* Social Work, 39(6).

Zimmerman, R. (June 1997). *Below the poverty line.* Seattle post-Intelligence. [Http://www.northwestharvest.org/a_below.htm](http://www.northwestharvest.org/a_below.htm).