Implications of Welfare Reform on the Elderly: A Case Study of Provider, Advocate, and Consumer Perspectives

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ABSTRACT. Whereas many studies of welfare reform have focused on effects on children and families, little research has examined the implications of welfare reform for the elderly. This case study incorporates interviews with service providers for the aging, members of advocacy organizations, and two focus groups of older consumers conducted in the multi-ethnic urban community of San Francisco. Study findings suggest that welfare reform has had both direct and indirect effects on the elderly and their services in the study community. Direct effects derive primarily from changes in the welfare reform legislation that had the effect of undermining both immigrants' eligibility for and claiming of public assistance benefits. Indirect effects on older persons include increased child-care demands upon grandparents. The case study data bear on a significant policy change within the broader trend of devolution at a historical point when anti-immigrant sentiment in the United States was running high.

KEYWORDS. Welfare reform, elderly, aging services, elderly immigrants, grandparent caregivers, devolution

INTRODUCTION

Whereas many studies of welfare reform have focused on effects on children and families, little research has examined the implications for the elderly of this major policy change. Nevertheless, a number of provisions enacted under the rubric of "welfare reform,"[1] such as changes in Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF), could be–on a closer look–expected to have consequences for poor and disabled elders. In addition, it might be expected that there would be indirect effects of welfare reform, as different groups compete for service funds in an atmosphere of increasing state and local discretion under devolution, and in many cases increased state budgetary pressures.

Study Objectives

Study objectives were to: (1) examine how the federal welfare reform legislation has been interpreted at the state and local levels in California,

particularly affecting one community–San Francisco City and County–in terms of changes in eligibility for and benefits related to cash and service assistance to older adults and other related programs; (2) investigate how local service providers and how advocacy groups to older adults, welfare recipients, and immigrants report: (a) the effects of these policies on their clients and constituents, including changes in policies and funding including welfare reform, and (b) how their organizations have responded to the changes; and (3) explore consumer awareness of, and experiences with, policy and service changes including welfare reform.

Historical Policy Context

Major changes in law and policy over the past two decades have actively promoted the concept of devolution as one of the most substantial transformations of federal-state relations and the relations of government to citizens since the New Deal (Estes & Gerard, 1983; Estes & Linkins, 1998; Caro & Morris, 2004). Devolution refers to the transfer of responsibility for financing, administration, and policy from the federal government to state and local governments (Lee & Benjamin, 1983).

Devolution policies are likely to affect the aging since they have become an integral part of the general phenomenon of government downsizing that is often rationalized through the declaration of budgetary crises by federal and state policymakers and the notion that state and local governments are better able to respond to local circumstances, preferences, and norms (Estes, 1979; Weiner, 1998; Caro & Morris, 2004). Political charges of dangerous, profligate spending, jeopardizing the well-being of average citizens, have also been part of the discourse justifying the cuts in government funds to health and human services (Foote, 1987; Binstock & Quadagno, 2001).

Devolution both results from and, in itself, constitutes a political process that reflects the mobilization and successful organization of policymakers, particularly those committed to more limited government in terms of social programs and safety net services and to "states' rights" in preference to federal intervention when it is needed (Weaver, 1985). Interestingly, devolution and privatization may be seen as corollary approaches inasmuch as "Both devolution and privatization imply weaker responsibilities for national governments. . . . [T]he single greatest focus for devolution has been the transformation of income security protections for poor families" (Caro & Morris, 2004).

The uniform federal policy (PRWORA) that converted the entitlement of the poor to the AFDC program in 1966 to the TANF program in which the poor became time-limited recipients of a temporary assistance block grant program was not in itself "devolution." Nor was the part of federal law that established a minimum period of transitional Medicaid benefits for TANF recipients. The imposition of multiple restrictions on the benefit eligibility of non-citizens (such as legal permanent residents arriving at different dates–pre and post August 22, 1996–and other "unqualified" immigrants) for TANF, Medicaid, Food Stamps, and SSI is a uniformly applied federal policy rather than a devolution policy. Nevertheless, each of these federal policy changes simultaneously accorded significant leeway (state and local discretion), heralded by many as a form of devolution (Greenberg, 2001), since many aspects of welfare reform implementation provided the opportunity for states (and localities) to supplement or "buffer" (or not) the impact of these federal policy changes. In the present case study, discretionary "buffering" types of programs were established at both the state and county levels.

More specifically, the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (PL-104-193) dismantled the entitlement of the poor to Aid to Families with Dependent Children (AFDC) and replaced it with a block grant program, the Temporary Assistance to Needy Families (TANF), and instituted dramatic changes to non-citizens' eligibility for safety net programs, including Supplemental Security Income (SSI), Medicaid, and Food Stamps. However, as noted, the Act devolved substantial responsibility from the federal government to the state governments regarding decisions on multiple facets of welfare reform policy and range of potential sanctions that could be implemented for TANF recipients. The states, in turn, were accorded increased flexibility as to whether major decisions and responsibility for welfare reform would be retained by the states or whether to pass these on to the local level. In California, a relatively decentralized state, counties were given augmented responsibility for various elements of welfare reform policymaking. For example, California delegated responsibility to counties for determining the sanctions under PRWORA for recipients deemed not to comply with various aspects of the rules.

Thus, welfare reform, overall, is part of devolution in that it is being implemented through an increased number of policies and practices originating from (and varying by) state and local governments. Significantly, the myriad discretionary policies and practices being invoked may not only affect public assistance programs that serve low-income

and disabled elderly, but also elders whose family members (e.g., their adult children and/or grandchildren) are (or were formerly) AFDC (and later, TANF) recipients (Minkler, Berrick et al., 1999).

California is noteworthy in that the state has the largest number of non-citizen immigrants in addition to the largest undocumented immigrant population (estimated at 2 million) of any state (Montgomery, Kaye et al. 2002). The development of new state-funded and administered programs for immigrants has been a central component of California's response to the federal Welfare Reform legislation.

Changes in SSI have the potential to affect the elderly particularly as a result of eligibility changes for immigrants. California responded to federal changes in SSI by establishing the Cash Assistance Program for Immigrants, or CAPI. CAPI provides state-only funded benefits to documented persons who have been in the country prior to August 22, 1996, who were not receiving SSI/SSP federal/state benefits, and to a very limited number (approximately 2,700 in 2001) of post-August 1996 immigrants whose sponsors are dead, disabled, or abusive (California Department of Finance, 2001). The average monthly grant payment for FY 2000-01 for the CAPI ($580) was slightly greater than the SSI/SSP monthly grant ($501) "because the CAPI recipient is more destitute than the SSI/SSP recipient . . . [some of whom] have other sources of unearned income such as Social Security" (California Department of Social Services, 2002 p. 28). The sunset date for the base program (for pre-August 1996 immigrants) has been eliminated, and the 2001-02 California state budget eliminated the sunset date for the "expansion" program for post-enactment immigrants (California Department of Finance, 2001).

In addition, because the PRWORA severs the traditional linkages between welfare and Medicaid eligibility, it enhances state authority to determine whether and when to provide Medicaid to legal immigrants (Friedland & Pankaj, 1997; Ku & Coughlin, 1997). California continues to provide Medi-Cal (Medicaid) benefits to those who were qualified immigrant residents in the state as of August 22, 1996, as well as to those who entered the United States on or after that date.

States also have substantial discretion in how they implement TANF related to grandparent-headed households (Mullen & Einhorn, 2000). Regardless of their own income and assets, grandparents can obtain "child only" TANF benefits on behalf of their grandchildren. Grandparents with low incomes can receive additional cash benefits by being part of the "assistance unit." Grandparents or other non-parent caretaker relatives who are older than 60 years of age are exempt from the work re-

quirements for adult TANF recipients (Minkler, Berrick et al., 1999; Montgomery, Kaye et al., 2002). California also allows grandparents to convert to "child only" grants once they have exhausted the five-year lifetime limit. Grandparent caregivers most likely to be affected include those who have custody of their grandchildren and had been receiving TANF payments. Data (2000) indicate that 953,557 California children reside in households in which grandparents or other relatives are the heads of households (Casey Family Programs National Center for Resource Family Support, 2002).

San Francisco County reorganized its General Assistance (GA) program partly in response to welfare reform. Taking administrative advantage of the state's decision to continue Medi-Cal benefits for legal permanent residents, the county instituted a GA category specifically for seniors receiving Medi-Cal, known as the Cash Assistance Linked to Medi-Cal, or CALM program. San Francisco's CALM program differs from the rest of its GA program in that it does not require quarterly recertification and is administered through the local Medi-Cal office. At the time of the study, the county-funded CALM monthly grant was significantly less than the average SSI grant.

California also responded to restrictions on Food Stamps with the California Food Assistance Program (CFAP), which provides state funding for food coupons to documented persons who are not eligible for federal food stamps solely because of their immigration status. The 2001-2002 state budget made permanent the time-limited expansion initiated in October 1999 to include documented persons who entered the country after August 1996. San Francisco also responded by funding a new Emergency Food Program to provide food to immigrants who have lost their food stamp benefits. Subsequent to the study in April 2003, eligibility rule changes allowed certain CFAP recipients to convert to the federal food stamp program, resulting in a steep decline in California households in the CFAP (California Department of Social Services, 2004).

The fiscal context in which the state and the cities and counties are operating is very difficult. California experienced the largest state deficit in U. S. state history (at one point exceeding $38 billion). The state's 2002-03 budget de-funded Medi-Cal outreach and enrollment efforts, and in 2003 imposed new county redetermination standards to reduce the number of Medi-Cal recipients. The state's 2003-2004 budget placed a freeze for budget year 2004-2005 on nursing homes and other Medi-Cal plans. California Governor Schwarzenegger signed a state budget (SB 1113) in August 2004 (through June 2005) that did not contain many other previously proposed (and hotly contested) draconian health-care cuts such as enrollment caps on public insurance programs and the elimination of 18 medically necessary Medi-Cal benefits. However, with a continuing significant structural state budget deficit expected to exceed $8 billion in 2005-06, major pressures on the health and cash assistance programs for the vulnerable elderly and immigrants assure future political wrangling.

Federal Policy Review and Update

Weil and Finegold (2002) report that by 2000 the number of welfare recipients nationally was less than half of what it had been in 1996. In addition, in 2000, child-only cases accounted for a larger share of TANF recipients. The number of child-only cases dropped under welfare reform but less steeply than the overall caseload. (Child-only cases include children whose parents are ineligible because of sanctions, receipt of SSI, or immigration status, and children living with non-parent caregivers).

In an April 2002 welfare reform update, the California Budget Project evaluated the initial 1996 law and discussed key TANF reauthorization issues for the state (Carroll, 2002). Reauthorization issues were identified as the need to ensure adequate funding, maintain program flexibility, modify time limits for working families, reorient TANF to reduce poverty, increase education and training opportunities, restore federal eligibility to immigrants, and strengthen families. Although most or all immigrants remained eligible for food stamps and cash assistance through the state's replacement programs, immigrant participation fell dramatically in the 1990s. More recent data (through September 2003) show that, since the recession began (March 2001-September 2003), 27 states reported caseload increases. In contrast, California's TANF caseload has declined by −4.7%, which is a little more than the national average of −3.7% (Rahmanou & Greenberg, 2004). The continuity in the decline in California welfare recipients has occurred despite rises in the number of unemployed, poor, and food stamp recipients in the state (Fremstad, 2004).[2]

In studying the impact of welfare reform, Brady et al. (2002), using Census Bureau's annual Current Population Survey (CPS) and Surveys of Income and Program Participation (SIPP), examined changes and trends in AFDC/CalWORKS, food stamps, SSI, and Medi-Cal participation by immigrants and California natives over time. After controlling for demographic and economic characteristics, researchers concluded

that, in general, immigrants experienced sharper declines in public assistance participation than did "natives." The percentage of immigrant households that received AFDC or CalWORKs fell by over half from 1993 to 1999 (from 10.8% to 5.0%) compared with native households (from 5.5% to 3.1%). Welfare reform created a perception that immigrants were not eligible for governmental assistance. Scholars have contended that there is a chilling effect leading eligible legal immigrant families not to apply for assistance, either because they believe they are ineligible or that doing so could affect their status in the United States (Zimmerman & Fix, 1998; Carroll, 2002).

The 1996 federal welfare reform law established funding levels for state TANF block grants through fiscal year 2002. Congress failed to pass a reauthorization of the 1996 welfare law in 2002 but kept the program running and funded through passage of several Continuing Resolutions through June 2003. In February 2003, the U.S. House of Representatives passed the Personal Responsibility, Work, and Family Promotion Act of 2003 to reauthorize the program. It (H.R. 4) is the Bush Administration's proposed plan to reauthorize the federal welfare program while maintaining current funding levels, imposing harsher work requirements and providing new marriage promotion funds. Political party and House and Senate differences have persisted, preventing agreement on a reauthorization bill. Congress enacted a six-month extension of TANF (see H.R. 3164) right before the program's expiration date in September 2003; similar actions followed, and on July 2, 2004, TANF was extended for the seventh time (Coalition on Human Needs, 2004).

RESEARCH METHODS

In working on policy evaluation to measure the success of welfare reform, Lichter and Jayakody (2002) observe that the nature of welfare reform itself poses a serious challenge:

> Our task is made difficult by devolution itself. Each state has implemented a different TANF plan with unique objectives, funding priorities, time limits, and client bases. National indicators such as welfare caseloads and employment take-up rates reflect the balance of success and failure played out differently across states, communities, and population groups. Yet, lessons learned from state evaluations are often idiosyncratic or hard to generalize broadly. Unbundling the causal effects of specific TANF provisions are fraught with serious conceptual and technical issues (Meyers, Gornick et al., 2001; Moffitt & Ver Ploeg, 2001). In most cases, the impact of state TANF programs has not been fully realized, and the complete story is yet to be told. (Lichter & Jayakody, 2002, p. 119)

This description of the nature of welfare reform supports the appropriateness of the case-study approach (Yin, 2003) such as the one undertaken here. The case-study approach was utilized because of the dearth of information on the topic, the complexity of the problem, the import of the questions raised in policy and human terms, and the rich multiethnicity of the elderly in the case-study site.

The overall approach is a mixed methodology that combines qualitative and quantitative data that seek to bridge the traditional academic "paradigm wars . . . between positivism and constructivism" and adds an "alternative paradigm, pragmatism" (Tashakkori & Teddlie, 1998, p. 1). Pragmatism rejects the "either-or" decisions between qualitative and quantitative approaches and considers the best way to organize (mixed) methods in the effort to improve "inference quality (internal validity) and trustworthiness" (Tashakkori & Teddlie, 1998, p. 168). The research design utilized telephone and in-person interviews (conducted in 1999-2000) with representatives of purposely selected local health and human service organizations (N = 23) and advocacy groups (N = 11). The hour-long survey interviews were conducted using a structured interview schedule with a wide range of closed and open-ended questions (Survey Instrument available on request). In addition, the researchers conducted focus-group interviews with two ethnically different groups of elderly consumers. Researchers used an open-ended interview schedule to guide discussion for the focus group interviews. The researchers also utilized secondary and contextual data better to understand sociodemographic issues and the historical and current context of policy changes. Survey data were analyzed using SPSS, and descriptive frequencies were calculated. Qualitative interview data were open coded and analyzed using the technique of constant comparison to identify the major themes and dynamics (Glaser & Strauss, 1967; Strauss & Corbin, 1997).

FINDINGS

Provider Organization Respondents

The large majority (86.4%) of the 23 provider organizations are private nonprofit agencies (13.6% public agencies) that have been in exis-

tence for 20 or more years (81.3%). These organizations allocate on average 85% of their budgets to aging services.

As shown in Table 1, local providers cited three major areas of public policy as having "the greatest impact on the elderly and aging services in San Francisco since 1995." In rank order, changes in many existing state and local programs constituted the policy grouping cited first and most often (cited by more than a quarter or 26% of the providers). The reported state and local policies of major impact included the development and implementation of the senior services plan for "senior centrals," changes in the mental health system and adult day health funding, managed care initiatives, and wage increases for In-Home Supportive System (IHSS) workers. Welfare reform ranked second in terms of the proportion of providers (22%) reporting it as a policy having the "greatest impact on older persons and their services," followed by immigration reform (ranked third and cited by 16% of providers).

Table 2 contains the responses to a fixed list of assistance programs affecting the elderly that were reported to have policy changes "since 1995," either during or around the time of welfare reform. Programs

TABLE 1. Public Policies with Greatest Impact on Elderly and Aging Services Since 1995

"Which public policies have had the greatest impact on the elderly and aging services in your state/county, since 1995?" (Record up to three policies.)

Public Policies	Providers (N = 23)	Advocates (N = 11)
Welfare Reform	22%	20%
Immigration Reform	16%	13.3%
Proposed Changes (e.g., Medicare, Social Security, AB1040–LTC Integration Project, Local initiative to rebuild Laguna Honda Hospital)	8%	6.7%
Changes to Existing State and Local Programs (e.g., managed care initiatives, lack of access of care, wage increases for IHSS workers, implementation of senior services plan/ development of senior centrals, changes in mental health system, changes in adult day health funding, declining quality of care, APS initiatives)	26%	23.3%
Funding Restrictions/Redistribution (e.g., BBA1997, devolution, shift to community-based care)	12%	13.3%
Housing/Transportation Inadequacies (e.g., new protection against evictions)	14%	6.7%
Miscellaneous/Other	2%	16.7%
TOTAL RESPONSES	50	30

TABLE 2. Changes in Assistance Programs Affecting the Elderly Since 1995

Assistance Programs	Providers	Advocates
SSI	81%	100%
Food Stamps	70.6%	85.7%
Medi-Cal (Medicaid)	75%	100%
TANF	64.7%	87.5%
General Assistance (GA)	78.9%	100%

that directly affect the income of low-income elderly, SSI and General Assistance, were most often cited (by 81% and 79% of providers, respectively) as being changed in some way. Two types of SSI policy changes were prominent: the new policy restrictions on immigrant eligibility, described as part of welfare reform; and the new ineligibility of substance abusers under SSI, designed to remove from SSI rolls, "undeserving" recipients as part of the federal policy reversal of previous definitions of alcohol and drug problems as a disease and a qualification for SSI disability status. Medi-Cal (California's Medicaid program) and food stamps were next most often reported as programs that had policy changes since 1995 that affect the elderly, with 75% and 71% of providers so reporting, respectively. Interestingly, the TANF program was cited least often by providers as a policy change affecting the elderly, although nearly two-thirds of providers did so. One San Francisco executive director of an aging services organization reflected on the situation: "Responding to welfare reform was the priority of the local area agency on aging in 1996-97 and even into 1998. We stopped what we were doing to mobilize around these issues and to develop contingency plans. . . . It made us realize how important our position is as advocates for immigrant seniors."

Almost all (95.5%) of the providers reported an increased demand for services since 1995 and half (50%) attributed this to welfare reform (Table not shown).

Providers reported differential effects of welfare reform on subgroups of the elderly, including undocumented immigrants, qualified aliens, legal permanent residents, and grandparent caregivers. Among the specific effects emphasized for grandparent caregivers were a loss of resources to the family unit that may result in hardship for grandparents and effects on those asked to provide childcare so that their adult children who are receiving welfare could work. Providers reported that

the policy changes under welfare reform created anxiety among grandparent caregivers who fear being forced to return to part-time work in order to maintain cash assistance through TANF. Providers also noted their expectations that there would likely be increases in elder abuse and neglect as adult children lose their benefits.

Two general themes characterized provider responses to questions about how the changing political and social environment under welfare reform affected older persons in the community:

1. Confusion, Anxiety, and Fear/Perceived Lack of Access. The problem of the perceived lack or denial of access to assistance programs by the elderly was typified by the answers of different providers, noting:
   - "It's absolutely about welfare reform. They cut . . . programs for immigrants which [in turn] caused big [self-imposed enrollment] cutbacks because many didn't think they were eligible for them anymore so they didn't even try to get them."
   - "It frightened them. Even though they [immigrants] remained qualified for benefits, the idea of intensive questioning has deterred them from seeking out their rightful benefits."
2. Intergenerational Family Strains and Differential Effects on Client Populations. Providers highlighted the linkage between the fate (and eligibility) of members of different generations of immigrant families and their elderly under welfare reform. Quotes from different providers illustrate:
   - "As younger members of intergenerational families lose their benefits, this might place an additional burden on older family members";
   - "TANF laws make it so, if you have grandparents, the children are likely to get turned over to them because all the other family members have to go out to work and there's no one else to watch the kids."

Advocacy Organization Respondents

All 11 advocacy organizations in the study are private nonprofits; most are mature organizations, with close to two-thirds (63.7%) in operation for 20 years or more. The organizations vary along several dimensions. First, they vary in terms of whether aging concerns are central or

peripheral to their missions. Only one-third has an explicit mission to serve the aged or aging concerns. Most are committed to the broader categories of race/ethnicity, immigration, the poor, and welfare recipients. Those oriented toward immigrant and minority communities focus on providing clients with basic subsistence and/or legal protections; those serving a more middle-class clientele are oriented toward preserving post-retirement living standards or providing caregiver services on a fee-for-service basis to those able to afford them. Finally, some of the advocates focus their efforts on the state level while others focus on the local level.

As shown in Table 1, advocacy organizations are similar to providers in noting that changes in existing state and local programs and policies (including wage increases for IHSS workers and the IHSS Authority, and Adult Protective Services initiatives) ranked first (23.3%) and welfare reform (20%) ranked second in having the greatest reported impact on the elderly and aging services since 1995. All advocacy organization representatives reported that since 1995 changes at the state level in SSI, Medi-Cal, and GA affected the elderly, with a large majority noting TANF changes (especially new work requirements and issues of grandparent caregiving) (Table 2).

Most advocates describe the specific effects of welfare reform on the elderly and aging services in terms of: (1) an increased demand on (and for) community organizations (including congregate meals, naturalization and citizenship services, housing assistance), and (2) the mobilization of ethnic organizations to ensure benefits and services. Examples of the differential effects for immigrants are illustrated by the following quotes: "It [welfare reform] puts undocumented immigrants even further on the margin," and "Folks are often *not* accessing those services because of the immigrant bashing and fear."

Advocates of welfare rights report being consumed by tracking and interpreting a complex and changing set of policies and regulations, and translating this knowledge and reassuring clients who feel threatened by a series of cutbacks. Advocate respondents projected that additional welfare-reform-related changes lay ahead, including the possible restoration, extension, or limitation of benefits for immigrants and increased grandparent caregiving, each of which would generate additional organizational demands.

Advocates concur with providers that welfare reform has had differential effects on different subgroups of elders in San Francisco. Those reported as most severely affected by welfare reform are undocumented immigrants and other immigrant groups.

Consumer Respondents: Focus Groups

Of the two focus groups in the study, one was comprised of older African American, low-income women (N = 6) and was conducted at a service provider organization in Bay View Hunters Point. All have been grandparent caregivers at one time; two-thirds are currently caring for grandchildren. These elder respondents draw no direct connection between their immediate life situations and welfare reform. Many spoke of a need to give financial assistance to their grandchildren but do not attribute this to welfare reform. They cite substance abuse by their adult children as the reason they are forced to care for grandchildren and/or great grandchildren. Their most pressing concern is "how to get the kids off dope" and what to do with grandchildren born with addictions and/or raised by addicts.

Informal and unreimbursed caregiving is an ongoing issue for these women. They report that friends and family members often are not reimbursed for the care they provide and that some compensation for this work would be extremely helpful. One elderly participant shares that, because the Department of Social Services had returned the custody of her grandchildren to their mother, she (as grandmother) is not eligible for TANF payments for their care, despite the fact that the children continue to live with her. The commitment these women have to caring for their families engenders situations wherein they are constantly giving more of their resources (money and time) to friends and family members without adequate (or any) reimbursement. As most of the group participants have been caregiving for many years, it is unlikely that welfare reform is solely responsible for their caregiver role.

The second focus group was made up of low-income, Asian/Pacific Islander seniors (four women and two men) and conducted at a service organization in Chinatown. The group was facilitated and translated in both Mandarin and Cantonese by an agency social worker. All participants reported challenges directly posed by welfare reform and described, with much emotion, the ways their lives have been affected. The period of most intense fear, uncertainty, and financial instability occurred from August 1996 through May 1997, after the legislation was passed and before the Balanced Budget Act (BBA) of 1997 reinstated benefits to legal permanent residents who had been receiving SSI as of August 1996. According to respondents, the BBA's amendments to the welfare reform legislation were no less than life-saving. One woman said, "If the welfare reform had really come through [as originally enacted], many seniors would not be able to survive." For the many legal

permanent residents who responded to welfare reform by applying for citizenship, the process of preparing for the citizenship test is a significant source of stress and financial strain.

The legal permanent resident seniors in the group emphasized the importance of the California Cash Assistance Program for Immigrants in their lives. With CAPI, seniors reported that they are able to survive without having to make harsh choices between food, heat, shelter, and/or medical care. Their statements make clear the contribution of community agencies in advocating both at the individual and the policy levels for the programs and mechanisms of support that enabled these seniors, and countless others, to survive welfare reform.

DISCUSSION

According to the providers, advocates, and consumers studied, welfare reform policies severely affected not only immigrants, children, disabled, and the poor, but also the elderly. Both the anticipation and experience of some of these effects by recipients and their families instigated programmatic and policy responses by the California state government and the San Francisco local government. These dynamic actions, in turn, generated responses and actions from both providers and advocates at the local level.

The case study shows that multiple policy arenas are reported to be affecting "the elderly and aging services" since 1995, the period surrounding welfare reform. There is a series of interrelated program and policy effects of consequence to the elderly that may be set off with increased discretion at state and local levels under the devolution policy of welfare reform. Ripple effects, or chain reactions (Edsall & Edsall, 1992), occur as actions initiated at one level of government (e.g., federal TANF) subsequently generate responses or reactions (e.g., attempted "fixes" or other policy responses) at one or more other levels of government (e.g., the state CAPI program and the local CALM program) or in one or more other programs (e.g., the Food Stamp program). The range of programs that appears to be "in play" in relation to welfare reform, through dynamic and uncertain policy and programmatic change processes, potentially affects virtually every major area of need of the most vulnerable elderly, from vital income benefits to health and mental health care, long-term care, food security, and housing assistance. In turn, additional ripple effects are likely to be generated (as reported

here) for provider and advocacy organizations working with these populations.

More specifically, as introduced in the discussion for Table 1 in the "Findings" section of this article, changes in low-income programs (SSI and GA) and health programs (Medi-Cal) initiated at all governmental levels have been reported to affect the elderly by (1) the large majority of service providers (ranging from 75% to 81% of providers, depending on program) and (2) all advocacy organizations (100% for both types of programs). TANF, the specific welfare reform centerpiece legislation, was reported to affect the elderly by about 80% of advocacy organizations and two-thirds of provider respondent organizations.

Direct and Indirect Effects of Welfare Reform on the Elderly

Welfare reform has affected older adults in ways that may not have been intended by federal law. There were both direct and indirect effects of welfare reform on the elderly. Direct effects of welfare reform fall into two major categories: (1) effects on individual immigrant elders and their families; and (2) effects on providers and advocacy organizations working with these consumers. Indirect effects, or the unintended consequences of welfare reform on the elderly, include effects on grandparent caregivers.

Direct effects of welfare reform on the elderly derive primarily from the changes made by the legislation to the eligibility of immigrant elders for public assistance. Both provider and advocate respondents reported that the impending loss of benefits created extreme anxiety among immigrant elders. The serious effect of the proposed changes on immigrant seniors was described by immigrant elders in the focus group conducted in Chinatown. High levels of stress were reported to have been experienced before the BBA of 1997 reinstated benefits to legal permanent residents who had been receiving SSI as of August 1996.

These effects were compounded, according to provider, advocacy, and focus group reports, by the hesitancy of members of mixed status immigrant families to apply for benefits for which they are eligible, for fear of "exposing" the immigration status of undocumented household members. Respondents reported that immigration restrictions in welfare reform have had a "chilling effect" on applications for benefits among immigrants who are eligible for participation in public assistance programs. These negative effects were experienced despite the efforts of state and local government officials to ameliorate the effect of welfare reform on immigrant elders by establishing several new discretionary programs. This is an important point because, under the devolution of welfare reform, state and local governments have much discretion regarding other potential provisions for additional or substitute support. The decisions of state and local policymakers in this regard are dependent on their varying political willingness and historic welfare "generosity," as well as contemporary political events and their fiscal resources. Arguably, San Francisco and California, with the CAPI, CALM, and GA programs, attempted to provide enhanced social safety net provisions; therefore, the negative effects on the elders reported in this case study may be less than would be experienced in other communities of comparable immigrant status, ethnic diversity, and socioeconomic status that are less generous in their state and local safety net provisions than the study site.

Study findings suggest that welfare reform is seriously affecting the field of aging services, adding another major source of uncertainty and challenge. This is an unintended consequence of welfare reform in itself. As the legislation affects the specific target populations served by providers of aging services, these providers are experiencing increased demands for a variety of services that are beyond their usual scope of service provision, particularly in assistance with the citizenship process, legal assistance, and mental health services for elder clients. In addition, providers increasingly are faced with the additional and substantial challenge of delivering services in a variety of languages. To meet this surge in demand presents a significant challenge in terms of the allocation of both financial and staff resources for older clients. Not surprisingly, providers report being forced to provide more services with fewer resources.

Moreover, the case-study results suggest that welfare reform has had significant indirect and unintended effects on the elderly. The legislation has reached and affected elders who are members of intergenerational families and grandparent caregivers. Policy changes have created anxiety among grandparent caregivers who fear they will be forced to return to part-time work in order to maintain cash assistance through TANF. Grandparents are also affected by an increasing need for their child-care services, as welfare reform requires TANF recipients to spend 32 hours per week outside of the home in order to meet work requirements. These effects are likely to become more pronounced as the implementation of welfare reform progresses (and the lifetime five-year limit has been reached by more and more recipients) and as increasing numbers of TANF recipients either take on full-time employment or lose their monthly checks.

On the positive side, this research also identified benefits that occurred in San Francisco that respondents attributed to welfare reform: (1) increased expenditures for citizenship programs, (2) increased interorganizational relationships (e.g., coalitions), and (3) the development of a "one-stop shopping" program for benefits and food stamps (the CALM program).

Similarly, in the current study, it is essential to acknowledge that welfare reform does not account for all of the research results. For example, there are significant and well-known unmet needs for the elderly in San Francisco that pre-date welfare reform. Many of these relate to the larger political, economic, and social environment shaped by federal, state, and local conditions and policies. In San Francisco, providers and advocacy organizations cited major areas of unmet need: housing inadequacies, lack of information and access to care, and long-term care services, including the integration of acute and long-term care. It may be that these issues, more than welfare reform, are of immediate concern to the elderly.

Closing on a more pessimistic note, Jacqueline Angel (2003) has extensively reviewed the issue of devolution and the social welfare of elderly immigrants using secondary data and a detailed analysis of the legislation relevant to data from the Hispanic Established Populations for Epidemiologic Study of the Elderly. She concludes that, "Much of the $23.8 billion in federal funds to be saved by PRWORA between 1997 and 2002 is borne on the backs of elderly, economically disadvantaged immigrants. Moreover, these elderly immigrants have little hope of meeting the current eligibility guidelines for entitlement programs such as Old Age Survivor's Insurance, SSI, and Medicaid (Fix & Tumlin, 1997), as they are more likely to work in non-covered Social Security employment" (Hao & Kawano, 2001) (p. 79). Angel underscores that the plight of foreign-born residents 65 and older is significant and deserves more consideration.

Study Limitations

There are four major study limitations. First, this is a case study in one metropolitan community characterized by great ethnic diversity, a relatively high percent of immigrants as well as a higher proportion of older persons than the national average. San Francisco also is relatively resource-rich in senior services. In addition, California is more "generous" than other states in a number of publicly financed provisions that it adopted in response to welfare reform; therefore, the difficulties experienced by immigrants and other elders in California are likely to be less than could be expected elsewhere. In other words, the difficulties experienced from welfare reform by the elderly and other immigrants in other states and localities could be expected to be more extreme. Although the generalizability of case studies is problematic, the findings may (1) provide information useful for other comparative studies of the effects of welfare reform on the elderly, and (2) signal important potential variations in effects (a) for different ethnic groups of elders, for example, Asian/Pacific Islanders and African-Americans, and (b) for providers who serve the elderly more broadly and for advocates who represent the elderly, immigrants, or welfare recipients.

Second, the study is not prospective, with interviews conducted pre- and post-welfare reform. This is a retrospective study, asking provider, advocacy, and consumer respondents to report on their experiences and activities, and to attribute relationships from various sources. Case-study data include both perceptual and objective information reported by respondents and respondent organizations concerning welfare reform and other organizational and client/consumer effects. There was no record review of individual client data. Third, the consumer perspective is limited and suggestive only, as it was provided through two focus groups that were limited in both number of elders and ethnicity. Fourth, the project is a cross-sectional look at one point in time; therefore, study findings are suggestive of a larger set of potential effects of welfare reform that may frame a research agenda on this topic.

CONCLUSION

This case study examines the effects of welfare reform on the elderly in one large metropolitan community with a large and diverse older population–San Francisco, California. The case study takes place in the historical context of the restructuring of welfare provision in 1996 and a climate of hostility toward illegal aliens and other immigrants as illustrated by statewide propositions that many deemed as injurious to immigrants (e.g., California Proposition 187) (Edsall & Edsall, 1992; Yoo, 1999).[3] Findings suggest that, in terms of effects on elderly persons, the changes in eligibility and benefits, known collectively as "welfare reform," are strongest and most direct for low-income minority and immigrant elders, and that this situation imposed added pressures on service organizations for the elderly, including minority-oriented service program providers and advocacy groups.

Welfare reform is an extension of the policies of devolution. As few programs at the federal level have been developed to address the needs of "post enactment" immigrants who, under welfare reform, are banned from federal assistance for their first five years in this country, there remain complex issues to be addressed. States and localities have discretionary means to fill in or moderate (or not) the full effects of the reform.

This case study suggests that, not only are there negative effects of devolution policies for the elderly under welfare reform, but that these are likely (1) to be compounded by issues of immigration and ethnic diversity, and (2) to heighten the dilemmas of elders and their families in such communities. Future assessments of the effects on the elderly of the congeries of policies and practices taken under the rubric of welfare reform need to examine (i.e., problematize) the effects of such policies in relation to the role and resources provided by the family structures, living arrangements, and support networks available to the elderly and their families, as well as the gender dynamics therein. Such approaches to future study are highly significant in view of the growing ethnic diversity of the sociodemographics of aging.

An intriguing finding of the case study is that welfare reform appears to have set in motion a series of "chain reactions" (Edsall & Edsall, 1992) stemming from such phenomena as the anti-immigrant rhetoric, preventing–through intimidation–an unknown number of eligible persons from collecting health and other benefits; and diverting social service agencies' energies toward correcting misinformation, counseling elders, and working on their citizenship issues, thereby overwhelming staff members.

Furthermore, the researchers found in the advocacy organization interviews that this confusion and fear among the elderly regarding benefits displaced staff time and energy that would otherwise have been spent on more progressive attempts to protect or expand benefits. Inasmuch as many immigrant elders are dependent on community services and programs, the "direct" effects of welfare reform identified in this study probably understate the negative impact of this policy climate on the ability of older people to gain rights in other areas such as housing and transportation that are perennial concerns, especially in large urban areas. Thus, it is important that future research conceptualize and investigate a range of potential ripple effects and chain reactions of such legislation for community-based service providers and delivery systems, as well as for the constituency advocacy groups that work on behalf of the elderly, their families, and immigrant groups.

NOTES

1. The phrase, "welfare reform," is problematic and may be interpreted as a term of propaganda–comprised as it is with the naming of the centerpiece bill, "The Personal Responsibility and Work Opportunity"–terms that may be characterized as politically charged in the meanings that may be attached to them. Francis (1999) describes the "semantic end" of welfare–noting that the word, "welfare," itself, is now eliminated in almost all of the states' policy nomenclature.

2. On March 22, 2004, *The New York Times* reported: "In a trend that has surprised many experts the federal welfare rolls have declined over the past three years, even as unemployment, poverty and the number of food stamp recipients have surged in a weak economy" (quoted in *The Press Democrat*, March 22, 2004, p. A5).

3. The passage of Proposition 187 by the majority of California voters banned undocumented immigrants from most social services including public education, all non-emergency medical care, and prenatal clinics (Yoo, 1999). Calavita observed, "Proposition 187 was not simply a policy statement designed to limit undocumented immigration or reduce state spending; instead, it was a political statement, primarily to send a symbolic message" (Calavita, 1996). For descriptions of a broader underlying historical rationale, see Edsall and Edsall, 1992.

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