



National Association of Social Workers

**Legislative Information Packet**

**Memorial Day Recess**

**May 25-June 1, 2002**

Dear Social Worker:

Thank you very much for scheduling an appointment with your Member of Congress to discuss Welfare Reauthorization or Mental Health Parity. Your grassroots advocacy on this issue will help NASW advance its legislative agenda.

Please note that if you have scheduled a meeting with your Senator discuss only Welfare Reauthorization, because the House has already voted on the issue; however, if you have scheduled a meeting with your Representative discuss only Mental Health Parity.

Enclosed in this packet of information you will find talking points on issues, fact sheets and other resources that you can give to your Member of Congress. In addition, I have also attached lobbying do's and don'ts, meeting tips and a follow-up form that you should complete after your meeting and return to NASW. The meeting follow-up form can also be completed online at NASW's Website at <http://www.naswdc.org/advocacy/welfare/toolkit/visit.pdf>.

**Local advocacy is the key to getting the attention of Members of Congress on issues.** Thank you for taking time out of your schedule to meet with your Members of Congress on behalf of your association, profession and the people we serve. If you have any questions or concerns regarding your meeting, please don't hesitate to contact me by telephone at (202) 336-8218 or by email at [lmayo@naswdc.org](mailto:lmayo@naswdc.org)

Sincerely,

*Lakitia Mayo*

Lakitia Mayo  
Field Organizer

---

*...the Power of Social Work...*

# TIPS TO A SUCCESSFUL MEETING WITH YOUR MEMBER OF CONGRESS

---

## SCHEDULING AN APPOINTMENT

- Look up the office information for your representative and senators.
- Call the legislator's scheduler or appointments secretary.
- Identify yourself as a social worker and NASW member from the district or state and request an appointment to meet for 15 to 20 minutes with your senator or representative about welfare reauthorization.
- If you are unable to set up a meeting with your representative or senator, request a meeting with a staff member who is familiar with the issue. Congressional staff are important; they track issues for members of Congress and advise them on the pros and cons of issues for their district.

## AT THE MEETING

- **Be on time.** Staff in most Capitol Hill and district offices are very busy and work on tight schedules. Remember that their time is very valuable.
- **Establish a rapport.** After introductions and handshakes talk about things or relationships you might have in common. For instance, maybe you have a mutual friend, or you both went to the same elementary school. **Thank your senator or representative for all that he or she does on Capitol Hill to represent your state or district.**
- **Select a spokesperson.** If several people will attend the meeting, select a spokesperson. If everyone there will have a role, select one person to move the meeting along in a timely manner.
- **State your purpose.** For example, you might say, "Congressman Lee, we are here to talk with you about welfare reauthorization. Our professional association, the National Association of Social Workers would like to have your support for its recommendations to improve the Personal Responsibility and Work Opportunity Reconciliation Act."
- **Make the issue real.** Personalize the results of PRWORA. For example have someone relate his or her personal experiences of helping a family receiving assistance under PRWORA.
- **Paint the little picture and the big picture.** After you discuss how PRWORA has affected you or someone that you serve, provide statistics on how the PRWORA has affected people in the district, state, or country.

- **Make a clear request.** Tell your member of Congress exactly what you would like him or her to do, and don't leave without learning the legislator's position on your issue. For example, you might say that you would like for your legislator to vote for legislation that would extend time limits for welfare recipients who are trying to overcome barriers to self-sufficiency.
- **Answer all questions truthfully.** If a legislator asks you a question, answer it to the best of your ability. If you do not know the answer, apologize and let your legislator know that you will find the answer and let him or her know.
- **Summarize your major points.** At the end of the meeting summarize your major points and your request.
- **Leave promptly.** Do not extend the meeting past your scheduled time. Your legislator is on a tight schedule. Staying past your scheduled time could distract the legislator from your conversation.

### **FOLLOW-UP**

- **Send a thank you letter to the member of Congress or his or her staff for meeting with you.** Use your thank you letter to reiterate your major points. Fill out the follow-up form and return it to NASW by e-mail so that NASW staff can do any follow-up that might be necessary

**\*If there are any questions that you cannot answer, please tell the member that you will inform the appropriate lobbyist at NASW so that you can give them the most accurate information. Included you will find a list of NASW Government Relations Staff and the issues they cover. You can give a copy to your Member of Congress or their staff.**

## LOBBYING

### “DO’S” AND “DON’TS”

#### DO

1. **Do** learn Members’ committee assignments and where their specialties lie.
2. **Do** present the need for what you’re asking the Member of Congress to do. Use data or cases you know.
3. **Do** relate situations in his/her home state or district.
4. **Do** ask the Representative’s or Senator’s position and why.
5. **Do**—in case of voting records—ask why he/she voted a particular way.
6. **Do** show openness to the knowledge of counterarguments and respond to them.
7. **Do** admit you don’t know. Offer to try to find out the answer and send information back to the office.
8. **Do** spend time with Members whose position is against yours. You can lessen the intensity of the opposition and perhaps change it.
9. **Do** spend time in developing relationships with Congressional staff.
10. **Do** thank them for stands the Member has taken which you support.

#### DON’T

1. **Don’t** overload a Congressional visit with too many issues.
2. **Don’t** confront, threaten, pressure or beg.
3. **Don’t** be argumentative. Speak with calmness and commitment so as not to put him/her on the defensive.
4. **Don’t** overstate the case. Members are very busy and you’re apt to lose their attention if you are too wordy.
5. **Don’t** expect Members of Congress to be specialists. Their schedules and workloads tend to make them generalists.
6. **Don’t** be put off by smokescreens or long-winded answers. Bring the Members back to the point. Maintain control of the meetings.
7. **Don’t** make promises you can’t deliver.
8. **Don’t** be afraid to take a stand on the issues.
9. **Don’t** shy away from meetings with legislators with known views opposite your own.
10. **Don’t** be offended if a legislator is unable to meet and requests that you meet with his/her staff.

## **NASW Government Relations & Political Action Staff**

### **Manager**

**Dave Dempsey**

(202) 336-8278

ddempsey@naswdc.org

### **Government Relations Associates**

**Ann Bradford**

(202) 336-8237

annbradford@naswdc.org

Issue Areas: Action Network for Social

Work Education and Research

(ANSWER), Appropriations (SSBG and

Education), Access to Healthcare for the

Uninsured, Child Welfare, Education, &

Faith Based Initiative

**Lawrence Moore**

(202) 336-8289

lmoore@naswdc.org

Issue Areas: Civil Rights,

Fair Pay Equity & Social

Security

**Francesca Fierro O'Reilly**

(202) 336-8336

fforeilly@naswdc.org

Issue Areas: Health & Mental Health

**Cynthia Woodside**

(202) 336-8324

cwoodside@naswdc.org

Issue Area: Welfare

### **National Field Organizer**

**Lakitia Mayo**

(202) 336-8218

lmayo@naswdc.org

### **Political Action Associate**

**Katherine Levy**

(202) 408-8600 ext. 418

klevy@naswdc.org

*...the Power of Social Work...*

# Legislative Information Packet

---

## TALKING POINTS

**(Not for distribution to Members of Congress)**

**Memorial Day Recess  
May 25-June 1, 2002**



## Talking Points

### **Mental Health Parity (S. 543, H.R. 162, H.R. 4066)**

- CSWs are one of the four core mental health provider groups-- the others being psychiatrists, psychologists, and clinical nurse specialists. CSWs comprise the largest group of mental health practitioners nationwide (roughly 192,000 vs. roughly 33,400 psychiatrists and 73,000 psychologists).
- Mental health parity is a VIP issue as social workers want to whenever possible to prevent the manifestation of mental illness, but in lieu of that, provide diagnosis and treatment for mental illness --i.e. rendering most effective and least restrictive treatment acceptable to the client.
- According to the National Institute of Mental Health (NIMH), 1 in 5 Americans suffer from a diagnosable, treatable mental disorder in a given year (44.3 million) but only 1/3 (14.6 million) receive treatment in any given year.
- Mental illness has a significant fiscal impact as 4 of the 10 leading causes of disability in the U.S. and other developed countries are mental disorders: major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder.

#### **Parity is Economically Prudent**

- When illness goes untreated, costs escalate. NIMH has calculated the annual cost of untreated mental illness to be over \$300 billion per year in the U.S. with productivity losses due to missed days of work and premature death accounting for almost 1/2 at \$150 billion, health care costs of \$70 billion, and societal costs (increased use of the criminal justice system and welfare benefits) of \$80 billion.

#### **Parity is Affordable**

- Research and actual experience has shown contrary to popular belief, mental health parity does not cause an exponential increase in either premiums or costs. The Congressional Budget Office has estimated that mental health parity, as outlined in S. 543 (Domenici-Wellstone), would increase insurance premiums by a mere 0.9% (less than 1%).
- In addition, the National Mental Health Advisory Council reported to Congress that total health insurance premiums costs would only rise by 1.4% if mental health parity was established. For example, North Carolina implemented mental health parity in 1992 in for its state employee health care plan. In FY1996, the percentage of mental health payments as a part of total health care plan expenditures dropped from 6.4% to 3.4% and simultaneously there was a 64% decrease in the number of hospital days paid by the plan due to mental illness.

### **Mental Illness Parity is Beneficial for Business**

- Delta Air Lines testified in 2001 before Congress "that in the last decade we have introduced and implemented generous mental health and substance abuse benefits for our employees and their families, not in response to legislative mandate, but because it improves our corporate 'bottom line'."
- "When the Kennecott Copper Corporation provided mental health counseling for employees, its hospital, medical, and surgical costs decreased 48.9 percent" (GWCMHPC, Inc., 2000).
- The 1999 Surgeon General's report on mental illness estimates the direct business costs of lack of parity coverage of mental illness treatment of at least \$70 billion per year, mostly in the form of lost productivity (absenteeism and "presenteeism") and increased use of sick leave. Other studies have show that employees with inadequate mental health coverage resort to increased use of general health care services.
- An MIT Sloan School of Management report showed in 1995 that clinical depression costs American businesses \$28.8 billion a year in lost productivity and worker absenteeism.
- Depressed workers have between 1.5 and 3.2 more short-term work disability days in a given thirty-day period than other workers do. The average salary equivalent disability costs of these days range between \$182 and \$395 per depressed worker (Health Affairs; Volume 18, Number 5; 1999).
- Of the 11 million individuals who suffer from depression in any given year, approximately 7.8 million are found in the workplace (American Journal of Psychiatry; 1996; 145:1351-1357). The annual cost per employee is \$4,200 (Journal of the American Medical Association; 1997; 277:333-340).
- When workers with depression were treated with prescription medicines medical costs declined by \$882 per employee per year and absenteeism dropped by 9 days (Health Economics).
- A 1998 study by the UNUM Life Insurance Company and Johns Hopkins University found that employer plans with good access to outpatient mental health services have lower psychiatric disability claims costs than plans with more restrictive arrangements (Salkever, 1998; also Frank, 1999).
- "A four-year study of program effectiveness at McDonnell Douglas yielded a four-to-one return on investment after considering medical claims, absenteeism and turnover" (Wall Street Journal; June 11, 1999).

## TALKING POINTS

### THE REAUTHORIZATION OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT

We were very disappointed by the approach taken in the Personal Responsibility, Work, and Family Promotion Act (H.R. 4737) passed by the House. The House bill fails to take into account what we've learned about the impact of the 1996 law and the realities of families living in poverty.

#### **Increase Support for Families with Barriers to Employment**

**Position:** The Senate bill must ensure that "Individual Responsibility Plans" are truly individualized to fit the needs and strengths of each family and that activities to address barriers count in determining participation. Any cookie cutter approach to providing assistance to families with significant or multiple barriers will unfairly punish participants and fail to move families toward self-sufficiency.

- Limiting participation in activities to eliminate or lessen barriers to employment to 3 months is a prime example of a provision that ignores current research and the realities of families struggling with mental illness, substance abuse, or domestic violence.
- Estimates of the percentage of the current caseload with barriers vary, but one study found it to be 44 percent -- and that study relied on participants' self-disclosure -- something many participants are unwilling or unable to do.
- A 3-month or even 6-month limit on treatment is particularly troubling for those requiring inpatient care for mental health or substance abuse problems. An evaluation of the CASAWORKS program, which treats welfare recipients for substance abuse, found that most participants remained in the program for 6 to 9 months before moving into full-time employment, and the most significant impacts were seen for those who participated for 12 months.

#### **Address the Needs of the TANF Workforce**

**Position:** The Senate bill must provide dedicated resources to assist states in creating a more qualified, stable, and professional workforce with the resources, skills, and expertise necessary to successfully carry out the program. At a minimum, frontline workers must be able to effectively communicate program rules and participants' rights, refer participants to other appropriate programs and services, screen participants for serious barriers to employment, and deliver services free from racial, ethnic or cultural discrimination.

- The House bill completely ignores the additional burden that will be placed on the TANF workforce by the increased work requirements and complications in tracking participation. It also fails to recognize that frontline workers were never sufficiently trained to handle the new duties imposed on them by the 1996 welfare law.
- Most caseworkers are former eligibility technicians with high school diplomas or two or four year college degrees unrelated to social service delivery. Very few are professional social workers. In fact, less than one percent of NASW's membership is employed in public welfare.
- Workers' skills are low, turnover rates are high, and services provided to participants are often inadequate. Up to 50 percent of recipients moving from welfare to work are not told they remain eligible for food stamps and Medicaid; in Florida, black recipients were three times more likely to be sanctioned than white recipients; and even though 31 states have adopted plans to screen participants for substance abuse, the number of referrals to treatment programs has not changed.

### **Maintain Realistic Work Participation Rates**

**Position:** The Senate bill must retain current law requiring 50 percent of the caseload to participate in activities for 30 hours per week; 20 hours for mothers with children under age 6.

- Contrary to the rhetoric used to support increasing work participation rates to 70 percent and hours of work per week to 40, many single mothers do not even work year-round. When they do work, the average single mother with school-aged children only works 33 hours per week, single mothers with younger children (between 1 and 5 years of age) average only 30 hours per week, and single mothers with infants average 20 hours.

### **Increase Support for Education and Training**

**Position:** The Senate bill must expand access to education and training by eliminating the current 12 month restriction on participation and the 30 percent cap on the number of participants.

- By limiting vocational training from 3 to 4 months out of 24, the House bills fails to acknowledge the research on the importance of education in securing employment with wages and benefits sufficient to sustain a family above the poverty line. As just one example, in California, welfare recipients who earned Vocational Associate degrees more than doubled their earnings just one year after completing school.

# Legislative Information Packet

---

## FACT SHEETS & EDUCATIONAL RESOURCES

( For distribution to Members of Congress)

**Memorial Day Recess  
May 25-June 1, 2002**



## REAUTHORIZATION OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT

### IMPROVING ASSISTANCE TO RECIPIENTS WITH MULTIPLE BARRIERS TO SELF-SUFFICIENCY

#### OVERVIEW

Although welfare caseloads have fallen by more than 50 percent since 1993, a significant number of families currently receiving cash assistance are still unable to obtain or maintain sustainable employment. At least one-third of the families receiving cash assistance through Temporary Assistance for Needy Families (TANF) have severe or multiple barriers to employment. As the number of barriers increases, the likelihood of recipients finding employment decreases.

The most common barriers for welfare recipients include low levels of education, minimal vocational skills, limited English proficiency, little access to work supports, responsibility for a disabled family member, physical or mental health problems, drug and alcohol addictions, and domestic violence. Currently there is no uniform screening process to identify barriers of recipients receiving cash assistance. One result is that families with barriers receive full or partial sanctions more frequently than families without barriers.

#### *DO YOU KNOW....*

- *Forty-four percent of current TANF recipients have two or more barriers; 17 percent have three or more barriers.*
- *The General Accounting Office found that more than 75 percent of 600 county welfare offices relied on recipients' self-disclosure of barriers instead of screening and assessment tools. The study also found that even if barriers were identified, recipients often did not receive services designed to address those barriers and help them secure employment.*
- *A study done by the Minnesota Department of Human Services found that sanctioned families are four times as likely as the caseload as a whole to have substance abuse problem, three times as likely to have a family health problem, twice as likely to have a mental health problem, and twice as likely to have been a recent victim of domestic violence.*

#### MENTAL HEALTH PROBLEMS

Mental health disorders in general are considerable barriers to work and are associated with high rates of unemployment. Nationally, between 70 percent and 90 percent of working-age adults with serious mental illness are unemployed. Compared with the general population, welfare recipients are more likely to suffer from mental illness. Major depression is the most common form of mental illness among welfare recipients. However, if treated many of the disorders that the recipients face will improve and allow the recipient to prepare to enter the workforce.

- *Between one-fourth and one-third of current welfare recipients have symptoms associated with a mental health disorder.*

*...the Power of Social Work...*

- *A study showed that the presence of one or more of the four psychiatric disorders increased the likelihood of receiving cash assistance by 32 percent.*
- *In a Michigan study that looked at barriers to employment for recipients, 2 percent of the sample screened positive for clinical depression, 15 percent for post-traumatic stress disorder and 7 percent for generalized anxiety disorder.*

### **DRUG AND ALCOHOL PROBLEMS**

A study done by the Urban Institute concluded that substance abuse is one of the primary personal or family barriers to employment among welfare recipients. Substance abusers also tend to have other barriers; the most common are mental health and domestic violence problems. However, studies have shown that treatment can improve chances for employment and is often less costly than keeping individuals on public assistance.

- *According to the U.S. Department of Health and Human Services, research studies have found that between 10 percent and 20 percent of welfare recipients have a substance abuse problem, with about 5 percent of recipients affected enough to substantially limit their day-to-day functioning.*
- *Seventy-five percent of women in substance abuse treatment also have reported sexual or physical abuse.*
- *A California study on the “pay off” of substance abuse treatment revealed that for every \$1 spent on treatment for welfare recipients, \$2.50 was saved.*

### **DOMESTIC VIOLENCE**

Many battered women seek public assistance to support their families after they flee their abusers. Women from all socioeconomic levels are victims of domestic violence, but poor women are more likely than women in general to experience domestic violence, and the odds are even higher for women who receive welfare. Although 31 states have some form of a Family Violence Option for victims of domestic violence, domestic violence advocates are concerned about the effects that time limits and other program requirements might have on a woman trying to stay out of an abusive relationship.

- *Studies show that between 15 percent and 30 percent of welfare recipients have been recent victims of domestic violence.*
- *Between 50 percent and 65 percent of recipients were victims of domestic violence at some point in their lives.*
- *Victims of domestic violence are more likely to have physical or mental health concerns, including broken bones, low self-esteem, anxiety, depression, or post-traumatic stress disorder that make it difficult to find and keep a job.*

### **NASW’S RECOMMENDATIONS**

- *Require development of individual self-sufficiency plans, intensive case management, and improved sanction procedures for families with multiple barriers to employment.*

- *Expand allowable work activities to include treatment and counseling for mental illness, substance abuse, and domestic violence.*
- *Extend time limits and exemptions for those who are actively participating in activities to overcome one or more barriers to self-sufficiency.*
- *Fund training programs for frontline staff on identifying the basic signs and symptoms of the more common mental health disorders, substance abuse problems, and signs of domestic violence.*

March 2002

## REAUTHORIZATION OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT

### IMPROVING PROGRAM PERFORMANCE: Building the Case for a Qualified, Stable, Professional Workforce

#### THE WORKFORCE

To implement the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), agency workers have been called upon to assume numerous new and challenging responsibilities.

Staff, who had been primarily gate-keepers determining eligibility, now are also coaches, mentors, enforcers, and trainers responsible for conducting client assessments, assisting in job search, identifying barriers to employment, tracking participants' progress, and making referrals to related programs and services.

- **More than 73 percent of workers surveyed in Illinois said that four or more major new activities had been added to their workloads since AFDC was transformed into TANF.**

Agency staff, the majority of whom have only high school diplomas or unrelated college degrees, have not been given access to the training needed to be successful in their new roles.

- **In Illinois, 78 percent of caseworkers wanted more training than they were receiving.**
- **Less than one percent of the National Association of Social Workers' membership is employed in public welfare.**

Providing new, high quality services not only requires greater effort, skills, and experience, but also much more time. Add to that the additional time required when assisting participants with multiple barriers, who represent an ever greater percentage of the caseload, and the result is that even as overall welfare caseloads have declined, the workloads of individual workers have actually increased.

- **More than 90 percent of all Illinois caseworkers have seen their workloads increase; 53 percent have seen their workloads increase by more than 40 percent.**

Such conditions—inadequate training, heavy workloads, and often lack of access to helpful technology, such as computers or even voicemail—often result in staff turnover rates reaching 50 percent a year.

#### **In Their Own Words . . .**

- *When I started [in 1969], we were told that it would take one full year to understand the ins and outs of the entire system. Today, these workers are expected to know the nuances of this job in a few weeks. The job is much more complicated than it was in 1969 and yet there is less training and we are expected to learn duties more quickly. (Illinois)*

*...the Power of Social Work...*

- *There is no way someone can manage 90 cases. And you are supposed to see each person at least once a month. . . . Just using common sense and breaking it down, how much time you would have with each person would be minutes. . . you lose quality case management in having. . . such a large caseload.* (Oregon)
- *I never have a day when I feel good about where I am with my caseload. . . . We were asked to work with other agencies, to contact other people, to do what you need to work on issues with the clients. . . [but] you know it's not realistic, it's never going to work with this many clients.* (Oregon)

## **THE PARTICIPANTS**

Despite the obstacles, many agency staff have been successful in helping families access needed services and make the transition to the workforce. However, in too many circumstances, the obstacles have been almost impossible to overcome.

Many families making the transition to work have failed to receive essential work supports.

- **An estimated one-third to one-half of all families leaving welfare for work do not receive the medical assistance, food stamps, or child care for which they are eligible.**

Many families are unaware of the full range of services available to them in their quest for employment.

- **More than 88 percent of recipients interviewed in Michigan (Lansing) said some caseworkers deliberately do not inform recipients about their eligibility for services or benefits.**

Many families have been unjustly and improperly sanctioned for noncompliance.

- **In two counties in rural Virginia, 54 percent of racial or ethnic minority cases, but only 39 percent of white cases, were closed because the recipient failed to comply with program rules.**

Many families with barriers to employment have gone unrecognized and untreated.

- **By 1999, 31 states had adopted plans to screen participants for substance abuse, but the number of referrals to treatment programs has not changed.**

### **In Their Own Words . . .**

- *Caseworkers don't look for signs of abuse and they don't ask the right questions, because they don't have to, and so they choose not to. And now there are these marriage initiatives that stigmatize single motherhood and praise marriage. They are just going to put more pressure on women to stay in violent homes.* (Montana)
- One white woman said, *The caseworker was helpful and lovely. . . . She registered me for disability—I had nothing with me [no documents]. She said, “Just mail me the papers when you get them.”* In contrast, an African American woman with a college background who went to the same office said, *It doesn't matter how far you've gone in school, how you speak or dress—they treat you like dirt—they don't treat you like people. . . . They don't do anything to help you.* (New York)
- *[There is a] lack of communication between the caseworkers and the people on assistance. Like, they don't know you, they don't know your children, they don't know your background in which you're*

*struggling through and how hard you're trying to get out. They just know you as another file.*  
(Michigan)

## **THE PROPOSAL**

To improve overall program performance and the well-being of children and families, the reauthorization of the 1996 welfare law must include provisions to help states create a more qualified, stable, professional workforce. Among the issues states must address are staff training, staff turnover, workloads, case management, and cultural diversity.

March 2002

## REAUTHORIZATION OF THE PERSONAL RESPONSIBILITY AND WORK OPPORTUNITY RECONCILIATION ACT

### REDUCING THE NUMBER OF FAMILIES LIVING IN POVERTY

#### OVERVIEW

Since the overhaul of the welfare program in 1996, welfare caseloads have fallen by more than 50 percent, and one-third of recipients receiving cash benefits are working. On the other hand, in 2000 forty percent of former welfare recipients lived below the federal poverty line. And the percentage of families living in deep poverty, defined as income below 50 percent of the poverty level, has increased—from 4.9 percent in 1989 to 5.1 percent in 1998.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193) made clear that “work first” was the primary goal of welfare reform. However, during the last five years it has become increasingly apparent that the “work first” model is not sufficient, especially in a program that sets life-time limits on the receipt of benefits. To minimize the number of families forced to return to the welfare caseload, the emphasis on work must be coupled with greater access to education and training and expanded opportunities to build financial assets.

#### *DO YOU KNOW...*

- *One-third of people who have left the welfare rolls say they have had to reduce the size of meals or skip meals because they did not have enough food in the house.*
- *Only one-third of all welfare leavers have incomes above 150 percent of the poverty level five years after going off of welfare. The current poverty level for a mother and two children is \$15,020 a year.*
- *Approximately one-fifth of all American households do not have checking or saving accounts.*

#### EDUCATION AND TRAINING PROGRAMS

Higher education and training for high wage jobs significantly improve the likelihood that families will move not only off welfare, but also out of poverty. Currently, PRWORA permits no more than 30 percent of the welfare caseload to count vocational education toward the first 20 hours of work activity. Vocational education can count as a work activity for a maximum of 12 months. Participation in General Education Development (GED) programs, basic education, and college education may be counted as work only for women who are engaged in some other work activity for 20 hours a week. Such restrictions have made it necessary for welfare recipients attending school to drop out; therefore, confining them to jobs with low wages and no benefits.

#### *Do You Know ...*

- **Two-thirds of welfare recipients scored in the bottom fourth of all women their age on tests of basic skills, and one-half of those recipients—one-third of all recipients—had basic skills lower than 90 percent of other women their age.**
- **According to a U.S. Department of Health and Human Services study, which followed TANF recipients over the course of one year, only 5.9 percent participated in job-training activities or education**

- A study that followed former welfare recipients for twelve years showed very little change in their hourly wage with an increase to \$6.72 from \$6.07.
- One study found that women with an associate's degree earned between 19 percent and 23 percent more than their peers, and women who obtained a bachelor's degree earned from 29 percent to 33 percent more.
- Another study found that nearly 100 percent of former welfare recipients who earned a bachelor's degree remained economically independent.

### **RECOMMENDATIONS ON EDUCATION AND TRAINING**

- Allow education and training to count toward state work participation rates. Remove restrictions on number of participants and duration. Permissible activities should include nontraditional job training, higher education, vocational education, adult basic education, and English as a second language.
- Require training for case managers and vocational counselors on the advantages of nontraditional training for women.
- Evaluate state welfare performance, in part, on the basis of training for placement of recipients in nontraditional jobs or other higher-paying jobs.

### **ASSET DEVELOPMENT**

Lack of financial assets contributes to people having to apply for welfare benefits. Individual Development Accounts (IDAs), which are matched savings accounts similar to Individual Retirement Accounts (IRAs), help low-income families accrue assets and save for important life goals such as education, home ownership, and self-employment. Some programs authorize emergency withdrawals for medical expenses, preventing evictions, and meeting expenses for those who lose their jobs.

The PRWORA allowed states to establish IDA programs using TANF funds, and excluded counting IDAs as assets for the purpose of qualifying for benefits. At least 25 states incorporated IDAs into their welfare plan.

#### ***DO YOU KNOW ...***

- The top 1 percent of Americans control as many assets as the bottom 80 percent.
- Two-thirds of African American households have zero or negative financial assets.
- The one-fifth of all American households who do not have savings or checking accounts must rely on predatory lending agencies whose service fees cost the average unbanked person \$15,000 over the course of a lifetime.
- The American Dream Demonstration study showed that the average monthly deposit was \$25.42; the average participant made deposits seven out of the 12 months; and with a match rate of 2 to 1 participants made an average of \$900 a year.

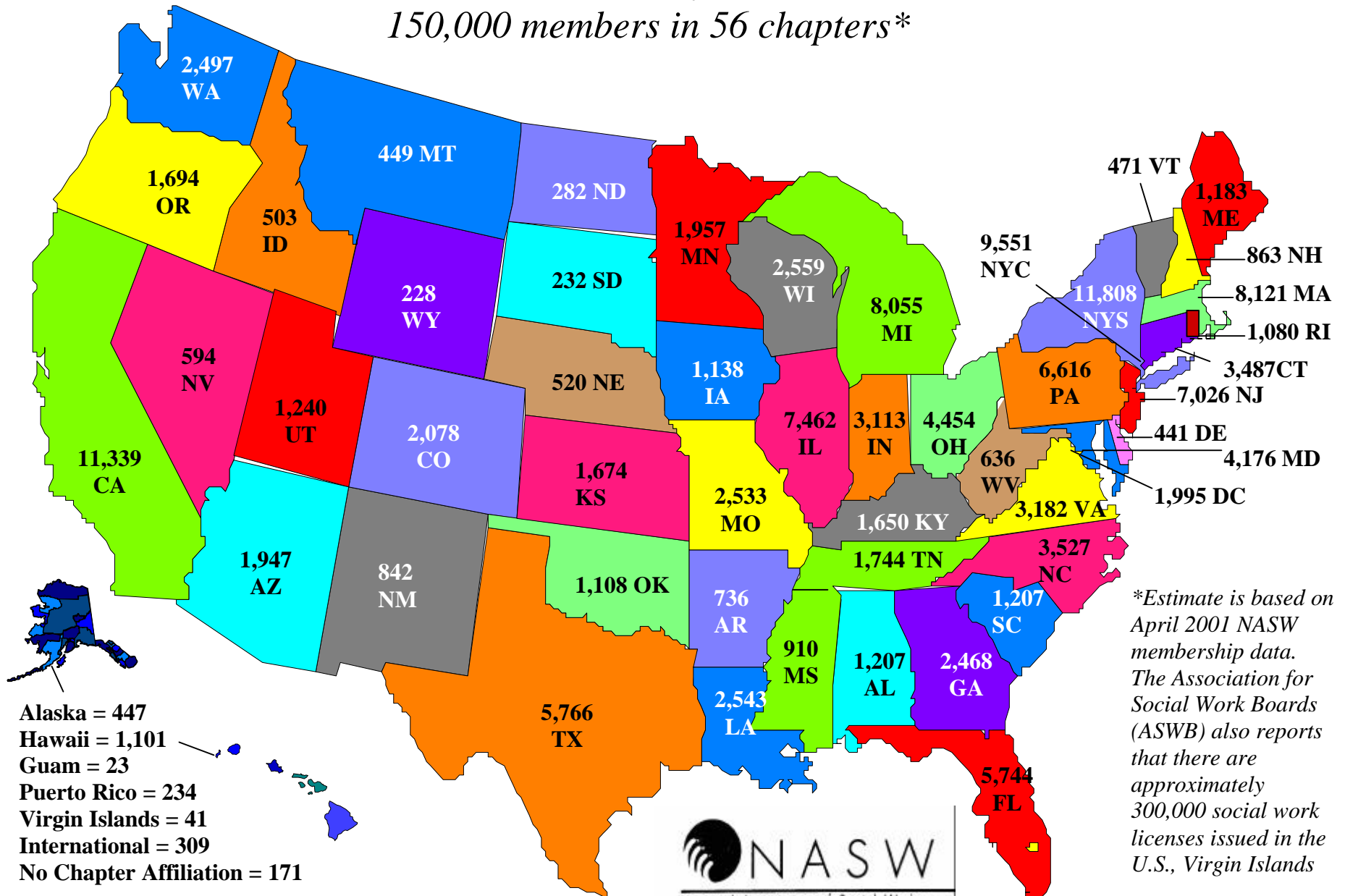
### **RECOMMENDATIONS FOR ASSET DEVELOPMENT**

- Create tax incentives for greater participation in asset development programs by private financial institutions, nonprofit organizations, and credit unions.
- Require more training in saving, banking, and investing for front-line workers and participants in IDA programs.
- Allow IDA participants, whose only wealth may be their IDAs, to bequeath balances in their IDAs to their spouses or children.

**March 2002**

# The Power of Social Work

*National Association of Social Workers*  
*150,000 members in 56 chapters\**



*\*Estimate is based on April 2001 NASW membership data. The Association for Social Work Boards (ASWB) also reports that there are approximately 300,000 social work licenses issued in the U.S., Virgin Islands*



***National Association of Social Workers  
Legislative Office Visit  
Follow-Up Report Form***

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other Participants \_\_\_\_\_

NASW Chapter: \_\_\_\_\_

Name of Member of Congress \_\_\_\_\_

Name of person(s) met with (legislator or staff): \_\_\_\_\_

Principal staff member on the issue: \_\_\_\_\_

1. Who did you see?                      Member of Congress                      Staff

2. Was the congressional member/staff aware of NASW?                      Yes                      No

3. What issues did you discuss? \_\_\_\_\_

4. What is the position of the member of Congress on this issue?

Issue 1 \_\_\_\_\_                      Issue 2 \_\_\_\_\_

\_\_\_\_\_ *Supports NASW's position*                      \_\_\_\_\_ *Supports NASW's position*

\_\_\_\_\_ *Leaning toward NASW's position*                      \_\_\_\_\_ *Leans toward NASW's position*

\_\_\_\_\_ *Position unknown/undecided*                      \_\_\_\_\_ *Position unknown/undecided*

\_\_\_\_\_ *Leaning against NASW's position*                      \_\_\_\_\_ *Leaning against NASW's position*

\_\_\_\_\_ *Against NASW's position*                      \_\_\_\_\_ *Against NASW's position*

5. What are your legislator's main concerns on this issue? \_\_\_\_\_

6. What does your legislator hear from constituents on this issue? \_\_\_\_\_

7. Follow-up needed from NASW staff:

\_\_\_\_\_ *Call from lobbyist*                      \_\_\_\_\_ *Additional materials*

\_\_\_\_\_ *Generate phone calls/letters from NASW members*                      \_\_\_\_\_ *Other*

8. Was this a positive experience for you?    Yes                      No

9. Other comments:

**If you have additional information you would like to provide NASW  
regarding your visit with your legislator, please send it to  
Lakitia Mayo, National Field Organizer  
National Association of Social Workers  
750 First Street N.E. Suite 700, Washington DC 20002  
Office (202) 336-8218 Fax (202) 336-8311 E-Mail lmayo@naswdc.org**