

1-30-2024

Public Benefits Access and Use Among Low-Income Individuals in Dover, Delaware

Kofoworola Lawal
Walden University

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Walden University

College of Social and Behavioral Health

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Kofoworola Lawal

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the review committee have been made.

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Walden University
2024

Abstract

Public Benefits Access and Use Among Low-Income Individuals in Dover, Delaware

by

Kofoworola Lawal

MSW, Delaware State University, 2015

BS, Ondo State University, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Social Work

Walden University

February 2024

Abstract

A social problem exists among individuals who qualify for government cash or in-kind assistance but may not be accessing these beneficial services. There is a lack of research on perceptions, behaviors, and attitudes of low-income individuals, especially in certain populations traditionally at risk for discrimination and poverty, towards accessing and using such benefits in Dover, Delaware. The purpose of this qualitative study was to gain a better understanding of their perspectives regarding access to and use of public benefits. The general research question concerned low-income individuals' experiences regarding public benefits access and use. The theoretical framework was Bronfenbrenner's ecological systems theory, often used to explore environmental and social contexts. This generic qualitative inquiry was conducted with semistructured, in-depth interviews of low-income individuals eligible for public benefits in Dover. Microsystem interactions, such as familial bonds, were found to influence an individual's level of social support (exosystem) as well as their attitudes and role responsibilities toward public benefits. Eleven themes arose, representing four categories: (a) nonaccess due to low self-image and esteem; (b) computer illiteracy and internet poverty; (c) poor customer service, uncaring attitude, and unempathetic staff; and (d) limitations of remote conversations. The findings revealed that despite efforts and structural changes such as technology use to increase access, barriers to procuring and using public benefits still exist. The significance and breadth of the problem can be investigated statistically to provide data-driven evidence that can aid in informing social change initiatives to help in resolving low-income individuals' access to and use of public benefits.

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Dedication

I dedicate this study to the almighty God for his abundant grace and mercy in achieving these milestones and strength for many more life achievements. I also dedicate this study to my husband, Toyin Moshood Balogun, and my lovely girls, Morountodun and Olamide, for their encouragement and strength to complete this study. Also, to my mother of inestimable value, Princess Bolanle Robinson, and dad, Dr. Robinson, for their prayers and support. I am also thankful to my loving sister, Princess Bosede Olabanji, for her encouragement. And lastly, many thanks to my in-laws, Alhaja Balogun, Uncle Larry Balogun, Uncle Demola Balogun, and other friends and family who touched my life in many colorful ways. I could never be able to pay you all for the impact you have made towards completing this study; my love for all of you cannot be quantified. May God continue to perfect all that concerns you.

Acknowledgments

Many thanks to Dr. Debra Wilson for working alongside me throughout this journey, providing constructive criticism and challenging me to develop my ideas in a scholarly way. Dr. Wilson checked on me when I was going through a complicated pregnancy and delivery of my child and constantly inquired about my well-being during the COVID-19 pandemic. She is compassionate, and she exemplifies what a social worker is.

I want to thank my second committee member, Dr. Paula Moore, for the prompt feedback and patient encouragement that aided the writing of this study in innumerable ways. I am grateful to all who supported me in one way or another: my official editor, Jill, and unofficial editors and mentors, Dr. & Mrs. Ette, at Delaware State University, where I completed my master's degree. God will continue to guide, bless, and protect their respective families and grant them peace. Finally, I want to thank Walden University for providing me with the tools to develop my ideas and contribute to my community's greater good and social change.

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Chapter 1: Introduction to the Study

Access to and use of public benefits are associated with economic factors, such as income and poverty. In this study, I explored low-income individuals' access to and use of public benefits in Dover, Delaware from their perspectives; some individuals are reluctant to seek such access and use. For example, divergent racial and cultural backgrounds can bring challenges, including discrimination, obstacles in communication, and varying cultural norms, all of which can hinder individuals from availing themselves of public benefits and support (Barnes, 2020). In this chapter, I discuss the identified problem and the study I conducted to address it. The sections of this chapter are as follows: (a) Background, (b) Problem Statement, (c) Purpose of the Study, (d) Research Questions (RQs), (e) Theoretical Framework, (f) Nature of the Study, (g) Definitions, (h) Assumptions, (i) Scope and Delimitations, (j) Limitations, and (k) Significance. I end the chapter with a summary.

Background

Poverty is a significant economic problem in the United States (Fong et al., 2016; Shaefer et al., 2018). Ideally, all individuals are entitled to equal access to the benefits that the public sector offers to offset poverty (Hardy, Hill, & Romich, 2019; Shaefer et al., 2018). However, barriers to accessing public assistance and benefits exist (Allard et al., 2015; Hoffman et al., 2016), and low-income families have lower access to and use of public benefits than their higher-income counterparts (Shaefer et al., 2018). Lack of proper education and employment can impede access to public benefits, especially for low-income individuals and families (Allard et al., 2015; Fong et al., 2016; Lindsay et al.,

2016). People with low income from some racial/ethnic populations are at risk of experiencing the greatest negative impacts of poverty, especially with respect to accessing and using public benefits (Rothwell & McEwen, 2017).

Furthermore, public assistance is not an effective enabler of economic stabilization for low-income families, partly because the benefits are often tied to employment and earnings (Hardy, Hill, & Romich, 2019). Government policy reforms have also increased the instability of low-income earners. For example, the shift in the United States's public assistance away from cash aid and toward noncash benefits has lowered the safety net cash buffers for low-income families (Hardy, Hill, & Romich, 2019; Hardy, Samudra, & Davis, 2019). Moreover, in terms of health care and other benefits, scholars have emphasized the gap and inequality in access to public health care based on socioeconomic status as a problem among different groups in society (Fong et al., 2016; Lindsay et al., 2016). Additionally, low-income immigrants have expressed that barriers to health care access are more prominent for them than their nonimmigrant counterparts (Lindsay et al., 2016). The main reasons that eligible individuals did not use food assistance are their unknown eligibility status or long waiting lines in food distribution areas (Fong et al., 2016).

The United States is often considered a land of equal opportunity for all, but researchers have shown that poverty is almost inescapable for some individuals or groups because many children who grew up in poverty still experience it in their adult years (Hardy, Hill, & Romich, 2019). Alongside many other states in the United States, Delaware has adopted poverty eradication goals for low-income individuals whose

incomes fall below the poverty line; however, access to and use of these benefits are still of concern. Few low-income families and vulnerable people use the benefits to their advantage (Allard et al., 2015; Fong et al., 2016; Hardy, Samudra, & Davis, 2019). Bishaw and Benson (2018) cited data from the U.S. Census Bureau showing that Delaware is one of two states where the poverty rate had increased since the Great Recession. Delaware's poverty rates rose to 13.6% in 2018, compared to the national average of 12.3%. Moreover, the number of Delaware children living in poverty was at an all-time high at 16.6% in 2018. In this study, I explored access to and use of public benefits for low-income earners in Dover, Delaware.

Problem Statement

A social problem exists in that individuals who qualify for government cash or in-kind assistance may not be accessing the beneficial services available to them, either because they do not know they are eligible for benefits or perceive the application process as an obstacle to receiving aid (Allard et al., 2015; Hoffman et al., 2016). Hoffman et al. (2016) found that the barriers preventing individuals from seeking help include hopelessness, stigma and embarrassment, preference for self-reliance, and lack of trust for the potential source of support. Contrary to popular arguments raised in the literature, Shaefer et al. (2018) posited that state programs are the problem because they are unable to attain their objectives despite increased funding from the federal government. Naciri (2019) concluded that poverty is not an economic problem; instead, it is a political issue. This author suggested that all nations worldwide need to find common ground to resolve the poverty issue.

Although researchers have identified several challenges with accessing and using public benefits in the United States, few have explored the experiences and challenges specific to low-income individuals in Dover, Delaware (Lindsay et al., 2016). Therefore, the specific research problem underlying this study was that low-income individuals in Delaware may not be using all available public benefits that could alleviate some of the challenges associated with poverty, and the barriers that deter them from using the benefits are not well understood. This information is vital due to variations in the sociocultural and contextual circumstances of low-income earners as described by Bronfenbrenner (1979) in the ecological systems theory. Understanding how low-income individuals interact with the Dover office of the Delaware Department of Social Services may facilitate the provision of supplemental benefits, which could improve the lives of Delaware citizens (see Lindsay et al., 2016). The findings could also reveal potential policy or operational changes that might improve usability.

Purpose of the Study

The purpose of this qualitative study was to gain a better understanding of the perspectives of low-income individuals in Dover, Delaware about accessing and using public benefits. This project is unique because I addressed a topic that has been minimally researched: challenges with accessing and using public benefits in the United States (Lindsay et al., 2016). My focus point was low-income individuals' interactions with the Dover office of the Delaware Department of Social Services. This specific focus has not been studied, according to my review of the literature.

Research Questions

The main RQ (RQ1) for this study was as follows: What are low-income individuals' experiences regarding public benefit access and use in Dover, Delaware?

The sub-RQs were the following:

RQ1_a: What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?

RQ1_b: How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services?

RQ1_c: What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?

RQ1_d: What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits?

Theoretical Framework

The theoretical framework for this study was Bronfenbrenner's (1979) ecological systems theory. Neal and Neal (2013) noted that ecological systems theory is one of the most popular frameworks for exploring environmental and social contexts. The ecological systems theory includes a series of five nested systems and consists of distinct developmental processes and interactions (Cross, 2017). The five layers include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Neal & Neal, 2013). According to this theory, several situational, personal, and sociocultural factors interrelate to shape individual experiences and behaviors (Neal & Neal, 2013). An example of the macrosystem relevant to this study is stigma, which is a sociocultural

factor. Neighborhood characteristics—for instance, public services changes across a developmental pathway or a life course—is an example of the chronosystem.

External and internal factors have a bidirectional influence to explain how alterations in one system lead to alterations in another (Cross, 2017). For example, negative familial interactions (microsystem) may alter a low-income individual's level of social support (exosystem), which then alters the individual's perceptions or role obligations (microsystem) to apply for public benefits. The ecological systems theory was an appropriate framework for this study because it helped to explain how interactions with the Dover office of the Delaware Department of Social Services may influence the public benefit access behaviors among low-income individuals. For example, scholars have shown that sociocultural and communication differences are barriers to receiving care (Lindsay et al., 2016). Therefore, exploring the macrosystem and exosystem was essential in addressing the purpose of this study. The ecological systems theory informed this exploration of how the bidirectional relationship between environmental and personal factors influences low-income individuals' experiences with accessing and using public benefits.

Nature of the Study

I used the methodological approach of generic qualitative inquiry to fulfill the purpose of this study. An aim of the basic qualitative research design is to describe participants' experiences and the significance of the observed experience from the participants' perspective (Merriam & Tisdell, 2015). According to Percy et al. (2015), “qualitative inquiry investigates people's reports of their subjective opinions, attitudes,

beliefs, or reflections on their experiences, of things in the outer world” (p. 78). In conducting this study, I sought to understand the perspectives of a particular group (low-income individuals) on external events (accessing and using public benefits); thus, the preferred approach was generic qualitative inquiry. The basic qualitative research design is appropriate for studies of a phenomenon because its use enables researchers to obtain firsthand information from individuals who have authentic experiences related to the topic of interest (Merriam & Tisdell, 2015; Silverman, 2016). A basic qualitative research design involves comprehensive documentation of the behaviors and experiences of a group of people to explore the phenomenon, thus, allowing an in-depth investigation of the participants’ experiences (Merriam & Tisdell, 2015; Silverman, 2016). I examined Dover, Delaware low-income individuals’ perspectives by conducting semistructured, in-depth interviews with eight adults who were eligible for public benefits.

Definitions

Low-income earner: In the context of this study, an individual with a monthly wage less than 0.5 times the median wage (Sanchez-Romero & Prskawetz, 2020). This figure means that these workers receive less than what most employed workers earn monthly. These below median wage earners usually avail themselves of public services, especially those provided free of charge (i.e., public benefits).

Public benefits: Products and services that are ideally available and offered to all citizens and constituents of a nation or a state, in the interest of meeting the needs of individuals (Jiang et al., 2020).

Social services: Public sector (national and local) services that provide welfare benefits to all citizens or constituents (Park et al., 2018).

Assumptions

Assumptions refer to self-evident truths that apply to a study. For a researcher to investigate the connection between two variables, they must hold the belief that such a connection exists and is attainable, which is referred to as a research assumption (Latief, 2009). I made several assumptions to accomplish the purpose of this study and address the RQs. The first assumption for the study was that the participants would answer the questions in an accurate, truthful, and complete manner. I could not be perfectly certain about participants' intentions and motivations as they provided answers to the interview questions; hence, this assumption was necessary. I reminded the participants to provide answers based on their best recollection of their experiences. Another assumption for this study was that participants would have different experiences and perspectives. Therefore, I assumed that the responses of the participants would vary. I could not control what answers the participants provided. Moreover, I assumed that the data would allow for the emergence of relevant themes that would address the study's RQs. Through relevant and valid questioning and data saturation, I anticipated that relevant themes would emerge from the collected data.

Scope and Delimitations

Delimitations are constraining aspects of the study that the researcher can control. The first delimitation was the specific phenomenon of interest, which was access to and use of public benefits for low-income individuals from Dover, Delaware. The

phenomenon was based on the research problem, which was that low-income individuals in Delaware may not be using all available public benefits to alleviate some of the challenges associated with poverty. Moreover, the barriers that deter them from using the benefits are not well understood. No other phenomenon was explored in this study.

Another delimitation of the study was that the participants were restricted to low-income adults from Dover, Delaware who are eligible for public benefits. These participants had characteristics that aligned with the problem and purpose of the study. No other group of individuals was considered as participants for this study. I collected data through interviews only. The interviews were sufficient to collect in-depth and relevant data for the study.

Limitations

Because of the qualitative nature of this study, the findings cannot be generalized to the overall population of low-income families in Dover, Delaware. However, I provide thick and rich descriptions of the data to address the potential transferability of the study's findings. A potential challenge that I anticipated while conducting this research was gaining access to adult participants from low-income families. To address this challenge, I obtained permission from the gatekeepers of community gatherings to solicit the participation of attendees. Another limitation of the study was my use of only one data collection strategy, participant interviews. Nevertheless, I ensured that the questions I asked during the interviews were exhaustive, and I asked follow-up questions to clarify or expand participants' answers. In this manner, rich and thick data were collected to address the different RQs.

Significance

The results from this study bridge a gap in the literature by providing information on perceptions, behaviors, and attitudes of low-income individuals towards accessing and using public benefits in Dover, Delaware. The findings contribute to the understanding of why Delawareans have been experiencing an increase in poverty, even before the COVID-19 pandemic (see Bishaw & Benson, 2018). With the COVID-19 pandemic, poverty rates in the state have further increased because of global economic challenges (Center for American Progress, 2022). The potential social change implication of this study is that the results might be useful to policy makers and other stakeholders when developing strategies for improving institutional outreach and access to poverty-reducing services in marginalized communities. The results from the study may also provide new information on individual perspectives and experiences, including the role of socioeconomic status when it comes to accessing and using benefits in Dover, Delaware. Furthermore, the findings may contribute to positive social change by identifying opportunities for further development of social services programs within Delaware and improving the overall quality of life for Delawareans.

Summary

Equal access to public assistance is a primary goal of social services agencies; however, economic and political factors serve as barriers to the achievement of equal access to public assistance (Shaefer et al., 2018). The specific research problem was that low-income individuals in Delaware were not using all available public benefits that might help alleviate some of the challenges associated with poverty. In addition, the

barriers that deterred them from using these benefits were not well understood. I addressed this problem by conducting the current study. In the next chapter, I discuss existing literature relevant to the study topic and problem.

Chapter 2: Literature Review

Introduction

This chapter contains a discussion of relevant literature related to the present study's topic of public benefits access and use by those in need. Poverty continues to be a problem in the United States and, more specifically, in Delaware (Bishaw & Benson, 2018). Delaware is one of two states that experienced an increase in poverty rates from 11.7% in 2016 to 13.6% in 2017 (Bishaw & Benson, 2018). Delaware is also the only state in 2018 to have had a significant increase in the number of individuals whose income was 125% below the poverty threshold (Bishaw & Benson, 2018). Although public benefits and assistance are available to help address individual needs, those who are eligible may not be maximizing their utility (Allard et al., 2015; Hoffman et al., 2016; Wikle, 2018). Individuals eligible for several public benefits may only use one benefit or none at all (Wikle, 2018). The problem that I addressed in the present study was that low-income individuals in Delaware were not using all available public benefits to potentially alleviate some of the challenges associated with poverty and that the barriers that deterred them from using the benefits were not well understood.

To address the problem, I sought to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. The findings of the present study may potentially provide practical ideas on how to improve the lives of Delaware citizens (see Lindsay et al., 2016). The findings may also advance or extend scientific knowledge of the ecological systems theory (Bronfenbrenner, 1979) and its relation to public benefits access and use.

I begin this chapter by discussing the theoretical framework, ecological systems theory by Bronfenbrenner (1979), to help guide the rest of the review and the study. I discuss relevant topics in the major sections of the literature review. Topics include (a) individual factors, (b) interpersonal factors, (c) environmental factors, and (d) government policies and programs. I end the chapter with a brief summary of the review and the gap established in the literature.

Literature Search Strategy

I used several resources to obtain the most recent and relevant sources for this literature review. Databases and search engines used for this literature review included JSTOR, ERIC, Wiley Online Library, Elsevier, ResearchGate, and Google Scholar. The search terms used included *public benefits*, *public assistance*, *access*, *use*, *poverty*, *Delaware*, *low-income*, *barriers*, *Department of Social Service*, and *ecological systems theory*. These search terms were used individually and in combination using the Boolean operators “and” and “or.” A total of 76 sources were found and included in this review, of which 71 (93.4%) are recently published articles from 2017 to 2020 and five (6.6%) are important seminal sources.

Theoretical Framework

The ecological systems theory by Bronfenbrenner (1979) served as the theoretical framework for the literature review and the study overall. Bronfenbrenner described how several systems surrounding an individual interact with the individual and with one another, thereby influencing the development and behaviors of the individual. Interactions within the ecological systems are bidirectional, which means that the

environment influences the individual and the individual influences the environment (Alvi et al., 2018). As such, the ecological systems theory may be used to explore how various factors surrounding the individual influences the individual's behavior, as well as how individual factors may influence the systems around them.

The surrounding systems in the ecological systems theory comprise levels that are akin to Russian nesting dolls that stack up inside the other. These levels include the microsystems, mesosystems, exosystems, and macrosystems (Bronfenbrenner, 1979). The chronosystem is a later addition that extends the ecological systems through time (Crawford, 2020; Governale & Garbarino, 2020; Hertler et al., 2018). These systems represent the layers around the individual that can influence their development and behaviors.

The microsystem represents the smallest and closest system to the individual (Bronfenbrenner, 1979; Cross, 2017). Immediate relationships including the individual's home, family, and friends fall under the microsystem (Cross, 2017). Close interpersonal factors may fall under microsystems that influence access to and use of public benefits, such as how the presence of children may be related to the number of public benefits used in the household (Allard et al., 2015). The mesosystem involves interactions between the microsystems that influence the individual (Bronfenbrenner, 1979). The mesosystem may include the surrounding community, neighborhood, church, and school, among others (Cross, 2017). Local environmental factors, such as the location of the public benefit or assistance, fall under the mesosystems that may influence individual use (Fong et al., 2016). These two systems represent the closest ecological systems to the individual.

The exosystem follows the mesosystem. The exosystem comprises larger societal systems that may indirectly influence the individual (Bronfenbrenner, 1979). This includes parents' or guardians' employment, welfare systems, and other types of social support (Cross, 2017; Governale & Garbarino, 2020; Hertler et al., 2018). The various benefit programs fall under the exosystem. The macrosystem is the largest layer of the ecological systems theory (Bronfenbrenner, 1979). Within the macrosystem, large-scale social, cultural, and political factors influence the individual (Governale & Garbarino, 2020). This system includes norms, values, and laws on a local, state, and national scale surrounding the individual (Cross, 2017; Governale & Garbarino, 2020). Cultural factors and political reforms that influence individual behaviors regarding public benefits fall under the macrosystem.

The chronosystem was a later addition to the ecological systems model (Crawford, 2020; Governale & Garbarino, 2020). The chronosystem represents the individual's cohort or placement within a specific period that may influence the individual's development and behaviors. The chronosystem's central tenet is that system interactions in the past may be different from system interactions in the present or in other periods (Governale & Garbarino, 2020). Hertler et al. (2018) noted that the chronosystem could be further broken down to developmental chronosystems that occur during an individual's life, and evolutionary chronosystems that occur over time. Major events such as the Great Recession fall under the chronosystem that influences individual behaviors during that period (Allard et al., 2015). These systems—from the microsystem

to the chronosystem—represent the possible factors that may either prevent or encourage individuals to access and use public benefits.

The history and development of the ecological systems theory stem from the actual experiences of Urie Bronfenbrenner (1979), the major proponent of the theory. Bronfenbrenner grew up as a trilingual immigrant child in the United States and saw how his experiences under these demographic characteristics influenced his development, perspectives, and behaviors (Governale & Garbarino, 2020). Bronfenbrenner also drew from his observations of his father's work with children with disabilities to develop his theory. Bronfenbrenner's father would often discuss with him the interactions within and between systems, particularly for individuals with developmental disabilities, whose delays may be attributed to poor environmental conditions surrounding them. These ideas, thus, served as early foundations of Bronfenbrenner's work on the ecological systems theory (Hertler et al., 2018).

The ecological systems theory was first conceptualized in Bronfenbrenner's book *Two Worlds of Childhood: USA and USSR*, which was published in 1970. The theory soon became popular in the 1980s as human development researchers used and extended it. The original theory thereafter evolved and was expanded to include lifespan development, reciprocity, and biology (Governale & Garbarino, 2020; Hertler et al., 2018). The broad relevance of the ecological systems theory makes it ideal for human behavior studies in various fields, including social work (Crawford, 2020). At the time of this writing, the ecological systems theory had not been used in studies of public benefits and assistance. I deemed it appropriate for the present study because I found it helpful in

explaining the various levels of factors that influence individuals' behaviors regarding accessing and using public benefits.

Literature Review Related to Key Variables and/or Concepts

This section comprises the body of the literature review. Following the framework of the ecological systems theory (Bronfenbrenner, 1979), I have divided the knowledge and evidence surrounding public benefits access and use into themes that reflect the levels of ecological systems. These themes include individual factors, interpersonal factors, environmental factors, and government policies and programs. I used each theme to show how the different levels, from the individuals themselves to the larger environment, may influence the individuals' access and usage of public benefits.

Individual Factors

Aside from the obvious factor of poverty and low income, I have explored other individual or personal factors in the literature regarding public benefits use. Knowledge and awareness of public benefits and assistance represent another obvious factor (Sanchez et al., 2020). Individuals cannot use resources that they did not know about in the first place (Sanchez et al., 2020). Sanchez et al. (2020) noted in their study on the perceptions of mental health professionals regarding access and usage of community resources, 23% of their 52 participants had shared how their patients were completely unaware of community resources for individuals with mental health needs. McCullough and Dalstrom (2018) studied Medicaid managed care. They reported that several participants indicated that they did not know what this insurance covered, and thus were

afraid to use it, causing a delay in medical care. The lack of information regarding public benefits may, therefore, be a significant factor in client use.

In another study, immigrants from various communities indicated a lack of knowledge and awareness regarding a food assistance program (Louie et al., 2020). Even having the awareness that such programs existed, the eligibility criteria for these programs were not clear or disseminated sufficiently. For instance, individuals who already received benefits from other sources, such as the Supplemental Security Income, were unsure whether they could still qualify for the Supplemental Nutrition Assistance Program (SNAP) or other public benefits programs (Louie et al., 2020). Information about public benefits programs should be clear and properly disseminated to promote further use.

Immigrants

A particularly salient topic when examining individual factors to public benefits access and usage is immigrant status. Despite paying taxes, unauthorized immigrants do not qualify for public insurance such as Medicaid (Ayon et al., 2020; Samra et al., 2019). Samra et al. (2019) explored the right to health barriers of patients within public emergency departments. They surveyed 245 patients waiting to be seen or for reevaluation in the emergency department in a safety-net hospital in Los Angeles. Their sample included 36% of undocumented immigrants who could not avail of Medicaid or other health insurance. Immigrants may also not qualify for government benefits or assistance programs such as SNAP; however, the U.S.-born children of immigrants may be eligible given that their household meets the eligibility criteria (Pelto et al., 2019).

Unfortunately, the increased scrutiny on immigrant families over the past years has led to decreased SNAP use even for eligible U.S.-born children of immigrants. Pelto et al. (2019) studied 100 adults from a Latinx American community in New York and found that almost half of the households who may qualify for SNAP did not enroll their children. They further noted that 32.7% of the households whose income fell under 83% of the poverty threshold also did not enroll eligible persons in both SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The participants in this study cited fear of repercussions, such as payback obligations or child removal, as well as logistical challenges as reasons for not enrolling. It appears that even when in need and even if eligible, immigrant families may still choose not to avail of public benefits and assistance.

Immigrants seeking U.S. citizenship or legal permanent residency status are often afraid to use both government and nonprofit assistance and benefits out of fear that it may affect their application (Louie et al., 2020). Immigrants may be at risk for being considered *public charges* if they are deemed to be highly reliant on cash assistance from the government as a source of income, which may then disqualify them from being legal permanent residents in the United States (Bojorquez & Fry-Bowers, 2019; Weber, 2020). Changes to the public charge rule on August 14, 2019, meant that any individual availing of any public cash or some in-kind assistance for 12 months within any 36-month period would be considered a public charge (Weber, 2020).

The use of any of the benefit programs by immigrants for themselves, or even for their U.S.-born children, is perceived as possible grounds for disqualification (Bojorquez

& Fry-Bowers, 2019). Bernstein et al. (2020), in a national survey of 1,747 individuals born outside of the United States, noted that 66.6% knew about the public charge rule and 65.5% expressed confidence in their understanding of the rule. However, only 22.7% were aware that the public charge rule did not apply to citizen applications, and only 19.1% were aware that their children's enrollment in Medicaid was not included in the parents' public charge determinations. These findings again highlight the need for clearer and better dissemination of information regarding public benefits and assistance, especially regarding immigrants' eligibility and how it could affect their application for citizenship or legal permanent residency.

Fear of deportation has been noted as a significant factor for immigrants not using public benefits (Bernstein et al., 2020; Wright et al., 2020). While deportation based on public charge status is uncommon, it is legally allowed for those who have been considered public charges within 5 years of admission and the cause of the individual's condition predates their entry into the United States (Weber, 2020). Bernstein et al. (2020) noted that 15.6% of immigrant families avoided noncash benefits, including Medicaid, SNAP, housing assistance, or the Children's Health Insurance Program, for fear of losing their chances of a green card status. In a qualitative study exploring perceived barriers to food pantry usage for Latinx individuals in Nevada, Wright et al. (2020) interviewed eight lead volunteers from 25 Feeding American food pantries. These participants described how food pantries have recently become targets for immigration enforcement, with the U.S. Immigration and Customs Enforcement (ICE) going through these volunteer communities and arresting undocumented immigrants. These incidents

have caused a major reduction in the number of Latinx individuals using the food pantries. Even within non-government-affiliated benefits and assistance, immigrants may still be at risk for deportation or arrest, thereby increasing the barriers to receiving the help they need.

Race and Age Factors

Another population of interest in the research surrounding public benefits and assistance is the population of individuals of color, particularly Black individuals (Allard et al., 2015; Noursi et al., 2020). Black families were reported to be the most vulnerable to poverty—and, as such, are expected to have increased enrollment and use of public benefits and assistance (Allard et al., 2015). Unfortunately, Black individuals were also more likely to be uninsured and unable to access public assistance (Noursi et al., 2020). Black women may be particularly vulnerable to intersectional barriers that lead to inequitable access to insurance, such as the inability to take time off work to avail of benefits (Noursi et al., 2020). Cho and Clark (2020) presented nuanced findings regarding race and ethnicity in their quantitative study of SNAP-authorized store accessibility across Ohio. Although their results consistently showed an increase in SNAP-authorized convenience stores in tracts with higher proportions of Black and Latinx residents, there was a decrease in SNAP-authorized grocery stores in these areas as well. Cho and Clark suggested that grocers' beliefs regarding high minority areas might be a reason for this reduction. As such, lack of opportunities and access in terms of race and ethnicity may be a vital factor for public benefits and assistance use.

Older adults represented another group of interest in public benefits and assistance research. Hoffman et al. (2016) indicated that a small number of eligible older adults (41%) availed of SNAP, which was less than the number of eligible non-older adults (89%) who had enrolled in SNAP. The authors noted several barriers that hindered older adults from availing of SNAP, including lack of awareness, lack of information regarding eligibility, lack of awareness of the eligibility criteria difference between non-older and older adults, perceived stigma and embarrassment, misperceptions about the benefit amount, and difficulty with the application process. Hoffman et al. further elaborated on efforts made to increase SNAP participation in older adults. First, the SNAP application and recertification processes have been simplified specifically for seniors. Second, there are plans for increased grocery access for seniors by allowing them to pay with SNAP benefits in their purchases and deliveries. The last is a senior farmers' market nutrition program, which allows older adults to buy products from farmers' markets and other sellers using coupons. Despite these efforts, the small number of older individuals availing of public benefits remains a problem.

Employment Factors

Other factors such as unemployment and job instability were of particular interest as households with these factors were more in need of public assistance (Henly et al., 2017; Karpman et al., 2019). Allard et al. (2015) noted that individuals with lower educational attainment and those who had experienced periods of unemployment or lived with any work-limiting health problem were more likely to rely on public benefits and assistance. Freeman and Dodson (2020) stated that women who had experienced a lack of

employment continuity and sustainability had to avail of public benefits and assistance to help their households survive. Ironically, these vulnerable populations may once again be the ones who have more difficulties accessing public benefits (Grobe et al., 2017; Henly et al., 2017). Samra et al. (2019) indicated that unemployment and illiteracy are factors preventing access to public health care benefits. Additionally, individuals with no permanent address may have difficulty renewing or applying for their public benefits because they could not receive important documents (McCullough & Dalstrom, 2018).

Some public benefits or assistance require a minimum work-hour threshold for individuals to avail of them (Karpman et al., 2019). For instance, some states required a certain number of work hours for families to receive childcare subsidies (Grobe et al., 2017). Grobe et al. (2017) noted that employment losses or reduced work hours were related to lack of enrollment in childcare subsidy programs mostly due to the unmet eligibility factors. Employment instability and unemployment may, therefore, serve as preventive factors for the access and usage of public benefits, which is ironic considering how these individuals may have a higher need of assistance.

Aside from employment instability, work schedules may also be factors influencing public benefits and assistance use. Problems with work schedules are particularly salient with families seeking care for their children (Henly et al., 2017). Henly et al. (2017) gathered data from a larger project regarding childcare subsidies in Illinois and New York. They surveyed 612 individuals and compared their responses to longitudinal administrative records. Based on their data, Henly et al. found that nonstandard work hours, unexpected shifts, and limited control over one's work schedule

were related to lack of enrollment in childcare subsidy programs. Notably, variable work hours and limited advance notice were not related to lack of enrollment in childcare subsidy programs.

Work schedule conflicts were also cited in the study by Waity (2018) on food assistance programs in Indiana. This scholar interviewed 28 food pantry and soup kitchen directors in various areas around Indiana to inquire about the perceived barriers to use of their services. One of the reasons cited was that food assistance programs, especially within rural areas, were usually open only on weekdays and during work hours, from 9:00 a.m. to 5:00 p.m., which prevented full-time employees from using such services. Based on the findings above, it appears that individuals with unstable employment, nonstandard work schedules, and full-time employment all have difficulty accessing public benefits and assistance.

Individual Preferences and Conditions

Individual preferences and conditions may also prevent individuals from accessing benefits. In comparing preassembled food assistance packages to client-choice methods, food pantry managers noted that clients mostly preferred the latter and strongly appreciated getting to choose what they would receive (Yan et al., 2020). Medical conditions or physical impairments were particularly challenging for individuals trying to avail themselves of food assistance (Wright et al., 2020; Wusinich et al., 2019). For instance, a participant in the qualitative study by Wusinich et al. (2019) reported that they had Crohn's Disease, which prevented them from eating certain foods served in the soup kitchens.

Volunteers in the study by Wright et al. (2020) reported that many clients did not have teeth, which physically limited their ability to chew the food served in the food pantries. From those who were able to consume the food, personal preferences may serve as a barrier for availing of food assistance. In particular, children were noted to have favorites that were not served in food pantries (Kihlstrom et al., 2019). Food pantries that provided packages for children had sugary and unhealthy products such as donuts (Kihlstrom et al., 2019). Pritt et al. (2018) conducted a cross-sectional survey of 74 individuals who used an urban food pantry in the Midwest, and 31% of the participants reported that they often received food products that nobody in their households ate. Thus, personal preferences and medical conditions serve as barriers to public benefits and assistance use, particularly in terms of food assistance.

Aside from personal preferences and medical conditions, another major issue in the food assistance programs was the inability to use the food products provided (Pritt et al., 2018; Wright et al., 2020). Volunteers indicated that many potential clients for their food pantries were unfamiliar with the food products and did not know how to prepare them. A number of these individuals were immigrants unfamiliar with American products and how to consume them (Wright et al., 2020). Similarly, Pritt et al. (2018) inquired about why households did not consume the food products provided by food pantries and found that 17% were unaware of how to cook such products and that 9% did not have enough kitchen supplies to cook them.

Some food pantry users may also not have the equipment to store food, making it difficult to store fresh produce (Yan et al., 2020). Pritt et al. (2018) found that 49% of the

participants did not even have a cutting board, while 39% did not have a freezer to store food. Other notable essential kitchen supplies not available to the clients included a sharp knife (30%), dish soap (23%), kitchen sink (19%), can opener (19%), electricity (16%), running water (15%), refrigerator (13%), stove (13%), and other utensils. Because individuals and households availing of public benefits and assistance were likely to be experiencing poverty, it can be expected that they may have difficulty consuming food not ready to be consumed.

Overall, the literature findings showed an unfortunate case of how the individuals and households that were the most vulnerable were also the ones that experienced more barriers to public benefits and assistance. Immigrants either lacked eligibility or feared deportation, preventing them from availing themselves of public benefits and assistance for their eligible household members (Bernstein et al., 2020; Bojorquez & Fry-Bowers, 2019; Louie et al., 2020; Pelto et al., 2019; Wright et al., 2020). Demographic factors such as being Black or older served as both a factor for increased vulnerability to poverty and a barrier for accessing public benefits and assistance for several reasons (Allard et al., 2015; Cho & Clark, 2020; Hoffman et al., 2016; Noursi et al., 2020).

Employment instability, nonstandard work hours, and work scheduling conflicts served as barriers to availing of public benefits and assistance, particularly in terms of childcare subsidies (Grobe et al., 2017; Karpman et al., 2019; Waity, 2018). Finally, personal preferences, physical conditions, and inability to prepare or consume certain foods were frequently cited barriers to food benefits and assistance programs (Kihlstrom et al., 2019; Pritt et al., 2018; Wusinich et al., 2019). These individual factors may make

certain groups of people unable or unwilling to avail themselves of public benefits and assistance.

Interpersonal Factors

Barriers to public benefits and assistance may involve people other than the potential client or enrollee. Interpersonal factors such as household or family members may influence public benefits access behaviors (Allard et al., 2015). For instance, Allard et al. noted a positive, significant association between having children in a household and the number of public benefits or assistance received by the household. Nonmarried families with children were particularly cited as a vulnerable group that may rely on public benefits and assistance (Rothwell & McEwen, 2017). Freeman and Dodson (2020) investigated work-family-welfare conflicts of women in a series of qualitative studies. They found intersecting demands on working mothers in terms of parenting, employment, and navigating public assistance. The participating mothers reported that welfare programs caused them even more stress instead of helping them, for the application and retention in such programs were so time-consuming that it was likened to having a full-time job.

Unsurprisingly, households without employed members were more likely to be long-time users of food pantries, based on a longitudinal study in Missouri (Kaiser & Cafer, 2017). Interestingly, Wusinich et al. (2019) found that having pets was also a barrier to housing assistance. Participants in the study reported that they had trouble finding housing that allowed their pets and that they were unwilling to give up these pets that they treated like their children, protectors, and source of support. As such, the

presence of spouses, children, and pets, all belonging to the microsystem, may serve as either positive or negative factors to the use of public benefits and assistance.

Hong et al. (2020) cited the presence of a case manager who motivated individuals within the Salvation Army's Pathway of Hope program as a beneficial interpersonal factor. This church-driven, strengths-based program provides individuals in need with one-on-one case management and spiritual guidance for long-term solutions to poverty, unlike other programs that only focus on providing cash or in-kind assistance. The trust, care, and accountability of case managers within the Pathway of Hope program were considered as essential aspects of the program that kept participants motivated to continue with the program. McCullough and Dalstrom (2018) reported that some case managers were unprepared to answer clients' questions. Stanczyk et al. (2018) likewise highlighted the importance of higher quantity and quality of staff within public benefits and assistance programs. Because public benefits and assistance programs mostly target vulnerable and financially unstable households, the presence of supportive case managers and staff may be crucial for program success.

Lack of Need

A common reason given within qualitative studies examining barriers to public benefits and assistance use is the lack of need for such benefits and assistance (El Zein et al., 2018; Fong et al., 2016; Lens et al., 2018). Fong et al. (2016) interviewed 53 low-income (below 185% of federal poverty level) individuals from San Francisco, California who did not use food pantry services despite having direct access. The participants generally believed that the food pantry was created for individuals in worse conditions

than they experienced without considering objective markers. They believed that food pantries were for individuals who were unable to work, had trouble finding work, cared for several dependents, or had absolutely nothing. As such, participants did not consider their financial difficulties and food insecurities to be enough reason to avail themselves of public benefits and assistance as compared to others. As a participant in the study by Lens et al. (2018) indicated, “I know there’s somebody else that cannot work, or their situation is worse” (p. 117). Even with knowledge and awareness regarding the available public benefits and assistance, individuals may feel separated from them, believing that they were meant for much needier individuals than they.

In another study, El Zein et al. (2018) focused specifically on students and their use of food pantries. These researchers conducted a cross-sectional survey with 899 students from the University of Florida. Around one third (32%) of the students were found to be food insecure, and many of them did not use the food pantry. A large part of why food-insecure students did not use it was their identification as self-sufficient and moral individuals who believed that their needs were not as great as other people’s needs. They felt that they were not the target population of food pantries. The findings in these studies show how individuals may compare themselves with other people and believe that they had significantly less need of public benefits and assistance despite being eligible for such programs (El Zein et al., 2018; Fong et al., 2016).

Social Stigma

A frequently cited issue in public benefits and assistance research is social stigma. There is a general stigma surrounding public benefits programs and assistance that may

prevent individuals from accessing them (Kihlstrom et al., 2019; Louie et al., 2020; Sanchez et al., 2020). A particular benefit or assistance that may be perceived as a cause for stigma is mental health services. Mental health services that are part of public benefits programs may not be used because of the implicit bias that it was only for mentally unstable people (Sanchez et al., 2020). The use of public benefits and assistance was also perceived to be related to poverty, which can make individuals feel embarrassed or uncomfortable (Louie et al., 2020). Participants in the study by Lens et al. (2018) indicated that even though they knew that food pantries were not necessarily only for the homeless, a majority of the individuals who lined up in food pantries were homeless. Thus, lining up with them made one feel as if they were also homeless. The psychological barrier of stigma may be a significant barrier for most public benefits.

The social stigma of public benefits and assistance use may be especially troublesome for individuals who experience food insecurity and significant financial losses for the first time in their lives. These individuals are undergoing significant changes that they may not be able to process right away—and, as such, may delay their use of public benefits and assistance (Wright et al., 2020). Older individuals who lived self-sufficient lives may be examples of such individuals (Michalowski & Scott, 2019; Waity, 2018). Michalowski and Scott (2019) indicated that seniors may perceive that others would think differently of them if they found out that they were enrolled in public benefits or assistance programs. Nonetheless, the authors noted that programs such as SNAP are confidential and that individuals need not worry about stigma.

Programs that provide food products through store vouchers may create an additional factor for the stigma felt by enrollees (Chauvenet et al., 2019). WIC is one such program that provides vouchers for enrollees to avail products from partner stores that also served nonenrollees. Enrollees in the qualitative study by Chauvenet et al. (2019) indicated that they often felt stigmatized by customers and even store employees when they used their WIC benefits. Checking out items using WIC often caused delays, which the enrollees felt embarrassed about. The enrollees then suggested that WIC partner stores create self-checkout stations or separate checkout stations for WIC items to avoid such stigma.

Volunteers or directors in public benefits and assistance programs could help reduce social stigma by providing positive experiences to clients (Kihlstrom et al., 2019). Kihlstrom et al. (2019) noted that food pantry usage could be increased by ensuring that clients could avail themselves of the benefits and assistance without any loss of dignity or respect. On the contrary, directors from the study by Waity (2018) stated that even when they told clients that there was no judgment in such programs, they still felt stigmatized and experienced a reduction of their pride. Self-checkout or separate stations for public benefits within stores, suggested in the study by Chauvenet et al. (2019), is an example of how stigma could be reduced. Still, additional research is needed on other effective strategies to encourage individuals to avail themselves of public benefits and assistance.

Racial and Cultural Differences

Racial and cultural factors are not just individual factors for public benefits access behaviors; they may also serve as interpersonal factors when others get involved. For

instance, participants in the study by Fong et al. (2016) stated that most people using food pantries were Asian. These authors further noted that Asians may tend to display uncouth behaviors such as cutting in line or holding spots for friends. Such behaviors frustrated the participants to the point that they did not want to wait in line for the Asian-populated food pantries anymore. As such, perceptions and biases regarding certain races and cultures may influence the use of public benefits and assistance.

Alternatively, the potential enrollees or clients themselves may be subject to racial or cultural discrimination (Barnes, 2020; Friedman, 2020; Garboden et al., 2018). For instance, Noursi et al. (2020) found that pregnant Black women had significant difficulty receiving obstetric care from public benefits and assistance due to racial discrimination. Latinx participants also reported being rejected for public benefits on the basis of race despite providing legal documentation stating that they were eligible. Thus, legal status may not be enough for racial minorities to avoid the negative effects of discrimination (Singer et al., 2018). Although much of the literature focused on racial discrimination, Allen et al. (2017) noted that discrimination based on gender and socioeconomic status was also present in public benefits and assistance, particularly in public health care.

Discrimination was particularly salient in studies regarding housing programs. Friedman (2020) noted that the federal government increased housing options for individuals with low income by letting them choose their housing from several partner residencies. However, the federal government did not place any protective acts to prevent landlords from discriminating against clients. As such, landlords could easily discriminate and refuse access to individuals based on their race and income (Barnes,

2020). Garboden et al. (2018) conducted a qualitative study on 127 landlords and property managers within Dallas, Cleveland, and Baltimore. They noted that around 51% to 74% of their participants indicated that the potential tenants themselves served as factors for their decisions to agree to rent their spaces. Experiences of discrimination appear to have risen since the 2016 presidential elections (Singer et al., 2018). With the lack of protection against discrimination, minority individuals may face additional challenges accessing and using public benefits and assistance.

Some cultural differences were also cited as possible barriers to public benefits and assistance use. Language barriers were particularly highlighted in studies as a barrier to receiving care or services (Lindsay et al., 2016; Wright et al., 2020). The Latinx participants in the study by Wright et al. emphasized language barriers as influential in individuals' decisions to avail of food pantry services. Lindsay et al. (2016) conducted a survey of five focus groups with 35 Brazilian immigrant women, and their findings indicated several barriers to U.S. health care, including communication or language barriers, poor interpreting services, cultural differences, dissatisfaction with labor and childbirth practices such as not being admitted earlier, and perceived discrimination. Eligible individuals willing to avail themselves of public benefits and assistance may, therefore, encounter difficulties in communication, preventing them from accessing such benefits.

Aside from discrimination from the providers of benefits and assistance and from other individuals, cultural expectations from one's family or community may negatively affect decisions to avail of public benefits and assistance (Louie et al., 2020; Wright et

al., 2020). For instance, Wright et al. (2020) found that a possible reason for Latinx individuals not to use food pantries is the concept of *machisimo*, which reflects masculine pride in the Latinx culture. Alternatively, in some collective cultures, such as in Chinese families, the cultural expectation was for individuals to take care of themselves and their families in a self-sufficient way (Louie et al., 2020). As a Chinese participant shared in the study by Louie et al. (2020), for Chinese culture, help-seeking is not an option as long as individuals could still make a living. Cultural expectations may thus prevent certain individuals from using public benefits and assistance.

Generally, interpersonal factors for public benefits and assistance access and use revolve around a lack of need, stigma, and racial or cultural differences. Individuals may believe that other individuals needed public benefits and assistance more than they did, thereby appealing to their sense of morality and desire to be self-sufficient, to prevent them from availing of public benefits and assistance (El Zein et al., 2018; Fong et al., 2016). Social stigma was frequently cited as a problem, especially for individuals who were just experiencing financial and food insecurity for the first time, or for individuals experiencing mental health problems (Chauvenet et al., 2019; Louie et al., 2020; Michalowski & Scott, 2019; Sanchez et al., 2020; Wright et al., 2020). Finally, racial and cultural differences led to issues, such as discrimination, communication barriers, and cultural expectations, which prevented individuals from accessing and using public benefits and assistance (Barnes, 2020; Fong et al., 2016; Garboden et al., 2018; Lindsay et al., 2016; Louie et al., 2020; Wright et al., 2020). These interpersonal factors reflected

the factors that involved other people influencing the use of public benefits and assistance.

Environmental Factors

Certain elements within the environment surrounding the individual could influence their behaviors regarding public benefits and assistance. From the smallest mesosystem to the largest macrosystem and chronosystem (Bronfenbrenner, 1979; Cross, 2017), environmental factors can serve as either barriers or facilitators to public benefits access and use. Imbalances between jobs and individuals seeking employment can be a burden in a locality, creating imbalances in public benefits use (Cohen, 2019). My focus in the present study was the state of Delaware, which is experiencing difficulties regarding food insecurity (Fossi et al., 2019), poverty, homelessness, and housing instability (Metraux et al., 2020). Delaware has a higher percentage of enrollees (25.4%) in Medicaid and the Children's Health Insurance Program than the national percentage (23.2%). However, the annual cash assistance and Medicaid expenditures in Delaware are lower than that of the nation's other neighboring states (Peuquet et al., 2018). These statistical comparisons may reflect a problem with public benefits and assistance use within the state of Delaware.

Location and Transportation

Aside from the state-wide poverty and public benefits and assistance in Delaware, aspects of smaller localities may also serve as environmental factors. Individuals may consider the general safety of the location of the public benefits or assistance venue, or the physical distance separating them from the venue (Fong et al., 2016). For instance,

individuals in rural areas often have trouble accessing public benefits and assistance such as food benefits programs due to transportation issues (Michalowski & Scott, 2019). Lack of transportation has been cited by almost all authors who tackled environmental factors hindering public benefits access and use (Blumenberg & Pierce, 2017; McKernan et al., 2017; Ostrom et al., 2017; Sanchez et al., 2020; Waity, 2018; Wright et al., 2020).

Wright et al. (2020) noted that individuals would often have to travel long distances to access food pantries, mostly by walking. In their qualitative study of food pantry volunteers, transportation was especially cited as a problem due to the heavy food packages the clients had to carry home. Some food pantries would even offer to drive their client's home; however, such a temporary solution may not be feasible for everyone. Waity (2018) suggested carpooling as a potential solution for transportation barriers; however, it may still not be feasible if none or only a few clients had a car.

Authors cited owning a car or having enough gas money as significant barriers to public benefits and assistance access, especially in rural and suburban areas (Blumenberg & Pierce, 2017; Waity, 2018). Additionally, for those who did not have a car, public transportation costs could be a burden as well (McKernan et al., 2017). Although medical transportation is available through Medicaid in Delaware, it must be reserved 3 days in advance, which makes transportation a problem for acute and urgent health cases and serves as a barrier for public health care access (Noonan Davis & Timmreck, 2020). It appears that transportation may be a major issue for individuals accessing different types of public benefits and assistance.

In public health care, the burden of waiting time adds to the problem of transportation. Individuals enrolled in Medicaid often had difficulty scheduling an appointment or experienced longer wait times when visiting their physicians than did individuals with private insurance (Allen et al., 2017). Ostrom et al. (2017) examined the wait times of 21 million outpatient visits in 2013 and found that patients under Medicaid were 20% more likely to wait 20 min longer or more compared to privately insured patients. These authors reported that the discrepancy could be due to many factors, including the physician's practice location, the locality's urban status, or other physician characteristics. Notably, even when patients saw the same physician, Medicaid patients still had longer wait times by 5%. Interestingly, in their study on new patient urology visits, Lee et al. (2018) found a significant difference between patient wait times for Medicaid and Medicare. Patients under Medicaid experienced longer wait times in a majority (59%) of the included urology clinics, highlighting further barriers to the public benefit of Medicaid.

Access to public benefits is hampered not only by a lack of transportation or by discrepant wait times. The availability of public benefits and assistance serves as an obvious barrier to their use (Noursi et al., 2020). Noursi et al. (2020) noted that 150 or more hospitals within the United States have closed since 2013, mostly in areas with more Black and low-income individuals. In another study, Ginsburg et al. (2019) examined food pantries in Bronx, New York, cited as an area with significantly high food insecurity. Ginsburg et al. noted that 25 out of the 50 pantry locations they visited were closed during the expected run time, either temporarily or permanently. In those that were

open, food insufficiency was a problem, especially at the end of the month when government cash assistance ran out and during summer, when children did not receive food from schools. Kingsley (2017) noted that housing construction is often disproportionate with the growing population and employment in metropolitan areas. Rural housing was also deemed insufficient, with limited options for renters in these areas than the national average (Walter & Wang, 2017). These findings showed how the various types of public benefits and assistance may not be available where they are most needed, thereby creating another barrier to use.

Problems with accessibility may be an issue concerning housing and health care benefits as well. For housing programs, a common problem is that shelters may not be accessible for wheelchairs (Wusinich et al., 2019). Housing units were located in poor access neighborhoods in terms of density, diversity, design, destination accessibility, and access to transportation. Multifamily housing units were especially noted to be in poor accessibility and poor walkability areas (Yin et al., 2020). In line with this, health care access was a significant problem in several areas in the United States, and mental health care was particularly limited in several communities (Sanchez et al., 2020). These accessibility issues serve as barriers to the use of public benefits and assistance.

In the past few decades, more public benefits and assistance have taken the form of voucher programs (Barnes, 2020; Miles et al., 2017). In these programs, individuals are provided with vouchers that they could use to purchase public benefits rather than directly providing them with cash or products. Such programs were created to improve bureaucratic efficiency by including the private market in the equation. However, such

programs come with portability or restrictions towards specific products or services and variations from the private organizations involved (Barnes, 2020). For instance, not all retail stores accept SNAP and WIC benefits, particularly in farmers' markets or farm stands, limiting individuals' access to nearby, healthy, and affordable food products (Michalowski & Scott, 2019).

A lack of signage regarding which stores sell WIC products or which products are WIC-approved could be frustrating for clients (Chauvenet et al., 2019). Barnes (2020) conducted a qualitative study of 43 WIC recipients, in which many (65%) participants highlighted the challenge of identifying WIC products in stores, for some were not labeled. Additionally, the amount for specific products that one could purchase with WIC was limited, which meant that individuals must calculate the correct sizes and volumes of products, unlike in SNAP, where individuals could decide for themselves which and how many products they would purchase.

Housing public benefits also make use of the voucher-based system (Miles et al., 2017). A major challenge regarding housing voucher programs is that the vouchers' value is usually lower than the market rent. Moving between county lines may also elicit portability issues because different counties may have different housing authorities and policies, some of which may be unclear (Thrope, 2018). The difficulties associated with the portability of voucher programs may demotivate individuals from using public benefits.

Quality of Public Benefits and Assistance

Quality is an important factor of public benefits, especially those that involve food, housing, and care services. In a qualitative study by Freeman and Dodson (2020), the scholars explored the work-family-welfare conflict experienced by poor working mothers. Participants reported that public childcare centers were of poor quality and unsafe for their children. One participant shared how the daycare staff did not bother to change her daughter's diapers, which convinced her to stop availing herself of their services. The risks of poor-quality care may prevent parents in need from enrolling in public assistance programs.

Poor quality housing may result in various health risks such as injury, asthma, or even depression (Shah et al., 2018). In a study of 461 residents from the Boston Housing Authority, Shah et al. (2018) found that household pest infestations were significantly related to depressive symptoms. The authors reported that pest infestations could reflect a loss of control or social isolation of the individual, leading to their depressive symptoms. In another study, Boch et al. (2020) examined the relationship between poor housing quality and general health status of 55,281 adults based on the 2014 Survey of Income and Program Participation. The investigators found that each aspect of poor-quality housing, such as cracks in the ceiling, pests, holes in the floors, or plumbing issues, were related to poorer health status, higher medical use, and higher probability of hospitalization. Such poor housing characteristics were then related to the receipt of housing assistance. These findings highlighted the issue of poor-quality housing, which may prevent individuals from using these types of public benefits.

Several researchers also reported poor food quality (Freeman & Dodson, 2020; Kihlstrom et al., 2019; Madson, 2018). Some words used to describe food products served in some food public benefits including *expired* and *rotten* (Kihlstrom et al., 2019). Participants in the study of Fong et al. (2016) indicated that some of the food offered in these programs were dehumanizing. Even if individuals had access to public food benefits, the poor quality served as a significant barrier to their use (Fong et al., 2016; Kihlstrom et al., 2019). One advantage of voucher programs such as WIC is the clients' ability to select healthier and better-quality products by themselves (Madson, 2018). Michalowski and Scott (2019) reiterated the need for expanding WIC and SNAP benefits to farmers' markets and other healthier options.

Major Events

Certain major events have also served as environmental factors that influence individuals' access to and use of public benefits. The Great Recession of 2007 to 2009 is one such event that has had lasting effects on individuals' use of public benefits (Allard et al., 2015; Cohen, 2019; Rothwell & McEwen, 2017). This recession was cited as the "largest disruption to the global economy since the Great Depression of the 1930s" (Rothwell & McEwen, 2017, p. 1224). The Great Recession reportedly brought a rise in food insecurity of up to 30%, which lasted for several years after the event (Ziliak, 2020). Since then, enrollment in public assistance programs has significantly increased, even after the official end of the recession (Allard et al., 2015). Cohen (2019) reported an increase of SNAP participation from 26.3 million individuals in 2007 to 47.3 million individuals in 2013. Although the number decreased to 40.4 million in 2018 as the

economy recovered, it was still a huge difference from the participation rate before the Great Recession (Cohen, 2019). This significant event reflected the economy's influence on public benefits and assistance use on a grand scale.

More recently, the COVID-19 pandemic has been cited as the next major disruption to the global economy in addition to its health risks (Ziliak, 2020). The COVID-19 pandemic exacerbated poverty problems; around 40% of Americans with incomes of less than \$40,000 lost their jobs in March of 2020 (Cheng et al., 2020). In Delaware, over 30% of the workforce represented low-wage earners and high COVID-19-related job loss risk (Metraux et al., 2020). When food insufficiency in the United States tripled in just 1 year, use of public and charity food benefits increased by over 50% (Ziliak, 2020). Cheng et al. (2020) predicted that the United States would experience its highest poverty levels due to the pandemic.

Conditions during the pandemic have further aggravated socioeconomic and racial disparities (Cheng et al., 2020). Immigrant families may avoid seeking health care for fear of being identified as a public charge, despite the formal declaration of the federal authorities that COVID-19 testing and treatment would not be considered (Bernstein et al., 2020). Low-income families could not access telemedicine and online education, while families with low English proficiency had problems with these new modalities (Cheng et al., 2020). Mental health was another issue exacerbated by the pandemic, as children and adults alike suffered from more anxiety and stress. When the lockdown policies were in force, delayed health care and the advancement of illnesses

were additional concerns. Cheng et al. (2020) thus called for new supports and safety nets for families according to the pandemic issues.

The wide array of environmental factors affecting public benefits access and use as reported by researchers showed that location, accessibility, and quality of the benefits were important considerations for potential clients (Fong et al., 2016; Kihlstrom et al., 2019; Noursi et al., 2020; Sanchez et al., 2020; Wusinich et al., 2019). In particular, lack of transportation was cited as a major barrier to public benefits and assistance use (Blumenberg & Pierce, 2017; McKernan et al., 2017; Oostrom et al., 2017; Sanchez et al., 2020; Waity, 2018; Wright et al., 2020). Portability was an issue for voucher-based programs because clients had difficulty finding and accessing products associated with the programs (Barnes, 2020; Chauvenet et al., 2019; Michalowski & Scott, 2019; Thrope, 2018). In terms of quality, researchers have cited poor housing characteristics, expired or rotten food, and poor care services as barriers to public benefits use (Boch et al., 2020; Fong et al., 2016; Freeman & Dodson, 2020; Kihlstrom et al., 2019; Shah et al., 2018). Finally, significant events such as the Great Recession and the COVID-19 pandemic have affected trends and policies surrounding the use of public benefits (Allard et al., 2015; Bernstein et al., 2020; Cheng et al., 2020; Ziliak, 2020). These environmental factors, ranging from small-scale localities to large-scale global events, have served as barriers or facilitators to public benefits and assistance use.

Government Policies and Programs

Public benefits and assistance are part of public service, which is a principal function of the government (Jiang et al., 2020). Poor economies, reflective of poor

governance and inappropriate policies, result in structural inequalities that can serve as barriers to public benefits and assistance access and use (Naciri, 2019). Crises, such as the COVID-19 pandemic, and policies and programs enacted by the government play major roles in citizens' lives. For instance, in Delaware, four sources of income assistance have been made available for individuals who have lost their jobs due to the pandemic (Metraux et al., 2020). The shift towards a voucher-based system for public benefits and assistance is another example of how policy changes can influence access and use by giving individuals more agency over how to use their benefits (Barnes, 2020). Program availability and policy changes may serve as vital factors for public benefits and assistance access and use.

Policy makers may base their decisions on several aspects such as poverty rates, the aging population, and employment rates (Bishaw & Benson, 2018; Sanchez-Romero & Prskawetz, 2020). As the aging population has increased, there has been a shift in program focus from working-age populations to older adults (Sanchez-Romero & Prskawetz, 2020). Further changes include the Kerner Commission, which focused on reinvesting in the Black and urban population who are subject to high rates of unemployment and poverty (Hardy, Samudra, & Davis, 2019). It should be noted, however, that these may not fully reflect the severity of the needs of individual households (Shaefer et al., 2018).

Shaefer et al. (2018) noted that the United States' Child Tax Credit and child tax exemption benefited only low-income families, leaving out families with income instability—unlike in other nations with universal child benefits, such as Canada and the

United Kingdom, among others. Drawing from existing evidence, the authors proposed a policy design with the following principles: universal child allowance, readily accessible and frequent allowances, adequate payment levels (\$250 per month per child) to meet children's basic needs, larger payments for families with younger children, and consideration of a decline in child payments levels based on the number of children. Based on their simulations, Shaefer et al. also found that the proposed design could cut child poverty levels by more than 40% and deep child poverty by around 50%, compared to the current design. Policy changes may be potential barriers or solutions to public benefits access and use, which could in turn, reduce poverty.

Application Process

Aside from the policies and programs themselves, the application process for these programs may serve as another barrier (Freeman & Dodson, 2020; Henly et al., 2017; Louie et al., 2020; Wusinich et al., 2019). Wusinich et al. (2019) identified the difficulty of obtaining documents and identification for applications as a barrier for public housing benefits. Homeless individuals who need such housing benefits may have lost or had their documents stolen due to their living conditions, making it harder for them to apply for such benefits. In addition to difficulties with documentation, lengthy application wait times were also a problem with public housing benefits (Henly et al., 2017). Working mothers highlighted the difficulty of applying for and retaining public daycare benefits for their children, which they described that it was like a full-time job in itself (Freeman & Dodson, 2020). Other challenges related to the application for various

types of public benefits included confusing or complex processes, language barriers, access to public benefits offices, and unhelpful staff (Louie et al., 2020).

In recognition of the issues with public benefits and assistance applications, certain policy changes have been enacted to promote smoother application processes (Henly et al., 2017; Michalowski & Scott, 2019). For instance, the reauthorized Childcare and Development Block Grant law promoted simplified administrative procedures through the reduction of requirements, such as midterm reports, grace periods for assembling materials, and the provision of multiple application methods and recertifications for public housing benefits (Henly et al., 2017). Michalowski and Scott (2019) discussed the Elderly Simplified Application Process, which was developed to help older adults remain in the SNAP program. The program included shortened applications, reduced requirements for reapplication, and telephone interviews for applications. Although Delaware does not currently have such projects, Michalowski and Scott urged the communities and organizations in the state to assist older adults in applying for and using their public benefits.

Specific Programs and Policies

The nuances of specific public benefit programs and policies may cause some difficulties for those who wish to access them (Duke-Benfield & Sponsler, 2019; Lindsay et al., 2016; Noursi et al., 2020; Sanchez-Romero & Prskawetz, 2020). The Temporary Assistance for Needy Families (TANF) was designed to “provide income support, job training and search assistance, and general social assistance for poor families” (Hardy, Samudra, & Davis, 2019, p. 307). In the South, where many Black residents live, some

states have shifted away from cash assistance in TANF over the past few decades. This shift generally impaired low-income households (Hardy, Samudra, & Davis, 2019). The benefits of TANF for postsecondary students were also limited, for it only allowed for 1 year of full-time enrollment and then a minimum of 20 hr of work per week after that. The limitations of TANF for students notably conflict with other financial aid policies that require students to be enrolled full-time (Duke-Benfield & Sponsler, 2019). Thomas et al. (2017) cited the minimum hours of work set by TANF as a barrier for vulnerable populations such as victims of intimate partner violence, most of whom have difficulty finding and retaining employment or childcare services. As such, the eligibility criteria of TANF may pose a significant barrier for public benefits access and use.

Karpman (2019) also cited work requirements as barriers to Medicaid access. The approval of Section 1115 in 2018 required non-older and nonpregnant adult applicants or enrollees for Medicaid on a basis other than disability to have 20 hr of work or work-related activities per week or 80 hr per month. Unfortunately, more than 80% of the enrollees failed to meet this requirement due to difficulties in finding employment, lack of control over employment schedules, or health problems. State differences in public health care insurance requirements have also created disparities in accessing public benefits (Lindsay et al., 2016; Noursi et al., 2020). The State Free Care program in Massachusetts, known as MassHealth, has allowed them to deny free health care insurance to some individuals based on family salary (Lindsay et al., 2016). Furthermore, while Medicaid is available to all pregnant women who are 138% below the federal

poverty level, state differences in income ceilings may also cause disparities in access to public health care (Noursi et al., 2020).

Public housing and food assistance programs may also set certain limitations that could discourage individuals from accessing and using them. The Housing Choice Voucher program, formerly known as the Section 8 program, is the federal program for low-income individuals to rent private housing units through the provision of rental assistance based on the size of the household and renting costs (Friedman, 2020; Garboden et al., 2018). Residents who receive the voucher are generally not allowed to have visitors in their units, except for a care attendant (Enos, 2019). Enos noted that this policy was a significant restriction for the homeless community, where individuals mostly shared their benefits. Violations of the Housing Choice Voucher policy could result in a return to homelessness for the renter and their visitor. In terms of food benefits, some states have imposed a ban on individuals with felony drug convictions from accessing food benefits (Kaiser & Cafer, 2017). Under this policy, even individuals who have a household member with felony drug offenses would have trouble acquiring food benefits or assistance (Kaiser & Cafer, 2017).

Overall, researchers showed how government policies and programs entailed certain barriers to public benefits and assistance access and use. Application processes were frequently cited as major barriers to public benefits and assistance access and use due to issues, such as time, limited languages, and document requirements (Freeman & Dodson, 2020; Henly et al., 2017; Wusinich et al., 2019). In terms of specific programs and policies, issues with eligibility requirements were also cited as major barriers (Duke-

Benfield & Sponsler, 2019; Enos, 2019; Kaiser & Cafer, 2017; Karpman, 2019; Lindsay et al., 2016; Noursi et al., 2020; Thomas et al., 2017). Programs such as TANF and Medicaid required a minimum number of work hours for eligibility, which hampered individuals who were unable to find or retain employment or had difficulty controlling their employment schedules (Duke-Benfield & Sponsler, 2019; Karpman, 2019; Thomas et al., 2017). For housing programs such as the Housing Choice Voucher, the restriction of visitors served as a barrier for the homeless population, who are known for sharing their benefits with each other (Enos, 2019). These program and policy barriers may discourage or prevent individuals from accessing much-needed public benefits and assistance.

Summary and Conclusions

The literature reviewed in this chapter contains several factors from different ecological levels that may facilitate or prevent the access to and use of public benefits and assistance. The ecological systems theory (Bronfenbrenner, 1979) has allowed for a framework to view these factors, from the individual in the center to the surrounding ecological systems. Individual factors that may influence public benefits and assistance access and use included a lack of awareness or knowledge regarding the benefits or the eligibility requirements (Louie et al., 2020; Pelto et al., 2019; Sanchez et al., 2020); immigrant status and fear of deportation (Ayon et al., 2020; Bojorquez & Fry-Bowers, 2019; Louie et al., 2020; Wright et al., 2020); employment instability or work-related barriers (Allard et al., 2015; Noursi et al., 2020); and specific individual preferences or conditions (Kihlstrom et al., 2019; Wusinich et al., 2019).

Within the microsystem, interpersonal factors may also serve as barriers to public benefits and assistance. These barriers may include household members and family demands (Allard et al., 2015; Freeman & Dodson, 2020; Wusinich et al., 2019), lack of need (El Zein et al., 2018; Fong et al., 2016), stigma (Kihlstrom et al., 2019; Louie et al., 2020; Sanchez et al., 2020), and racial or cultural differences (Fong et al., 2016; Lindsay et al., 2016; Noursi et al., 2020; Wusinich et al., 2019). Environmental factors involve elements within the mesosystem all the way to the macrosystem and the chronosystem. These factors may include location, transportation, ease of access (Fong et al., 2016; Noursi et al., 2020; Sanchez et al., 2020; Wusinich et al., 2019); quality of benefits and assistance (Boch et al., 2020; Fong et al., 2016; Freeman & Dodson, 2020; Kihlstrom et al., 2019; Shah et al., 2018); and major global events (Allard et al., 2015; Cheng et al., 2020; Cohen, 2019; Ziliak, 2020).

The macrosystem also involves government policies and programs at the local, state, or national level (Cross, 2017). Government factors that influence public benefits and assistance access and use may include long and confusing application processes (Freeman & Dodson, 2020; Henly et al., 2017; Louie et al., 2020; Wusinich et al., 2019), as well as program-specific restrictions and eligibility requirements (Duke-Benfield & Sponsler, 2019; Lindsay et al., 2016; Noursi et al., 2020; Sanchez-Romero & Prskawetz, 2020). Considering the myriad barriers associated with public benefits, low-income individuals may be at heightened risk for poverty. Thus, Delaware's increasing poverty rate and the nonuse of public benefits in the state represent vital problems (Bishaw & Benson, 2018). As such, the purpose of this qualitative study was to gain a better

understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. In Chapter 3, I discuss the methodology that I used to fulfill this purpose.

Chapter 3: Research Method

Introduction

In this study, I explored access to public benefits among low-income individuals. I sought to address a gap in the literature by providing information on perceptions, behaviors, and attitudes of low-income individuals towards accessing and using public benefits in Dover, Delaware. The specific research problem was that not all low-income individuals in Delaware were using all available public benefits to potentially alleviate some of the challenges associated with poverty and that the barriers that deterred them from using the benefits were not well understood. The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. Therefore, the main phenomenon of interest was low-income individuals' access to and use of public benefits. The main RQ for this study was the following: What are low-income individuals' experiences regarding public benefit access and use in Dover, Delaware? The sub-RQs for this study were as follows:

RQ1a: What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefit?

RQ1b: How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services?

RQ1c: What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?

RQ1d: What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits?

In Chapter 3, I discuss the methodology and research design, including the procedures I used to fulfill the purpose of this study. The contents of this chapter include the following: (a) research design and rationale; (b) role of the researcher; (c) methodology; (d) instrumentation; (e) procedures for recruitment, participation, and data collection; (f) data analysis plan; (g) issues of trustworthiness; and (h) ethical procedures. I present a summary of key points at the end of the chapter.

Research Design and Rationale

I used qualitative methodology for this study. Qualitative methodology is appropriate when achieving the purpose of a study involves performing in-depth exploration of a phenomenon using textual or observational data (Lew et al., 2018; Mohajan, 2018). The phenomenon of interest for this study was low-income individuals' access to and use of public benefits. Qualitative methodology is commonly used when exploring a phenomenon in depth using data from individuals' experiences, perceptions, and behavior (Bidad et al., 2018; Simonetti et al., 2020; Turner et al., 2020). For this study, I collected and analyzed in-depth data on the experiences and perceptions of low-income individuals in Dover, Delaware regarding the phenomenon of interest. Based on the descriptions of the study, a qualitative research methodology was appropriate. Through a generic qualitative inquiry, researchers can describe the behavior of individuals within formulated systematic rules (Josilowski & Morris, 2019; Percy et al., 2015). By using a basic qualitative research design, a researcher is able to conduct a

philosophical inquiry in which they gather descriptive details and describe the core of the phenomenon (Merriam & Tisdell, 2015). Doing so contributes to understanding the significance of the phenomenon.

Role of the Researcher

The researcher is one of the main data collection instruments for a study (Clark & Vealé, 2018; Rahman, 2020). For this study, I was an observer. Specifically, I performed participant recruitment, data collection, and data analysis. During participant recruitment, I asked for permission to conduct the study. I also contacted potential participants to invite them to be interviewees. During this phase, my main consideration was to minimize conflicts of interest (LeCroix et al., 2017; Reid et al., 2018). I avoided recruiting colleagues, friends, relatives, and family members as participants to this study. I also made sure to give participants copies of the informed consent to be confident that prospective participants had knowledge about their rights and roles before agreeing to be respondents of the study.

I personally conducted the semistructured interviews I used to gather data for the study. As part of data collection, my main responsibility was to conduct the interviews without bias and ensure that the participants' rights were upheld. Because I personally developed the interview questions, I relied on member checking as a way to ensure the validity of the data collected. By using a validated interview guide (see Appendix), I avoided asking irrelevant or leading questions during the interviews.

Another responsibility of the researcher during data collection and data analysis is to address personal biases. Having deeply explored the topic of this study, I identified my

personal opinions, perceptions, and beliefs related to the phenomenon of interest. These biases may have had unwanted implications of influences on the results of the study. Therefore, I had the responsibility of preventing these personal biases from affecting this study. To minimize the potential influences of personal biases, I acknowledged these possible sources of bias related to this study in order to step into the role of an investigative researcher. Through this process, I avoided making conclusions aligned with my personal biases without any support, based on the actual data collected from the participants, which ensured that my conclusions were based on the actual data from the interviews.

Methodology

Participant Selection Logic

The target population of this study included low-income earning individuals from Dover, Delaware. I examined this specific group of people from the chosen geographic area. The chosen population is explicitly mentioned in the purpose statement for the study. Therefore, recruited participants had the relevant knowledge and background to address the problem and RQs of the study.

Sampling Technique

To recruit participants for this study, I employed purposive sampling, which is a technique in sample selection wherein investigators recruit individuals based on their characteristics that align with a research's requirements (Crossman, 2019; Etikan & Bala, 2017; Klar & Leeper, 2019). Purposive sampling is useful in enabling recruitment of participants, who have the relevant characteristics that help scholars answer their RQs

(Etikan & Bala, 2017). The low-income earners that I recruited for this study possessed the skills and characteristics that aligned with the phenomenon of interest and contributed insider information to the research purpose. Purposive sampling techniques are commonly used when recruiting a specific group of participants to address the in-depth exploratory aspects of the RQs (Etikan & Bala, 2017; Klar & Leeper, 2019). Through this sampling technique, I aligned the sample and the phenomenon with those who have direct interaction with the phenomenon. Therefore, a purposive sampling technique was appropriate for this study.

Sampling Frame

When conducting purposive sampling, the participants must meet a set of eligibility criteria. These criteria were developed such that participants have the skills and experiences necessary to provide useful answers to the RQs. The inclusion criteria for this study were (a) being a low-income earner; (b) living in Dover, Delaware, (c) having awareness of personal entitlement to receive public benefits; and (d) may or may not having applied to receive public benefits. The exclusion criteria were any of the following: (a) being low-income earners who are not entitled to public benefits in Dover, Delaware and (b) residents of Dover, Delaware who are not entitled to public benefits. I determined whether the participants satisfied the eligibility criteria by including the list in the invitation to participate and informed consent forms. Moreover, I asked a series of screening questions to determine the participants' eligibility before scheduling the date and time for data collection.

Sample Size and Data Saturation

In qualitative studies, especially when using purposive sampling, researchers commonly aim to reach data saturation as the basis for determining the appropriate sample size (Tran et al., 2016). Data saturation refers to the point during data collection and analysis procedures in which the following criteria are observed: (a) no new codes or new themes and (b) adding more data obtained from the data collection sources does not translate to any significant addition to the unique codes for this study (Tran et al., 2016). For this study, I recruited a small sample of low-income adults who are eligible for public benefits. These individuals participated in semistructured interviews. I would have recruited more participants if the initial number of samples did not yield data saturation.

Instrumentation

Data were collected through semistructured interviews, which are commonly used in qualitative research to collect in-depth data about a phenomenon (DeJonckheere & Vaughn, 2019). A semistructured interview is the common technique used for collecting data in qualitative research because of the flexibility in asking questions and enabling a researcher to collect in-depth data about the topic (Kallio et al., 2016; Roulston & Choi, 2018). The interview guide for this study (see Appendix) included questions aligned with the RQ of the study (see Kallio et al., 2016). I developed the interview questions based on existing literature relevant to the topic of the study.

Procedures for Recruitment, Participation, and Data Collection

Recruitment Procedures

I followed several steps in recruiting participants. I (a) obtained approval from Walden University's Institutional Review Board (IRB), (b) inviting individuals to participate in the study, (c) undertaking informed consent procedures, and (d) scheduling interviews with individuals who provided consent to participate in the study. I secured IRB approval before the study commenced. The IRB assessed my methods and ensured that the participants' rights would not be violated in the conduct of my procedures. Upon obtaining IRB approval, I asked social workers and their respective agencies or organizations in Dover, Delaware to recruit participants. These social workers helped me to identify potential participants based on the eligibility criteria. The social workers provided a letter of support to me to ensure participant confidentiality. The social workers also sent invitations to potential participants.

To establish initial contact with each potential participant, I sent an email invitation to prospective participants. The email included a description of the study, the inclusion and exclusion criteria for participating, and an informed consent form for participants to sign and send to me if they wished to participate. When participants sent back their signed informed consent form, they were asked to set a date and time for their interview. Only those who sent back a signed consent form were considered as participants of the study. I then scheduled the interviews for each participant after I received their signed consent forms.

Data Collection Procedures

I collected data through semistructured interviews. All interviews were conducted online through Zoom in alignment with the health protocols associated with the COVID-19 pandemic. Each interview was expected to last 45 min. Three days before the scheduled interviews, I sent the details for the Zoom meeting by email to all participants. I recorded the audio and video of the Zoom interview session for transcribing purposes. This information was included in the informed consent that the participants were required to read and agree with before scheduling the interview.

In the first part of the interview, I introduced how to prepare each participant for the data collection session. I reviewed the interview topic and flow of participation to manage the participants' expectations. After the introduction, I began by asking questions based on the interview guide. Whenever possible and necessary, I asked follow-up questions to collect more in-depth explanations of the participants' initial answers. By doing so, I investigated further into participants' answers and gained more comprehensive answers to the study's RQs. After I finished asking all the interview guide questions and follow-up questions, I reminded the participants about the member checking process and thanked the participants for the time given to the data collection.

For each participant, I transcribed the interview session and wrote a one-page summary with my initial interpretations of the findings for each participant, which was used for member checking. The member checking process involves validation of the accuracy of the data interpretation based on the actual data source, which is the participant (Birt et al., 2016). To perform member checking, I sent copies of the summary

and initial interpretation of each interview data to the participants via email, and I gave each participant 7 days to review the correctness and completeness of the document. Any requested changes were discussed between the participant and me through a one-on-one Zoom meeting.

Data Analysis Plan

I analyzed the data using thematic analysis, which has the following steps: (a) data familiarization, (b) code development and coding, (c) theme development, (d) theme revisions, (e) theme finalization and theme definition development, and (f) report generation (Braun et al., 2016). For the first step of the thematic analysis, I familiarized myself with the data from the interviews. I read each interview transcript two times. During the second round of reading, I highlighted relevant words, phrases, and sentences (e.g., descriptive texts) that could be useful inputs to answer the study's RQs. In the second step, I used the highlighted words, phrases, and sentences from the first step to develop a coding scheme (Braun et al., 2016).

Based on the initial list of descriptive texts, I coded all data. I grouped texts with similar meanings under one code. The name or label for each code directly related to at least one of the RQs. I expanded the codes based on the descriptive texts that I encountered. In the third step, I grouped similar codes to form a theme. The themes provided a direct answer to the RQs. In the fourth step, I finalized the themes by identifying the major and minor themes. The most frequent similar themes from the data were considered as major themes. Less frequently occurring themes were minor themes. I

developed a description for each theme in the fifth step. Then, I wrote the report of the findings, which makes up part of Chapter 4.

Issues of Trustworthiness

Trustworthiness is the basis for ensuring that qualitative studies are valid and reliable (Lincoln & Guba, 1985). Trustworthiness may be improved through four elements: credibility, transferability, dependability, and confirmability. Ensuring that processes and methods are in place to uphold these four elements translates to improving the trustworthiness of the study as a whole.

Credibility

Several methods may be implemented to improve the credibility of a study. Credibility may be improved by ensuring that data are collected and processed in an unbiased and complete manner (Lincoln & Guba, 1985). I improved credibility by performing member checking (Birt et al., 2016; Lincoln & Guba, 1985). By getting feedback about the initial interpretations of the data from the main source (i.e., participants), I enhanced the credibility of the study. Through this process, I was able to avoid personal biases from influencing the data collection and analysis process, as well as the findings of this study. I also acknowledged my personal beliefs, experiences, and preferences in relation to the topic to minimize the influences of researcher bias.

Transferability

To improve transferability, the researcher must ensure that future researchers and readers of this study can identify the applicability and similarity of the findings to another setting through replication (Lincoln & Guba, 1985). To improve transferability, I

provided rich and thick discussion about the study's procedures and findings. In doing so, I sought to ensure that output from the study can be useful to other researchers.

Therefore, future researchers will be able to replicate the study to other populations or settings.

Dependability

Dependability may be improved through an audit trail (Lincoln & Guba, 1985), which I developed for this qualitative research. An audit trail includes a compilation of relevant documents (e.g., consent forms, interview questions, transcripts) that can aid in improving the accuracy of the data for the benefit of future researchers. Through an audit trail, readers can easily understand the study's flow and the findings that resulted from the data collected (Lincoln & Guba, 1985).

Confirmability

Improving confirmability means that the study is objective in every aspect, especially in the findings and conclusions developed from the data. I improved this study's confirmability by reducing the bias and subjectivity in different aspects of the study (Lincoln & Guba, 1985). I reduced subjectivity by ensuring data saturation and acknowledged sources of personal biases. In this manner, I decreased my subjectivity in collecting and analyzing data. Moreover, I identified potential sources of bias prior to data collection (Lincoln & Guba, 1985).

Ethical Procedures

Ethical issues must be addressed through specific procedures, especially when using humans as subjects for research. I addressed ethical issues through the following

procedures: (a) IRB permission, (b) informed consent, (c) participant confidentiality, (d) voluntary participation, and (e) proper data storage and security. I obtained permission from IRB before beginning any form of interaction with potential participants of the study. Obtaining IRB permission ensured that the procedures did not put participants at risk and avoided conflicts related to data confidentiality. Furthermore, I gave all participants copies of the informed consent to let them know their rights and responsibilities as participants. Only those who read and signed the consent form were considered participants for this study.

Moreover, I maintained the confidentiality of participants' identity using pseudonyms that replaced the names of each participating low-income earner. I used these pseudonyms in the data sheets and reports. All participants were volunteers. I did not force anyone to participate in this study. I also refrained from giving incentives to participants. Finally, all information and documents were kept in a locked cabinet inside my home office, with access restricted only to me. All data will be kept for 5 years and destroyed after the 5 years of storage.

Summary

The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. To address this purpose, I conducted a generic qualitative research study. I collected data from a small sample of low-income adults. The inclusion criteria for this study were as follows: (a) being low-income earners; (b) living in Dover, Delaware; (c) being aware of entitlement to receive public benefits for free; and (d) may or may not

having exercised the right to receive public benefits. The exclusion criteria were any of the following: (a) being low-income earners who are not entitled to public benefits in Dover, Delaware or (b) being residents of Dover, Delaware who are not entitled to public benefits. I recruited these participants using purposive sampling and conducted semistructured interviews online through Zoom. All data were transcribed and member checked. I conducted thematic analysis to process the data collected from interviews. I present the findings from the analysis in detail and relate to the existing literature in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits such as Purchase of Care, a childcare benefit. Specifically, I sought to explore and document the experiences of low-income individuals regarding public benefits access and use in Dover, Delaware. To achieve the purpose, I sought to answer one RQ: What are low-income individuals' experiences regarding public benefits access and use in Dover, Delaware? Four sub-RQs covering barriers to access to public benefits were formulated to answer the primary RQ. The sub-RQs covered interpersonal and environmental barriers, policy barriers, and a review of services dissemination by the Delaware Department of Social Services.

In this chapter, I present the results of my investigation. Participant demographics are highlighted, followed by a brief discussion of the data collection and analysis procedures. After summarizing the measures I used to ensure trustworthiness, I present the results by RQ. The chapter concludes with a brief summary.

Demographics

The purposive sample was comprised of eight individuals eligible for public benefits. For confidentiality reasons, I assigned each participant a pseudonym. Table 1 includes the demographic data for this study's interviewees.

Table 1*Participant Demographics*

Participant	Gender	Age
Interviewee 1	Female	27
Interviewee 2	Female	33
Interviewee 3	Female	29
Interviewee 4	Female	24
Interviewee 5	Female	50
Interviewee 6	Female	28
Interviewee 7	Male	35
Interviewee 8	Female	23

Data Collection

The target population of this study was low-income earning individuals from Dover, Delaware. I planned to interview eight to 12 participants. The final sample included eight individuals from the chosen geographic area. These participants had the relevant knowledge and background aligned with the problem and RQs of the study. All interviewees were low-income earners who lived in Dover, Delaware; were aware of personal entitlement to receive public benefits; and had applied for at least one type of public benefits (food stamps, Medicaid, or Purchase of Care). I asked screening questions to determine a prospective participant's eligibility before scheduling the date and time for the interview. All interviews were via Zoom, lasted approximately 30 min, and were recorded and stored in my password-secured laptop. Data were collected through semistructured interviews. The interview guide included questions developed by me that were aligned with the study's RQ (see Kallio et al., 2016). To identify themes, I followed Braun et al.'s (2016) six-step coding process.

Delaware welfare services offers its residents three public benefits: food aid, Medicaid, and Purchase of Care (POC). Delaware POC is a subsidy program supporting early childhood and after-school education. The support is provided to parents with children from birth through age 12 years who meet the federal poverty limit. Eligible individuals or families can choose childcare support from a family member, a state childcare center, or a care center that accepts POC (Michalowski & Scott, 2019).

Data Analysis

I transcribed all eight data files into Microsoft Word text documents, then imported the transcripts into NVivo 12 qualitative analysis software for analysis. I interpreted data using thematic analysis. The thematic analysis involved the following steps: (a) data familiarization, (b) code generation, (c) theme development, (d) theme revisions, (e) theme finalization and theme definition development, and (f) report generation (Braun et al., 2016).

Step 1: Familiarization With the Data

In the first step, I familiarized myself with the interview data. I read each interview transcript severally. Doing so helped me get acquainted with the data. During the repeated rounds of reading, I noted relevant descriptive texts helpful to answer the RQs. In the subsequent steps, I iteratively coded words, phrases, and sentences from the first step to develop a coding scheme (Braun et al., 2016).

Step 2: Coding of the Data

Using NVivo 12 qualitative data analysis software, I conducted a deductive line-by-line coding isolating meaningful words or phrases related to the study. The initial 19

codes and the number of times they were mentioned in the data set are presented in Table 2.

Table 2*Initial Codes and Number of References*

Initial code	No. of participants contributing ($N = 8$)	No. of data references
Self-image and esteem as a barrier to seeking help	7	8
Rigorous, long vetting process and bureaucracy	6	16
Social image concerns as a barrier	6	7
Social Service services have improved a bit	6	11
Poor customer service, uncaring attitude, unempathetic staff	5	11
Inconsiderate reviews when income status changes	5	7
Computer illiteracy and lack of internet connectivity	4	9
Benefits eligibility and renewal-related challenges	4	10
Benefits calculation approach is unfair or unclear	4	7
Government dictates unfair social security policies	4	5
Lack of transport or gas or driving skills	3	8
Language challenges and poor translation	3	6
Unfair benefits application process	3	3
Limitations of remote consultations	3	4
Inadequate benefits or limited availability	3	6
Social services apps and virtual applications are useful	2	2
Inefficiencies in the administration processes	2	5
EBT credit card has solved most of the stamp book limitations	1	1
Unique circumstance disregarded in some cases	1	5

Note. EBT = Electronic Benefits Transfer.

Step 3: Grouping of the Codes Into Preliminary Themes

In the third step, I grouped similar codes to form initial themes. The initial themes provided a direct answer to the RQs. I deductively reduced the codes from the unsorted list of codes into four groups. Each code group contained codes informing the sub-RQs. Table 3 shows the initial themes that were generated and their supporting codes. The codes are listed in descending order based on frequency.

Table 3*Grouping of Codes Into Initial Themes*

Emergent theme (code)	No. of participants contributing ($N = 8$)	No. of data references
Individual-related barriers		
Self-image and esteem as barrier to seeking help	7	8
Social image concerns as a barrier	6	7
Computer illiteracy and lack of internet connectivity	4	12
Policy barriers		
Rigorous, long vetting process and bureaucracy	6	16
Benefits calculation approach unfair or unclear	6	17
Inconsiderate reviews when income status changes	5	7
Government dictates unfair social security policies	4	5
Inadequate benefits or limited availability	3	6
EBT credit card has solved most of the stamp book limitations	1	1
Environmental challenges		
Lack of transport or gas or driving skills	3	8
Limitations of remote consultations	3	4
Usefulness of social services apps and virtual services	2	2
Delaware social services review		
Poor customer service, uncaring attitude, and unempathetic staff	4	7
Language challenges and administrative inefficiencies	4	10
Social service dissemination has improved marginally	4	8

Note. EBT = Electronic Benefits Transfer.

Step 4: Development of the Initial Themes

In this step, I further refined the initial themes. I deductively solidified the themes around the four subquestions to move closer to the final themes. I conducted an in-depth review ensuring the distinctiveness of each theme.

Step 5: Definition and Naming of the Final Themes

In the fifth stage, I identified the themes relevant to each RQ and allocated them accordingly. After ascertaining the relevance of each theme to each RQ, I finalized the themes and arranged them by each RQ. After Step 4, 11 themes emerged. Three themes informed RQ1, three informed RQ2, two aligned with RQ3, and three informed RQ4. The number of interviewees contributing to each theme and the number of times a theme was referenced in the data are shown in Table 4.

Table 4*Naming of the Final Themes*

Emergent theme (code)	No. of participants contributing ($N = 8$)	No. of data references
Interpersonal factors		
Nonaccess due to self-image and esteem	7	8
Concerns about social image	6	7
Computer illiteracy and internet poverty	4	12
Institutional policy barriers		
Unfavorable benefits calculation policies	6	28
Rigid, one-fit-all social security policies	5	13
Bureaucratic, rigorous, long vetting process	5	14
Environmental challenges		
Social service center accessibility challenges	4	10
Limitations of remote consultations	4	6
Delaware Department of Social Services review		
Poor customer service from uncaring and unempathetic staff	4	7
Language challenges and inefficient administration processes	4	11
Social service dissemination has improved marginally	4	10

Step 6: Preparation of a Written Report of the Study Results

The last step involved preparing a written report of the study results. In the Results section of this chapter, I summarize the results and findings for each RQ supported by the identified themes. Direct respondent quotes are included to support the themes.

Evidence of Trustworthiness

Trustworthiness in qualitative research is achieved by ensuring the study's credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Ensuring that processes and methods follow these four elements helps to improve the study's trustworthiness.

Credibility

To increase credibility, I checked eligibility (Birt et al., 2016; Lincoln & Guba, 1985) against the predetermined selection criteria. I also asked screening questions to determine the participants' eligibility before scheduling the date and time for data collection. I performed member checking after the interviews. The transcriptions were shared with the interviewees to get feedback about the correctness of the interview data. Confirmation of accuracy in the transcription helped improve the study's credibility. I practiced bracketing and reflexivity, thus avoiding personal biases from influencing the data collection and analysis process, as well as the findings of this study. I remained aware of my personal beliefs, experiences, and preferences concerning the topic to minimize the influences of researcher bias. Finally, the interview instrument that I developed was anchored on literature and was reviewed by experts comprised of my research supervisors.

Transferability

The transferability of a study ensures that future researchers can replicate a study in another setting and arrive at similar findings (Lincoln & Guba, 1985). To improve transferability, in this research report I have provided a rich and thick discussion about the study's procedures and findings. By doing so, I have ensured that the research report is helpful to other researchers. Therefore, future researchers can replicate the study in other populations or settings. Even though the sample size was small, limiting the

generalizability of findings, the interviewees were picked from the general population. As such, the sample elements can be assumed to be similar to population elements, which enhances study transferability.

Dependability

Dependability is improved when a researcher provides an audit trail (Lincoln & Guba, 1985). For this study, an audit trail is available comprised of relevant documents such as consent forms, interview questions, interview recordings, and transcripts. Thus, any researcher or reader can track and understand the study's flow and journey to the findings that resulted from the data collected (Lincoln & Guba, 1985).

Confirmability

Confirmability means the study is objective in every aspect, especially in the findings and conclusions developed from the data. Put differently, confirmability is the ability to ascertain the neutrality of findings. As such, the research lacks bias and subjectivity in the different aspects of the study (Lincoln & Guba, 1985). I reduced subjectivity by collecting data using an expert-reviewed, semistructured, open-ended interview guide. I also ensured data saturation. As the coding data show, the data file with the smallest codes had 21, and the highest had 31. The other four data files had 24, 26, 27, and 28 codes. This observation suggests that the interview data were dependable. Finally, to improve the accuracy of the findings, data were analyzed with NVivo 12, a qualitative analysis software, and the analysis process followed the Braun et al. (2016) six-step data analysis method.

Results

The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. The main RQ was addressed by answering the four subquestions. The summary of results for the main RQ and the four sub-RQs follow.

Research Question 1

The study had one main RQ, which I used to understand the individual experiences of low-income individuals seeking public benefits access. The main RQ had four subquestions. Table 5 summarizes the four sub-RQs and the final themes supporting each question.

Research Question 1_a

I formulated the first subquestion, RQ1_a, to document the interpersonal factors that low-income individuals in Dover, Delaware perceive as barriers to accessing and using the public benefits. Three themes, as shown in Table 6, were relevant in addressing this sub-RQ.

Table 5*Sub-Research Questions and Final Themes*

Sub-research question	Corresponding theme
RQ1 _a : What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefit?	Theme 1: Nonaccess Due to Self-Image and - Esteem Theme 2: Concerns About Social Image Theme 3: Computer Illiteracy and Internet Poverty
RQ1 _b : How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services?	Theme 4: Poor Customer Service From Uncaring and Unempathetic Staff Theme 5: Language Challenges and Inefficient Administration Processes Theme 6: Improved Dissemination of Social Services
RQ1 _c : What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?	Theme 7: Social Service Center Accessibility Challenges Theme 8: Limitations of Remote Consultations
RQ1 _d : What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits?	Theme 9: Unfavorable Eligibility and Structural Policies Theme 10: Bureaucratic, Rigorous, Long Vetting Process Theme 11: Rigid, One-Size-Fits-All Social Security Policies

Table 6*Research Question 1_a Themes*

Sub-research question	Related theme
RQ1 _a : What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefit?	Theme 1: Nonaccess Due to Self-Image and Esteem Theme 2: Concerns About Social Image Theme 3: Computer Illiteracy and Internet Poverty

Theme 1: Nonaccess Due to Self-Image and Esteem

The first theme suggested a key barrier that low-income individuals in Dover, Delaware accessing public benefits faced was caused by self-image and self-esteem. This interpersonal barrier was mentioned by all the respondents ($N = 8$). Some participants judged themselves as unneedy of public benefits and only applied for them due to circumstances or influence by relatives. Interviewee 1 was categorical that they did not require government benefits because this respondent felt they could work to support their children. This respondent was also conscious of the fact that people talk, often negatively, about those who access public benefits:

I don't need government benefit to survive, I can work and take care of me and my children, you know, people say different things to you, maybe look down on you and all. I am not for all of that, [if] you know what I mean.

Interviewee 3 explained that she applied for public benefits because she was expectant and needed the money to assist with her and her forthcoming child's needs. Being expectant drove her to apply for public benefit, which she did without hesitation. In addition, the sister also suggested her use of the public benefit:

I started receiving these benefits when I was pregnant with my youngest child, or oldest child. She's going to be 6 in February ... I didn't think twice about it. I figured the worst thing that they could tell me was no ... My sister actually suggested that I apply for it.

Interviewee 4 recalled forfeiting applying for Purchase of Care benefit because her job status then automatically disqualified her from the benefit. She was required to

resign to access the benefits, which she did not want to do. On the other hand, though, she also grappled with self-esteem and shame issues associated with using public benefits, stating, “I think there is a bit of shame you feel because you have to get on public benefits.” Interviewee 6 explained that besides the uncertain public benefits application process and the income requirement clause, it is natural and human not to want to be on food stamps because humans want self-sufficiency: “I mean, no one wants to be on food stamp. [laugh] [laugh] ... It's a shameful thing when you think about it.”

Interviewee 2 recalled struggling to find a daycare center that accepted state childcare benefits. She had to quit her job to care for her three kids because she could not afford to pay for daycare costs out of pocket. Additionally, she explained that ordinarily, she would not choose state benefits unless she was in a situation because public benefits are for the poor, which she did not perceive herself as being: “I'm not going to lie, I didn't want to get any welfare thing, but I was in a situation. I get it, it's for poor people poor too.”

Participant 8 mentioned that despite receiving food stamps, she had never given it much thought. The parents worked hard to provide, so she believed food stamps and government benefits were for the poor:

Oh lord, I never received food stamp because I always think it's for the poor people. Although I was raised in the projects, my parents never ever received any public assistance to care for us. They worked two jobs and got all we need, not want.

Theme 2: Concerns About Social Image

Theme 2, also related to interpersonal factors, suggested another barrier to not accessing public benefits concerned public image. Six respondents suggested that society tends to look down on individuals who depend on state benefits and treat such individuals as if they were of a lower class. Some data suggested that it is not always true that those who use public benefits are necessarily poor.

Interviewee 2 and Interviewee 4 echoed that last point. Interviewee 2 explained that single mothers enroll in Medicaid and food stamps but lie about it or keep the issue private for their social image:

Oh boy! Everybody need help; as a matter of fact, many single parents that I know get food stamp and at least Medicaid, if they are not going to lie to you.

You can interview many single mothers in my development, and if they will tell you the truth, you know.

Interviewee 4 explained that before she accessed public benefits, she thought only the poor applied for benefits such as Medicaid and food stamps. After accessing the benefits, she felt that the perception that public benefits were for the poor was a societal creation and not always true. She explained that when she was pursuing her master's degree and was short of resources, she decided to apply for the benefits:

And I think that's just something that society has made a thing, like "Oh, if you get food stamps, if you get Medicaid, you're low in society" which is not always true. I was getting a master's degree and on Medicaid and food stamps. You know.

Interviewee 1 and Interviewee 6 held the common societal notion that seeking public aid is shameful, along with the rigid view that public aid is unwelcome.

Interviewee 1 perceived that she did not need state aid because she could take care of her kids and was concerned about people's opinions:

I don't need government benefit to survive, I can work and take care of me and my children, you know, people say different thing to you, maybe look down on you and all. I am not for all of that.

Interviewee 6 noted that there is some shame associated with food aid. She was concerned that neighbors think taking state aid is tantamount to stealing from the government. This respondent noted that the mother taught her to disregard social opinions when help is needed:

It's a shameful thing when you think about it. Your neighbor is going to think you are lazy and taking from the government ... Sure, there is a stigma attached to getting any form of help, you know what I mean? ... even though my mother taught me that people's opinion doesn't matter and you go for what you want that can help you.

Theme 3: Computer Illiteracy and Internet Poverty

The third theme addressing RQ1_a captured the respondents' perception of the third barrier to public benefits access and use. Half ($n = 4$) of those interviewed felt that because applying for social services is easily completed online instead of making a physical visit, computer illiterate individuals and those lacking internet connectivity are disadvantaged.

Interviewee 5 mentioned language, transport, and computer skills as the three obstacles she had faced and knew other applicants who had faced this issue when discussing key barriers to public benefits access. She narrated her experience, also common with other potential applicants, that chances were high that if she had no transport to social services offices and lacked internet on the day of renewal, it was highly possible not to complete the application process. Interviewee 5 explained the internet challenge to benefits application using an example from during the COVID period:

Internet service was a big barrier to getting benefit ... Let's say that day [application day] I didn't have internet in my house, internet service has cut off and I needed to fill out an application for food stamps. And I couldn't get there because I didn't have a car. And I can't have someone to take me to their office, so I ask for a phone interview or even during pandemic all interviews for benefits when on phone and application are online only. You can go there to apply, the office is closed because of COVID, and everybody works from home ... The social services don't or won't care if you have an internet to complete application online or a phone to complete an interview. My phone was through internet sometimes because I cannot afford a regular phone.

Interviewee 1 explained the obstacles public benefits applicants experienced, including approved funds that were insufficient to cover living costs and internet expenses. The respondent specifically explained the essence of internet connection, stating that after COVID, benefits applications moved online. If an applicant missed a

deadline because they could not complete an online application, they must repeat the process again:

You need the internet because since COVID everything is online. You apply and wait to be called for a phone interview which you must complete before they approve your benefit. Also, if you miss an appointment or phone interview, your application or renewal will be closed, and you'll have to start all over applying and all that crap again.

Interviewee 6 highlighted the importance of having a means of transport to the Social Services offices for applicants without a computer or means to apply for the benefits online. In this respondent's case, she had to get a ride to the offices, which are far from her residence:

My experience is mixed up, but their office is far from me, so I have to find a ride there or something. I don't have a computer so I cannot do any application on the computer. I have to go there each time. Thanks goodness I already had my benefits before the pandemic, so I did not have to go through what other went through to renew or apply for benefits.

Research Question 1_b

I developed the second sub-RQ to gain an understanding of the perceptions of low-income public funds beneficiaries in Dover, Delaware, based on their interaction with the Delaware Department of Social Services. I identified three themes (see Table 7) for the sub-RQ based on the interview data.

Table 7*Research Question 1_b Themes*

Sub-research question	Corresponding theme
RQ1 _b : How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services?	Theme 4: Poor Customer Service From Uncaring and Unempathetic Staff Theme 5: Language Challenges and Inefficient Administration Processes Theme 6: Improved Dissemination of Social Services

Theme 4: Poor Customer Service From Uncaring and Unempathetic Staff

Theme 4 suggested that respondents deemed the customer service provided by Delaware Department of Social Services to be poor and the staff uncaring and unempathetic. This perspective was expressed by four out of the eight interviewees. Interviewee 7 had the most negative review of the services offered by Delaware Department of Social Services, terming it “horrible,” although the respondent acknowledged a few good social workers:

Do you want me to be honest? [The service is] horrible, sorry, I don't have a better statement. You think they help families, nope, they don't. Many of them are not happy with their job so they come to work with the bitterness. They give you a run around, bring this, bring that, until you get frustrated and give up. There are so very nice people in the office too though, that really know what they are doing.

Interviewee 2 reported experiencing long waiting periods and undedicated staff when applying for Medicaid. The respondent mentioned that activating an inactive Medicaid card could take as many as 3 months. In some cases, workers assigned to

handle such cases were unavailable. Interviewee 2 explained that when faced with Medicaid account problems, trying to sort the issue is not a straightforward process:

It's not as straightforward. Sometimes it's 3 months already while you are waiting to resolve it. Your documents could get missing in the process, and you must start all over. Sometimes you fall sick during the waiting period, and you have to pay out of pocket or not seek medical help because your Medicaid is inactive. It's a lot more; sometimes, the assigned worker isn't available to review your submissions, and other things happen. I have had people lose Medicaid for almost a year for different reasons like that.

Further, Interviewee 2 explained that it was not uncommon, especially during COVID, to visit the offices using irregular public transport only to find absent officers. When applicants followed notices requesting them to call, the telephone lines went unanswered. Interviewee 2 felt this behavior showed how uncaring the Dover Social Services officers were:

There is no frequent bus or transportation in Dover to take you to their office and guess what; you may even get there and not meet a live person to talk to because they are not seeing customers. A sign at the door asks you to call because of the pandemic, and they never pick up the calls when you call. Do you think they care about me?

Based on this experience, Interviewee 2 commented that the Dover Social Services office staff should be more helpful and understanding and show more love to applicants: "I mean they have to help us more and maybe they need to love people. I

mean seriously, they need to be understanding.” Interviewee 6 had experience using Medicaid, daycare, and food stamps and was happy with the benefits but disliked the process of getting them, describing it as very tough especially dealing with the social service officers: “It’s like you praying the night before that you will meet a good person, { laugh } a person that really like their job and there to help.”

Interviewee 1 lamented that the benefits approved based on an applicant's income were sometimes inadequate to cater for bills for her two kids. The respondent felt the reviewing officers at the Social Service office did not understand the applicant's needs:

I think somebody there just doesn't get ... I pay several bills that are way more than the ... earn which they use to determine if you qualify or not [laugh]. For example, I pay gas, electric, rent, phone, cable, water, transport, medicine ... every month and they don't care about all that ... bills I gait to pay when I apply. All they look at is the money I make every month which look like a lot higher had I not have' pay other expenses each month. Now, social services says I make too much money [laugh] [laugh] and only approve [laugh] [laugh] very little amount for my food benefit, mind you I have two kids and 40 dollars cannot get a grocery [laugh] [laugh].

Interviewee 5 felt that other than dispensing the benefits upon approval, the office did not care how or whether the applicants could apply or had the necessary resources to apply online and, if not, how they physically got to the Dover offices: “The social services don't or won't care if you have an internet to complete application online or a

phone to complete an interview. My phone was through internet sometimes because I cannot afford a regular phone.”

Theme 5: Language Challenges and Inefficient Administration Processes

Theme 5 suggested that at Dover Social Services offices, the respondents experienced communication challenges due to language differences between applicants and the staff at the Social Service Center. Further, the theme indicated that half of the respondents ($n = 4$) perceived the administration process as inefficient. Interviewee 5 noted that applicants experienced language-related issues at the Social Service center. In some circumstances, the center did not have translators. Where a translator was available, the applicant did not understand the translation. On other occasions, the center used online translation facilities. Thus, the translated output was challenging to comprehend. Interviewee 5, who was an immigrant, noted,

I speak the language; it was a little easier [applying for benefits] ... I also speak English because I come here a little bit earlier, when I come to the country, so my English is a little bit better. Compared to somebody who was older who did not know the English language, it would have been a challenge ... Because if they [applicants] don't have anybody to translate or if usually when they [Dover Center] use the online translation, it's a little bit challenging because it's not clear. Sometimes the person's translation is not as good I can say, as when somebody has somebody with them who can speak the language for them to translate, or if they speak English themselves, it's easier.

Interviewee 2 mentioned inefficiency cases where application documents went missing, necessitating the applicant to commence the process afresh. In some situations, inefficiencies arose in failed appointments where an applicant's assigned officer would be unavailable to review a submission: “Your documents could get missing in the process, and you must start all over ... Sometimes, the assigned worker isn't available to review your submissions, and other things happen.”

Interviewee 1 echoed the problem highlighted by Interviewee 2. In addition to repeating the application process, if an applicant's documentation could not be located, missing an appointment or a phone interview had similar consequences: “If you miss appointment or phone interview, your application or renewal will be closed, and you'll have to start all over applying and all that crap again.”

Dover Social Center inefficiencies were also reported by Interviewee 3, who experienced inconsistencies with Medicaid paperwork, causing an erroneous medical charge of \$2,000—supposed to be covered by the state aid—to be billed to the respondent. Making follow-up calls to resolve the issue was unfruitful, and the center's emails were sometimes nonfunctional. Getting hold of the assigned officer on the phone was challenging, and the respondent sometimes had to leave voice messages:

I went to get blood drawn and they said I had a \$2,000 outstanding bill, but I was covered by Medicaid at that time. What they do is they sign you up for the health insurance, the Medicaid, and they back date. They back date 30 days and they hadn't done the paperwork for that back date. So, they had a discrepancy where they thought I owed 2000 and it was actually supposed to be covered by the state

... It's been taking a while because every time I call something comes up. The last time it was their email was down ... Sometimes it can be hard to get ahold of your specific social worker because only one person handles your case and oftentimes when you call in, you have to leave a message on the machine.

Interviewee 7 noted that in addition to other challenges, such as being awarded scant benefits and the risk of losing them due to late renewal every 6 months, it is difficult for nonnative English speakers and applicants unable to understand the difficult language and benefits policies: “Thank goodness I am born here and speak English well. If I wasn't, then it will be another problem because how are you going to communicate to a case worker?”

Theme 6: Improved Dissemination of Social Services

Unlike the other two themes, where respondents negatively reviewed Delaware Department of Social Services, Theme 6 indicated that several interviewees ($n = 4$) had positive perceptions about the Social Services Center. Improvements were reported in the technology deployment in communication, virtual service dissemination, and offering on-site translator services. Interviewee 5 noted, for instance, that the traditional physical services were okay before the introduction of virtual access and applications; however, the introduction of virtual services was an improvement. In addition to not making physical visits, a beneficiary has additional benefits enabled by technology, such as checking account status and funds balances. Interviewee 5 described the usage of social services as follows:

In general, I'll say that their services is okay, not bad because I don't have to go to the office as well due to all the technology. You can check your balance, you can call, but when I used to go there in the office, I said it was okay.

Interviewee 3 echoed the benefits of technology highlighted by Interview 5. This respondent noted that the center had greatly improved in communication with beneficiaries. In addition to traditional mail, they sent text messages and emails, which are more convenient and faster:

Now they can send you text messages, which will make it a lot easier because the mailing system is very slow. They use USPS [United States Postal Service]. It takes about a week for the things that they mail out to get to you. But now they can send you text messages and emails.

Unlike Interviewee 5, who reported experiencing and observing other nonnatives encounter challenges with language and translation, Interviewee 3 narrated witnessing Creole-speaking applicants being assisted by a translator on-hand at the Services Center:

I haven't seen that [language barrier issue]. I have seen a lot of people who speak Creole come into the office. They have a translator on hand. They have some Hispanic translator on hand as well. So, for the most part, there hasn't been too many issues with language barriers.

Interviewee 4 narrated accessing the public benefits several times since they did so for the first time in 2017 in graduate school and again in 2020. Despite being approved for a paltry \$18 food aid in 2017, the respondent noted the application process was okay:

The first time I used public benefits was when I was in grad school in 2017. I applied for food stamps and Medicaid. I was working part-time, doing an internship part-time, and in classes. Because I was working part-time, I couldn't get benefits through my employer, so I had to apply for Medicaid and food stamps. If I could remember correctly, the process was easy to apply, but when I got approved for food stamps, it was only \$18 a month.

Research Question 1_c

RQ1_c revealed the factors that low-income individuals in Dover, Delaware perceived as barriers to accessing and using public benefits. The two themes that are closely aligned with this sub-RQ are shown in Table 8.

Table 8

Research Question 1_c Themes

Sub-research question	Corresponding theme
RQ1 _c : What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?	Theme 7: Social Service Center Accessibility Challenges Theme 8: Limitations of Remote Consultations

Theme 7: Social Service Center Accessibility Challenges

Theme 7 was the first of the two themes aligned with environmental factors. Accessibility of the social services center was a barrier to using benefits and was suggested by four out of the eight interviewees. Accessibility factors included lack of transport or distance to the center for those with vehicles, issues with gas, and or lack of driving skills. Four respondents who raised the transport issue concurred about the distance and the lack of regular public transport to Dover Social Security Services

offices. Interviewee 2 lamented that inquiries made by phone were not always resolved because sometimes there was no live person to answer the calls, and voicemail messages were never returned. As such, it was necessary on some occasions to visit the center to confirm or ask questions; however, there is no frequent public transport to Dover.

Interviewee 2 explained,

Many times, you need a ride to go to their office to confirm or ask questions.

Meanwhile, you cannot speak to a live person when you call their number. You leave messages, and no one ever calls you back. There is no frequent bus or transportation in Dover to take you to their office.

Due to the lack of a computer, Interviewee 6 narrated making a ride to the Social Services office each time they needed to apply for the benefits. The application process is limited, but the staff have to follow procedures. This respondent noted that the social service center at Dover is far from the Interviewee's location, and they must find some means of transport to the offices:

It is the office where you go to apply for benefits [laugh] [laugh]. I think they try their best to help and they have to do what the supervisor tells them to do so I cannot fault them. My experience is mixed up, but their office is far from me, so I have to find a ride there or something. I don't have a computer so I cannot do any application on the computer. I have to go there each time.

Interviewee 5 narrated that transport was an obstacle to accessing public benefits. Dover lacks regular public transport, meaning applicants must find alternative transport means to visit the social services office in person. Applicants unable to do so cannot be

considered for the services. Applicants with a vehicle without gas or who can borrow a ride but cannot drive also face the same predicament. Interviewee 5 mentioned transport and computer issues as the main obstacles to applying for public benefits:

Two of them [barriers], there is transportation and also the computer literate ... I know of someone and then I experienced it myself. It's two things. Sometimes the person doesn't know how to drive. Or there is no regular public transport in Dover, if you were to have an appointment and don't have help to drive you there, you won't get benefits. ... If one don't know how to drive, it's hard. If they get somebody to give them a ride, the person might ask for gas money, they might not have gas money. Or if you do drive, you probably have issue too, your car might be in the shop or if you don't have a car. So those are the type of barriers that happen to me many times when I use public benefits.

Theme 8: Limitations of Remote Consultations

Theme 8 mentioned by four interviewees highlighted the limitations of the alternative means of applying for public benefits. Even though the social services office has adopted technology to ease application and access to public benefits, Theme 8 revealed the barriers to using technology in accessing or applying for state funds. Interviewee 5 noted that the language and translation barriers experienced by people making physical visits to the Social Service office were experienced by nonnative applicants accessing the public benefits via phone. The phone translation is unclear, or the audio quality is poor aspects that hinder or complicate access to public benefits: “If the interview was to be over the phone, [and call] It's not as clear, the [including the]

translation. And then that's where I think that's what happens. Sometimes you can't hear well, sometimes you don't understand, so.”

Interviewee 2 explained that although she disliked making physical visits to the social services office, the respondent experienced challenges making inquiries via phone. Getting to talk on the phone live to a social security officer was hard, and call-back voicemail message requests were not returned:

Meanwhile, you cannot speak to a live person when you call their number. You leave messages, and no one ever calls you back ... I personally don't like going up there and it's hard to talk to them on the phone, so they need new laws to help people.

Interviewee 3 also underlined the barriers caused by using technology to apply, follow up, and access state benefits. As one social worker is assigned to handle an application, getting hold of them via phone is not always possible, and an applicant is requested to leave voicemail messages. In some cases, the voice message recorder is full, and applicants have had to make numerous email follow-ups before getting a response:

Sometimes it can be hard to get ahold of your specific social worker because only one person handles your case and oftentimes when you call in, you have to leave a message on the machine. Sometimes that machine is full, and you have to email them repeatedly. I have had issues with that.

Research Question 1_d

RQ1_d concerned the institutional policies low-income individuals in Dover, Delaware perceived as barriers to accessing and using public benefits. Three themes emerged for this sub-RQ. The themes are shown in Table 9.

Table 9

Research Question 1_d Themes

Sub-research question	Corresponding theme
RQ1 _d : What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits?	Theme 9: Unfavorable Eligibility and Structural Policies Theme 10: Bureaucratic, Rigorous, Long Vetting Process Theme 11: Rigid, One-Size-Fits-All Social Security Policies

Theme 9: Unfavorable Eligibility and Structural Policies

Theme 9 summarizes the institutional policies the interviewees felt were inhibiting access to and use of public benefits. Six interviewees contributed to this theme. Some unfavorable policies the respondents cited included the fresh assessment for eligibility repeated every 6 months. The approved daycare centers accepting state daycare benefits are few. Some interviewees felt the benefits were too little or insufficient because the calculation policies do not factor in economic changes such as inflation. Interviewee 3 noted that the assessment required every 6 months was sensible to deter abuse of public benefits. Also, the alert for reassessment is usually sent 2 weeks before the benefit expiry, which does not give ample time to assemble all necessary documentation, especially for working and parenting individuals:

I understand all of the barriers that they have in place so that people can't as easily work the system, but it is a pain. Every 6 months, I have to spend hours trying to find all of the paperwork that they need while also still working two jobs with three kids. It's a lot. And they only give you about 2 weeks' notice before your 6-month renewal comes up and they say, "This is the deadline, this is it. You have to have it in. Otherwise, we're cutting everything."

Interview 8 lamented the renewal process because of the documentation needed and the risk of missing a notice which can lead to benefits loss. Missing the renewal notice made the interviewee lose the benefits once. It was canceled. It took this interviewee nearly 4 months to have the benefits reinstated. The renewal process caused the interviewee anxiety. The respondent suggested that it is an issue that needs to be addressed:

I was anxious to renew it because that was a heck of a problem right there. If you don't get all your document to them then they cancel the benefit. If I remember correctly, I didn't get one notice maybe in 2021 for renewal and they canceled the food stamp, and it probably took me about 4 months to get it back ... It's complicated. They supposedly mail you a letter to update everything if you don't get the letter or return it at a certain time, you lose all your benefits and have to start all over again. Not fun at all. You literally have to check your mailbox every day to make sure you do not miss social service mail ... I don't know much about policy, but they need to fix how they do the renewal process because it create a lot of anxiety and you worry not to miss message form them because it will be used

against you and they will cancel out your food stamp if you miss let's say a letter or notice from them.

Interviewee 5 echoed these sentiments and perceived the 6-month reassessment as unfair:

I don't know if this will be appropriate, but I felt like what they do isn't fair in that you have to renew your benefits every 6 months ... The 6 months, it's every 6 months they will do an assessment, to determine if you still qualify for the benefit you receive.

In addition to the 6-month reassessment, respondents felt the method of calculating the benefits was inconsiderate. Because the benefits are strictly pegged on an applicant's income, the amount approved in some cases is deemed by the applicants as negligible. Interviewee 1 lamented that after considering the income from other jobs, the social service office only approved \$40, which the respondent perceived as unhelpful:

I think somebody there just doesn't get ... I pays [*sic*] several bills that are way more than the what I earn which they use to determine if you qualify or not [laugh]. For example, I pay gas, electric, rent, phone, cable, water, transport, medicine ... every month and they don't care about all that ... bills I got to pay when I apply. All they look at is the money I make every month which look like a lot higher had I not have' pay other expenses each month. Now, social services says I make too much money [laugh] [laugh] and only approve [laugh] [laugh] [laugh] very little amount for my food benefit, mind you I have two kids and 40 dollars cannot get a grocery. [laugh] [laugh] Honestly, it is not worth getting any

more, doesn't help my children, I get a second job, even third I will do anything for my children.

This perspective was repeated by Interview 5, who opined that basing the benefit on gross income was myopic. Failing to consider the applicant's real expenses was erroneous and neglected the true picture:

They count the net worth, I guess, not the money you actually make. I mean they count it; how do you say it? The net. Is it the net? Yeah, they take the gross income alone into consideration considering inflation and other expenses that you have going on ... but without counting everything else that you have to pay mortgage, you have to pay water bill, phone bill, trash, school, so all this, and I feel like as a single mom, when they really look at it, they think you're making all that money, I feel like it's not fair. That policy really affects people in a bad way.

The reminders to renew every 6 months were also an impediment to accessing and using the benefits. Sometimes an applicant missed the benefits renewal notice, and the benefit was terminated, as was the experience with Interviewee 2:

Most times you don't know when it is up for renewal because you have many things going on and all of a sudden, you realize your Medicaid is cancelled. You then call and they tell you that you failed to renew or send back the renewal application and other excuses. You give them your excuse and if it isn't too late, they mail you another form to fill in and return.

Structural policy barriers were also mentioned. The social services policy to work with only a few service providers for some needs hindered public benefits access. For

instance, Interviewee 2 noted that after failing to locate a daycare accepting applicants to use state benefits to pay for daycare service, she had to quit her job to take care of the kids because she could not afford the cost of daycare:

And even more because you cannot find daycare. They have very few daycares that accept state childcare benefits, and you end up paying out of pocket for daycare. For me, I had to quit my job so I could stay home and watch my three kids because I could not afford the cost of daycare out of pocket or find approved state daycare.

Critiquing the method used to calculate the benefits, Interviewee 4 questioned the logic of using gross pay as the benchmark. This interviewee got only \$18 the first time they applied for benefits in graduate school. The interviewee narrated that the office asked for the most recent month's checks when renewing Medicaid in later applications. Unfortunately, her pay was during a holiday month, and overtime pays exaggerated the gross amounts. Thus, total payments were not reflective of normal earnings. These earnings led to her being denied Medicaid because she was making "too much":

The first time I used public benefits was ... when I was in grad school in 2017, I applied for food stamps and Medicaid. ... If I could remember correctly, the process was easy to apply, but when I got approved for food stamps, it was only \$18 a month ... so it wasn't much of a help to me. I had an apartment and I had bills, so like \$18 in food stamps wasn't very helpful to me ... The second, I mean not the second ... so, then I had Medicaid, which was fine up until the end of the year when you're supposed to re-certify. They want your last 30 days' worth of

checks. And because it was like holiday time, I was doing some overtime, which overtime doesn't accurately reflect what I standardly get paid ... So, I had to submit those 30 days' worth of pay stubs. It was like, "Okay, we're cutting you off because you make too much now." ... And they didn't understand ... they understood, but it was nonnegotiable, like "Your 30 days say that you make X amount, which is over the amount that you can make to receive Medicaid" ... So, I was cut off from both.

Interview 7 was receiving what they considered reasonable benefits until there was a positive change in income, and the benefits were slashed to \$16. Yet, the respondent is retired and was taking care of grandchildren. Although this interviewee planned to appeal the decision, she explained,

I was getting food stamps until last month that updated my income, and they mailed out a letter that my benefit is now \$16. I am like what? I have to appeal the decision now because even though I make more money, I got bills to pay and them things to buy for five children it is not easy for me.

Theme 10: Bureaucratic, Rigorous, Long Vetting Process

Theme 10 summarized the views the respondents expressed: the policies governing applying for benefits were bureaucratic and stringent, and the application review process was long. Five interviewees contributed to this theme. Interviewee 3, a beneficiary of food stamps and Medicaid, noted the application process required excessive paperwork and a rigorous application process. These are necessary controls to avoid abuse and misuse of public benefits. This respondent noted the application process

is challenging, policy clauses are difficult to understand, and the application experience is stressful:

I understand all of the barriers that they have in place so that people can't as easily work the system, but it is a pain. You [the applicant] fill out the paperwork, you gather everything that they need. They need a plethora of things. It usually takes a few hours to get everything together. And then you bring it into the office. Today, I was there for about an hour, even though I had all the supplies I needed just to get everything filed and straightened out properly ... I have to spend hours trying to find all of the paperwork that they need while also still working two jobs with three kids. It's a lot ... I see that the paperwork can be challenging. Some of it's hard to understand. It's challenging to get everything together ... And the other thing I can think of is the application process, the renewal process is stressful.

Interviewee 2 noted the application conditions are stringent and not always possible to fulfill. The interviewee was unable to use the daycare benefits because of the long waiting list and could not meet the minimum income condition necessary to access the daycare benefit:

It's not as straightforward [the application process]. Sometimes it's 3 months already while you are waiting to resolve it. Your documents could get missing in the process, and you must start all over ... Well, you need to have a daycare provider to use it and most daycare closed, and the few available has a long waiting list. I never was lucky to get my kids to any daycare so I quit work and

got to stay home to care for my kids and when I went back, I couldn't meet the income requirement to get it anymore.

I didn't apply for Purchase of Care because I knew after I had my son, I knew because of my job, I knew I wouldn't qualify ... And in order to qualify I'd have to quit ... but then you have to be working a certain amount of hours to satisfy the requirements to get Purchase of Care ... I didn't apply.

Interview 6 appreciated the help that Medicaid and food stamps brought to her and her family. This interviewee also noted that the steps in getting the benefits are tough, many documents are required, and benefits calculation guidelines are unclear. Yet, a minor detail like \$1 more in income can easily cause an application to be rejected:

The benefits helped when I needed them although the steps to getting it was tough, very tough ... From the time you apply, they need tons of documents and then they ask for more and more and then you might be \$1 off and it will be denied. Let's say they want you to have \$500 a month and you make \$501, then they won't give it to you. Something like that. So, you don't know what system they use but you can never tell what's going to happen after you apply.

Theme 11: Rigid, One-Size-Fits-All Social Security Policies

Theme 11 was the third and final theme under institutional barriers to accessing and using public benefits. Five respondents felt the policies were rigid and were applied unilaterally with no regard for unique individual applicants' needs. The sentiments suggested the respondents felt the central government dictated the policies to states, yet even where policies were inefficiently applied, the government did not intervene. Also, it

was unclear whether all states followed a standard benefits calculation policy structure and whether all states had equal funds allocations from the government. Interviewee 1 felt that the government was behind the inflexibility with which Delaware state handled benefits dissemination:

It has to be the government telling them [laugh] [laugh] what to do with the benefits. All I know social service try their best because they tell them what to do, period them [laugh] [laugh] ... a lot of it have changed over the years.... Going to apply for benefit wasn't so much of a problem when I was growing up. You get a lot of support when you go to the food stamp office but now you cannot even go there and talk to a live person. I think that's what the problem is right now. Also, their customer services doesn't answer when you call. just a very bad policy, I think.

Interviewee 2 indicated that the government was aware of the challenges faced by applicants and could do more to assist applicants but was not doing so:

I don't care about that [inhibitive policies], really, I do not care because government know what is going on in the offices but maybe if we have good government, they will know that helping people float is more important.

Interviewee 3 expressed that the unilateral application of the benefits policy was a problem at Delaware level and not a government requirement:

I don't know about policy, but I want to say it's on a Delaware level, but I'm not 100% sure. I do know that each state calculates their own in a different way, and I do know that each state is given a different amount of money depending on how

many people are on benefits. So, it is not policy, it's just how it's done in Delaware.

Discussion of Results

In presenting the results, my aim was to answer the main study question, which centered on low-income individuals' experiences regarding public benefits access and use in Dover, Delaware. Data for four sub-RQs were used to address the main RQ. Eleven themes emerged. According to the results, low-income individuals in Delaware fail to access public benefits due to perceptions of self-image and esteem. Concerns about one's social image, computer illiteracy, and internet poverty also hindered access to public benefits. The participants also cited experiencing poor customer service, uncaring and unempathetic staff, language challenges, and inefficient administration processes. Even though some reported experiencing an improvement in service dissemination, they cited having challenges accessing the social service center. Other challenges experienced were limitations associated with remote consultations; unfavorable eligibility and structural policies; a bureaucratic, rigorous, long vetting process; and rigid social security policies.

Finally, the results of this research shed light on the difficulties that low-income residents in Dover, Delaware confront when it comes to receiving and using public assistance. I investigated the thoughts of eight individuals on the challenges they face via in-depth interviews. The RQ of the study focused on interpersonal variables influencing access to public benefits, and 11 themes arose from the analysis of data for the four sub-RQs. These themes emphasized a variety of challenges, including self-image and esteem views, social image worries, computer illiteracy, and internet poverty, which hampered

their capacity to receive much-needed public aid. Participants also mentioned concerns with customer service, language obstacles, and bureaucratic inefficiencies that exacerbated their difficulties. Despite some claimed advances in service diffusion, access to the social service center, restrictions of remote consultations, and adverse eligibility and structural rules remained major barriers.

I sought to understand how low-income individuals in Dover, Delaware experience public benefits access and use by exploring the complex challenges they face. Despite claims of service delivery improvements, there were still barriers involving remote consultations, unfavorable eligibility, and structural policies, the findings showed. All of these barriers complicated participants' search for and use of public assistance.

Summary

The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. Eight health low-income public benefits individuals were interviewed. One main RQ underpinned the study but was answered through four sub-RQs, RQ1_{a-d}. RQ1_a was, What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefit? Three themes aligned with this question. These were non-access due to self-image and esteem, concerns about social image and computer illiteracy, and internet poverty. The themes suggested self-image and esteem, concerns about social image, and an individual's computer literacy and internet access influenced low-income individuals' use of public benefits.

RQ1_b was, How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services? Three themes informed this question. The themes were poor customer service, uncaring attitude, unempathetic staff, language challenges, inefficient administration processes, and improved dissemination of social services. The findings suggested that the interviewees perceived their interactions with Dover, Delaware social workers unfavorably due to poor customer service experience, social workers' uncaring attitude, and lack of empathy. Still, the findings also suggested that social services dissemination had improved marginally.

RQ1_c asked, What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits? Two themes supported this RQ. The two themes were social service center accessibility challenges and limitations of remote consultations. Social Service Center Accessibility and limitations of remote consultations were the two environmental barriers to accessing public benefits.

RQ1_d was, What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits? Three themes emerged relevant to this sub-RQ: unfavorable eligibility and structural policies, bureaucratic, rigorous, long vetting process, and rigid, one-size-fits-all social security policies. Eligibility and structural policies were viewed unfavorably. The public benefits application process was considered bureaucratic, unnecessarily rigorous, long, and impersonal. In Chapter 5, I discuss and interpret these results, outline the implications of

study findings, present my recommendations for practice and research, and offer conclusions based on these findings.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to gain a better understanding of Dover, Delaware low-income individuals' perspectives about accessing and using public benefits. Specifically, I sought to explore and document the experiences of low-income individuals regarding public benefit access and use in Dover, Delaware. To achieve the purpose, I explored the interpersonal factors, environmental factors, and institutional policies that low-income individuals in Dover, Delaware perceived as barriers to accessing and using the public benefits. I also documented reviews of interactions of low-income individuals with the Delaware Department of Social Services.

Based on 11 themes that emerged, I found that despite many efforts and structural changes like technology use to increase access (Cheng et al., 2020), barriers to accessing and use of public benefits and benefits existed, consistent with the literature (see Allard et al., 2015; Hoffman et al., 2016). Interpersonal factors such as self-esteem and social image concerns (El Zein et al., 2018; Fong et al., 2016), environmental factors like language (Louie et al., 2020) and transport to the social services center (Michalowski & Scott, 2019), unfavorable government policies such as proof of income (Hardy, Hill, & Romich, 2019a), and personnel practices like uncaring, impersonal staff were some of the obstacles identified. The main RQ (RQ1) for this study was, What are low-income individuals' experiences regarding public benefit access and use in Dover, Delaware? The sub-RQs for this study were as follows:

RQ1a: What interpersonal factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefit?

RQ1b: How do low-income individuals in Dover, Delaware perceive their interactions with the Delaware Department of Social Services?

RQ1c: What environmental factors do low-income individuals in Dover, Delaware perceive as barriers to accessing and using public benefits?

RQ1d: What institutional policies do low-income individuals in Dover, Delaware perceive as contributing barriers to accessing and using public benefits?

Interpretation of the Findings

The literature that I reviewed prior to conducting this study provided a comparative knowledge basis for my research. Some of the findings in this study confirm past studies, and others disconfirm past research. In interpreting findings, I compare the themes from this study, which informed the RQs, to those of other studies.

The study had one main RQ, centering on the individual experiences of low-income individuals seeking public benefits access. The main RQ was, What are low-income individuals' experiences regarding public benefit access and use in Dover, Delaware? Data from four sub-RQs were used to answer this question. Individual characteristics such as self-image, self-esteem, worries about social image, and computer proficiency, as shown in the present research, have a crucial influence on access to and usage of public benefits. These findings are consistent with previous research conclusions emphasizing the importance of individual characteristics as potential barriers to receiving public benefits (Allard et al., 2015; Louie et al., 2020). Furthermore, the present findings

highlight language hurdles and inefficient administrative procedures as essential impediments to obtaining state benefits, similar to prior research results (see Freeman & Dodson, 2020; Lindsay et al., 2016; Wright et al., 2020). Language challenges have been identified as a substantial obstacle for those attempting to obtain public benefits, particularly for non-English speakers (Wright et al., 2020). Furthermore, previous scholars have noted difficult application procedures and unhelpful personnel as reoccurring concerns, which match the results of this study (Freeman & Dodson, 2020; Henly et al., 2017; Louie et al., 2020). Overall, my study provides valuable insights for policy makers and service providers to address the identified barriers and enhance the accessibility and effectiveness of public benefit programs, ultimately supporting the well-being of low-income individuals in the community.

In contrast to earlier research findings on the significant problems and impediments to accessing public benefits (Henly et al., 2017; Louie et al., 2020; Wusinich et al., 2019), I noted a minor improvement in social service dispersion over time, which might imply that attempts were taken to overcome some of the previously mentioned impediments, resulting in minimal improvements in the overall process. The lack of regular and reliable public transportation is a significant barrier highlighted in the current study, which is consistent with previous research (Blumenberg & Pierce, 2017; McKernan et al., 2017; Michalowski & Scott, 2019; Ostrom et al., 2017; Sanchez et al., 2020; Waity, 2018; Wright et al., 2020). Accessing the social services center might be challenging owing to transportation issues, which can prohibit respondents from applying for and using public assistance. Furthermore, the current participants reported technical

concerns as barriers to remote access and interactions. This finding adds to prior research that has emphasized the role of technology in easing access to public services (Cheng et al., 2020).

Furthermore, I pinpointed negative public benefits regulations as a substantial obstacle to access and usage, especially regarding eligibility criteria and the structural distribution of centers for certain benefits. These findings are consistent with previous research emphasizing the role of government policies in shaping the experiences of people seeking public assistance (Duke-Benfield & Sponsler, 2019; Enos, 2019; Kaiser & Cafer, 2017; Karpman, 2019; Lindsay et al., 2016; Naciri, 2019; Noursi et al., 2020; Thomas et al., 2017). Policies are seen to be general and insensitive to individual situations, which is consistent with the concept that eligibility criteria and application procedures might be difficult and inflexible (Freeman & Dodson, 2020; Henly et al., 2017; Wusinich et al., 2019). The results of this study emphasize the difficulty of obtaining childcare benefits, which is consistent with the experiences of working women, who describe it as a full-time job.

The accessibility of public benefits is a topic of significant concern for low-income individuals, and the current findings shed light on the demanding and bureaucratic nature of the application process, which is in alignment with prior research. According to the present study, the application procedure for public benefits is deemed demanding, bureaucratic, and time-consuming, echoing prior studies (Freeman & Dodson, 2020; Henly et al., 2017; Wusinich et al., 2019). The extensive screening procedure experienced by respondents in this study supports the view that supports the

conclusion by Henly et al. (2017) that application wait times were a challenge with public housing benefits. Language hurdles, ambiguity, and difficulty interpreting sentences have all been reported in past studies, adding to the congruence between the present results and previous research (Fong et al., 2016; Louie et al., 2020). These findings revealed the persistent issues in the application procedure for public benefits, with the research presenting a coherent picture that aligns with prior studies.

Relevance to the Theoretical Framework

The results of this study are consistent with earlier studies in various ways. I recognized the importance of familial interactions (microsystem) in shaping individuals' decisions to apply for public benefits, similar to Allard et al. (2015), who emphasized the influence of close interpersonal factors, particularly the presence of children, on accessing public benefits. The conclusions of both studies recognize the significance of personal connections and family dynamics in benefit usage. Furthermore, the results of this present are congruent with those of Freeman and Dodson (2020), who investigated the work-family-welfare problems that women experience. As in Freeman and Dodson's work, I identified that public assistance programs may increase stress to people, mainly working moms, owing to the time-consuming application and retention procedures. This similarity implies that the difficulties connected with obtaining public assistance are still a matter that must be addressed to serve persons in need properly.

The findings of this study are relevant to Bronfenbrenner's (1979) ecological systems theory. According to this theory, individuals are influenced by several levels of their environment, and these layers interact to shape their experiences and behaviors. The

five layers of ecological systems theory are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Neal & Neal, 2013). The findings of this research demonstrate how the microsystem, which includes intimate interpersonal factors such as familial ties, determines an individual's level of social support (exosystem). According to the results, family interactions may alter an individual's attitudes or role responsibilities, impacting their decision to seek government support, which is consistent with the bi-directional impact proposed in ecological systems theory. The theory posits that changes in one system, such as weak family ties, may lead to changes in another, such as social support (Cross, 2017).

The current participants stressed the effect of situational, personal, and societal factors on people's experiences and behaviors. The findings revealed how people's experiences with unemployment and mothers in need of newborn care assistance influenced their benefits-seeking behavior, suggesting environmental and personal factors. Furthermore, sociocultural factors such as cultural expectations from family or community were shown to influence benefits-seeking decisions (Louie et al., 2020; Wright et al., 2020). These factors are representative of the macrosystem's bigger sociocultural norms and policies.

In summary, the findings of this research are congruent with the theoretical framework of Bronfenbrenner's (1979) ecological systems theory. I investigated how microsystem interactions, such as familial bonds, influence an individual's level of social support (exosystem) and, consequently, their attitudes and role responsibilities toward public benefits. Incorporating environmental, personal, and social components

demonstrates the impact of the macrosystem on individuals' benefit-seeking behaviors. Furthermore, my findings revealed the importance of the exosystem, particularly interactions with the social services department, in determining low-income individuals' access to public assistance. Overall, using ecological systems theory in this study added to a better understanding of the complex interactions between individuals and their surroundings in the context of receiving and using public services. The full findings of the study and how they compare or contrast to other studies are outlined next; the findings are arranged by sub-RQ and the themes that emerged for each question.

Research Question 1_a

This sub-RQ addressed the interpersonal factors low-income individuals in Dover, Delaware perceived as barriers to accessing and using public benefits. The findings suggested self-image and esteem, concerns about social image, and an individual's computer literacy and internet access influenced low-income individuals' use of public benefits.

Nonaccess Due to Self-Image and Esteem

The findings indicated some participants judged themselves as unneedy of public benefits and only applied for them due to circumstances. Participants' use of the benefits was out of necessity due to perceptions of self-esteem and self-image. Respondents believed that the benefits were intended for people in worse situations than they had experienced, despite objective indicators suggesting their need for help. These results are comparable with a prior study by Fong et al. (2016), who discovered a similar occurrence among low-income San Francisco residents who did not use food pantry services despite

having direct access. The participants in that research also saw themselves as self-sufficient and morally responsible, which led them to avoid asking for assistance from food banks.

Similarly, the findings of this study are consistent with those of El Zein et al. (2018), who evaluated food pantry consumption among University of Florida students. Many food-insecure students in that research did not use the food pantry because they saw themselves as self-sufficient and believed that their needs were less significant than those of others. This parallelism lends credence to the concept that self-image and esteem may impede public benefits, even when persons are objectively eligible.

Furthermore, the results of this study reveal that participants used public benefits to assist their children. Increases in public benefits or aid were connected with having children in the home, which is consistent with a prior study by Rothwell and McEwen (2017), showing that vulnerable groups, such as nonmarried households with children, depend more on public benefits. Furthermore, the impact of family dynamics on public benefits access behaviors is consistent with the findings of Allard et al. (2015), who found that household or family members may affect people's choices to apply for public benefits. These authors emphasized the importance of family dynamics in public benefit consumption, particularly in homes with children.

Concerns About Social Image

The social image, concern, and stigma associated with using public benefits have been reported as barriers to access and use. The respondents in this study are consistent with those in earlier research showing a social image, stigma, and discomfort associated

with using public benefits (El Zein et al., 2018; Fong et al., 2016; Louie et al., 2020). The participants in this study suffered the stigma of being linked with poverty while seeking public services, similar to the study by Lens et al. (2018), in which respondents reported being perceived as homeless when lining up at food banks. This societal stigma operated as a barrier, making some needy persons feel embarrassed and uneasy about requesting help, as described by several interviewees who linked receiving state assistance with stealing and feeling humiliated.

The findings of the current study are contradictory, mirroring similar findings from earlier studies. Louie et al. (2020) reported that some participants lied about using public benefits to save face; similarly, I discovered that needy people also lied about using benefits to save face, which shows that, despite the stigma, the desire for help pushed some people to seek help quietly. Furthermore, the findings that public assistance recipients are not always impoverished are consistent with prior studies by El Zein et al. (2018) and Fong et al. (2016). The participants' responses illustrated how public benefits may help people from many walks of life, as shown by an interviewee who used benefits to overcome temporary resource restrictions while pursuing a master's degree.

Computer Illiteracy and Internet Poverty

Technology has become an enabler of access to many services. The third finding related to the first sub-RQ was that computer illiteracy and internet poverty was perceived as barriers to public benefits access and use among the Dover, Delaware participants. Many had trouble filling out online applications without a computer or internet connection, forcing a trip to the social services division. This result is in

accordance with the research of Cheng et al. (2020), who indicated that low-income families cannot use various virtual services like telemedicine and online education because they lack access to the internet and other technologies. The current findings highlighted the significance of computer ignorance and internet poverty as barriers to getting public benefits.

The digital gap, defined as computer illiteracy and internet poverty, may significantly influence a person's ability to access essential services and resources. Those needing public services may face additional problems if they cannot manage online application procedures. The agreement between the results of this study and the conclusions of Cheng et al. (2020) underscores the larger ramifications of digital exclusion on low-income persons and the necessity for focused interventions to bridge the technological gap.

Addressing computer illiteracy and internet poverty is critical to provide fair access to public benefits and other virtual services. Lack of access to technology may hinder prospects for upward mobility and consumption of social services for many low-income families. Policy makers may adopt inclusive policies to make online application procedures more accessible and user-friendly for persons with fewer technology resources by identifying the constraints resulting from digital inequities.

Research Question 1_b

The second sub-RQ concerned the review by low-income public funds beneficiaries in Dover, Delaware of service provision based on their experience interacting with the Department of Social Services. The findings suggested that the

interviewees perceived the interactions unfavorably due to poor customer service, social workers' uncaring attitude, and lack of empathy. The findings also suggested that social services dissemination had improved marginally.

Poor Customer Service, Uncaring Attitude, Unempathetic Staff

The findings of this study seemed to show that social workers were not dedicated to work, a behavior that prolonged service delivery. The perspectives of service users seemed to indicate that they were also unhelpful and uncaring. Assigned workers were sometimes unavailable or unreachable at work. Phone calls to the center went unanswered. The experiences reported in this study are similar to the conclusions of McCullough and Dalstrom (2018) that some case managers were unprepared to answer clients' questions. Similarly, Stanczyk et al. (2018) found comparable barriers and highlighted the importance of higher quantity and quality of staff within public benefits and assistance programs.

Language Challenges and Inefficient Administration Processes

In this study, I found that the respondents experienced communication barriers due to language differences between applicants and the staff at the Social Service Center. Sometimes the center did not have translators, and when a translator was available, the translation was unclear and not understandable by the applicant. On other occasions, the center used online translation facilities. Online machine translations were challenging to understand, and the translated output was challenging to comprehend.

The dearth of interpreters at the center and the use of confusing and inefficient online machine translations made it difficult for applicants to grasp the material

presented. This language barrier is consistent with the findings of Louie et al. (2020), who identified language problems as one of the obstacles to applying for different public benefits. Similarly, Lindsay et al. (2016) found that language hurdles and inadequate translating services were major impediments identified by Brazilian immigrant women while seeking health care in the United States.

Another set of hurdles highlighted by the research was inefficiencies in the benefits application procedure. Failed appointments, missing papers, and the necessity to repeat the procedure when candidates skipped a phone interview were among the administrative inefficiencies. Documentation concerns were also identified as a barrier to getting public benefits in the study of Wusinich et al. (2019), who found that challenges in collecting essential paperwork and identity were barriers to accessing public housing benefits. These repeated results highlight the need for greater language assistance and faster application procedures to ensure all persons have fair access to public benefits.

Improved Dissemination of Social Services

Unlike other negative reviews, findings showed that more than half of the respondents had positive perceptions of the Social Services Center. More than half of the respondents were optimistic, especially about advancements in technology deployment for communication and virtual service dispersion (Neal & Neal, 2013). These technologically enabled elements, such as monitoring account balances and getting timely and easy service reminders through email and text, were highly accepted by applicants (Louie et al., 2020). The findings of the study show that technological

improvements have impacted the user experience favorably, making the application process more efficient and user-friendly.

Another factor mentioned by respondents in the present survey was the availability of on-site translation services, which is consistent with prior scholars' conclusions regarding the importance of language challenges as barriers to obtaining public benefits and services (Lindsay et al., 2016; Wright et al., 2020). The Social Services Center has met a key demand by offering on-site translation services, which make services more accessible to people of varied language backgrounds (Louie et al., 2020). This advancement displays an understanding of the difficulties that those with low English proficiency confront, as well as a proactive attitude to reducing language barriers.

Furthermore, the current findings demonstrated that several frequent public benefits users viewed the application procedure as simple. This conclusion contradicts prior research findings concerning cumbersome application procedures, restricted languages, and document requirements (Freeman & Dodson, 2020; Henly et al., 2017; Wusinich et al., 2019). The excellent feedback on the application process suggests that the Social Services Center has worked to streamline and simplify processes, producing a more user-friendly environment for applicants (Louie et al., 2020). In light of these contradictory findings, it appears that the Social Services Center's efforts to streamline and simplify the application process have yielded positive results, creating a more user-friendly experience for frequent public benefits users.

Research Question 1_c

RQ1_c revealed the environmental factors low-income individuals in Dover, Delaware perceived as barriers to accessing and using public benefits. The findings suggested that the interviewees perceived challenges with Social Service Center accessibility and limitations of remote consultations as the main barriers to accessing public benefits.

Social Service Center Accessibility Challenges

Social service center accessibility barriers included an inhibitive distance and a lack of regular public transport to the application center at Dover. Individuals without automobiles or dependable transportation had difficulty attending the social services facility. Similar results were found in other research, in which owning a vehicle and having enough money for gas were highlighted as essential obstacles to receiving public benefits and assistance, especially in rural and suburban locations (Blumenberg & Pierce, 2017; Waity, 2018). Waity proposed that carpooling might overcome this barrier, but it may still be impractical if just a few low-income public assistance applicants can access a vehicle.

Furthermore, for those candidates who did possess automobiles or could get a ride to Dover, challenges such as obtaining money for gas or lacking driving abilities provided further hurdles to physically attending the social services office. This conclusion is consistent with earlier research findings on the financial burden and skill-related barriers associated with owning and driving a car to receive public benefits (Blumenberg & Pierce, 2017; Waity, 2018). Low-income people may be

disproportionately affected by the requirement for gas money and a lack of driving abilities, reducing their capacity to access vital services and resources.

The discovery of this study on transportation-related accessibility difficulties for social service centers parallels previous research findings, underlining the need to overcome mobility obstacles to promote equal access to public services. The absence of public transportation choices in rural and suburban locations might worsen individual challenges in accessing the social services center (Blumenberg & Pierce, 2017; Waity, 2018). Carpooling is a possible solution, but its viability depends on automobile availability among low-income public benefit applicants (Waity, 2018). The absence of frequent public transportation choices and the cost burden of owning and maintaining a car might make it difficult for low-income people to attend the social services center and obtain public benefits physically.

Limitations of Remote Consultations

Despite the original promise of technology in eliminating conventional accessibility obstacles, both my research and that of Cheng et al. (2020) revealed the numerous limitations of remote consultations in obtaining and receiving public benefits. One of the most significant hurdles identified was connected to translation challenges. While technology was supposed to assist in overcoming language gaps, the research discovered that translation challenges similar to those encountered by Cheng et al. in the physical and social services facility also extended to virtual consultations. Machine translations were often illegible and voicemail recordings of low quality, making it difficult for applicants with linguistic difficulties to receive essential information and

assistance. This constraint emphasizes the need for accurate and efficient translation services in remote consultations to meet the applicants' language demands.

The research discovered that phone inquiries posed difficulties for candidates. Severe hurdles sometimes require some people to attend in person instead, which implies that although remote consultations are intended to be convenient, technological concerns or phone connection limits might impede efficient dialogue between applicants and social workers. Furthermore, the research revealed cases when voicemail messages left for assigned social workers remained unanswered, suggesting possible gaps in response and communication throughout the remote consultation process.

Research Question 1_d

RQ1_d concerned the institutional policies that low-income individuals in Dover, Delaware perceived as barriers to accessing and using public benefits. The findings suggested that the eligibility and structural policies were seen as unfavorable. The public benefits application process was considered bureaucratic, unnecessarily rigorous, long, and impersonal.

Unfavorable Eligibility and Structural Policies

The findings indicated that some of the policies were outright unpopular with applicants. One such regulation was the obligation for new eligibility evaluations every 6 months, which all respondents perceived as unjust and excessive. This regulation was designed to avoid exploitation and misuse of state assistance. Still, it caused difficulties for applicants, especially working and parenting people who struggled to compile the required evidence within the 2-week reminder period. Waity (2018) identified similar

conflicting work schedule concerns in research on food assistance programs in Indiana, underlining the recurring nature of such obstacles.

Another policy issue raised in the report was the scarcity of licensed childcare institutions that take state daycare subsidies. The paucity of adequate childcare choices made it difficult for applicants to receive these benefits successfully. Furthermore, several respondents believed that the benefits supplied were insufficient and the calculating procedures did not account for economic developments such as inflation. This conclusion is consistent with previous researchers' findings on the complexities of policy makers' choices, which may consider poverty, aging populations, and employment rates (Bishaw & Benson, 2018; Sanchez-Romero & Prskawetz, 2020). The information on cost-of-living adjustments for low-income persons reliant on state benefits seems sparse, which may contribute to the perceived inadequacy of benefits.

In summary, the frequency of eligibility exams, the scarcity of acceptable childcare facilities, insufficient benefits computations, and incorrect methods of eligibility decisions all add to the challenges experienced by those in need of assistance. These findings support those of previous researchers by emphasizing the need for more responsive and thoughtful policies that consider applicants' unique circumstances and ensure equitable and sufficient support for those seeking public benefits (Bishaw & Benson, 2018; Sanchez-Romero & Prskawetz, 2020; Waity, 2018). These crucial insights underscore the urgency of implementing policy reforms that address the identified challenges and prioritize the well-being of individuals in need, ensuring a more effective and equitable public benefits system.

Bureaucratic, Rigorous, Long Vetting Process

The policy findings also indicated that the respondents perceived getting the benefits as bureaucratic and stringent, and the application review process as long. Findings suggested that the application process involved excessive paperwork and a rigorous application process. Thus, the application process was deemed challenging, policy clauses difficult to understand, and the application experience stressful. The stressful application process was also reported by mothers, who noted that welfare programs caused them even more stress instead of helping them. These findings are consistent with the findings by Freeman and Dodson (2020), who indicated that applying for and retention in welfare programs were more time-consuming than having a full-time job.

These policy conditions increased the barrier to state benefits access and use. In this study and others, the participants cited eligibility requirements and specific programs and policies as major barriers (Duke-Benfield & Sponsler, 2019; Enos, 2019; Kaiser & Cafer, 2017; Karpman, 2019). Long application periods were also noted as barriers, consistent with observations that, in addition to difficulties with excessive documentation, lengthy application wait times were a problem with public housing benefits applications (Henly et al., 2017). Elsewhere, applicants such as working mothers highlighted the difficulty of applying for and retaining public daycare benefits for their children, which was similar to the conclusions of Freeman and Dodson (2020) that the difficulty of applying for and retaining public daycare benefits for their children was like

a full-time job in itself. Also, the findings suggested that benefits calculations were unclear and small adjustments in gross income were sufficient to stop benefits altogether.

Rigid, One-Size-Fits-All Social Security Policies

The other reported policy barrier suggested the policies were rigid, applied unilaterally with no regard for unique individual applicants' needs. The use of terms such as "bureaucratic," "rigid," and "lengthy" in the respondents echo previous research about the complexities and challenges individuals face when navigating application processes (Freeman & Dodson, 2020; Henly et al., 2017; Wusinich et al., 2019). The findings suggested that the respondents felt the central government dictated the policies to states; yet, where policies were inefficiently applied, the government did not intervene.

The role of the central government in prescribing policies to states was also noted, raising worries about a lack of involvement when programs were applied inefficiently. This conclusion is consistent with studies that have demonstrated the central government's influence in developing social programs and differences in policy implementation between states (Barnes, 2020). These rules are implemented unilaterally without regard for the requirements of individual applicants, resulting in discrepancies in benefit distribution among states. These results are consistent with earlier research on policy obstacles to obtaining public benefits, underlining the need for more adaptable and responsive policies to offer fair assistance for those in need (Freeman & Dodson, 2020; Henly et al., 2017). In light of these findings, it becomes evident that a more collaborative and responsive approach between the central government and states is

necessary to address the discrepancies in benefit distribution and ensure fair and efficient assistance for all applicants in need of public benefits.

Limitations of the Study

The sample size comprised a purposive sample of eight interviewees only. This met qualitative sample size recommendations but was small. The generalizability of findings to larger populations and other contexts is thus limited. Due to self-esteem and social stigma surrounding dependency on public benefits, the interviewees might have provided socially acceptable feedback or withheld crucial information.

Recommendations

In this study, I found that the barriers to making phone inquiries were occasionally severe, necessitating applicants to make physical visits. In some cases, voicemail messages left for the assigned social worker by an applicant were never answered. A statistical investigation of this problem can provide data-driven evidence of the significance and breadth of this problem. Findings can aid change initiation to solve the problem.

Even though other studies have reported that policy makers base their decisions on several aspects, such as poverty rates, the aging population, and employment rates (Bishaw & Benson, 2018; Sanchez-Romero & Prskawetz, 2020), research evidence of the cost-of-living adjustment when calculating benefits for the low-income individual who depends on state benefits is lacking. This information gap is an opportunity for future research.

Implications

A fundamental finding in this study suggested that individuals who use public benefits are not poor, as society tends to value-judge them. Circumstances and episodes in life can expose humans to situations where they may require public benefits assistance. In situations like periods of joblessness (Allard et al., 2015) or during childbearing, individuals or families can use state benefits and refer other needy persons to these social services. Another implication to individuals and families is that technology is transforming access and dispensation of many services such as education, health, and even social services. Thus, individuals must invest in the skills and hardware necessary to access social services.

The barrier of transportation has been reported in other studies. For instance, owning a car and not having enough gas money was reported as a significant barrier to public benefits and assistance access, especially in rural and suburban areas (Blumenberg & Pierce, 2017; Waity, 2018). Consistent with other studies' suggestions, carpooling can solve this barrier, although it may still not be feasible if few clients have a car.

Additionally, for the social services center and possibly similar social benefits issuing organizations, the finding was that customer service was of poor quality; thus, an obstacle to use of services means a need for training and sensitization of social workers. As Stanczyk et al. (2018) highlighted, a higher quantity and quality of trained staff may prove quite beneficial within public benefits and assistance programs. Again, as technology impacts nearly all aspects of individual and organizational life and activity, it is counterproductive for social centers to invest in technology yet fail, or for the staff to

fail to put it to proper or optimal use. Further, I found that the barriers to making phone inquiries were occasionally severe, necessitating applicants to make physical visits because, in some cases, voicemail messages left for the assigned social worker by an applicant were never answered. Therefore, social workers and social organizations may benefit from additional training and support for behavioral change toward use and acceptance of technology. Such a change may significantly reduce some of the barriers explicitly raised, tackling the transport limitations applicants face physically visiting the center. Thus, training or sensitizing social workers about behavior change in handling cases, such as voicemail requests, appears critical.

The approved daycare centers accepting state daycare benefits were few, making it challenging to find a suitable daycare center. In some cases, findings show applicants had to quit their jobs because they could not find an affordable daycare center and lacked the finances to pay for daycare services out of pocket. This challenge seems to indicate that governments and states rethinking daycare numbers and distribution would be a beneficial community consideration.

Two key policy findings have implications for policy makers and society. Although rigorous eligibility requirements reduce abuse and misuse of public benefits, some policies may need a fresh look. For instance, basing benefits calculation on gross earnings of a specific reference period could be misleading. As the results showed, the base month may not represent other months. From the data, it was impossible to tell whether inflationary forces are applied during benefits calculation. However, the findings

strongly suggested a need to consider inflation and individual circumstances when calculating benefits.

Conclusion

The purpose of this qualitative study was to gain a better understanding of low-income individuals' perspectives about accessing and using public benefits. Specifically, I sought to explore and document the experiences of low-income individuals regarding public benefit access. My findings revealed that despite efforts and structural changes like technology use to increase access (Cheng et al., 2020), barriers to accessing and using public benefits still existed (Allard et al., 2015; Hoffman et al., 2016). Individual factors such as self-esteem, and social image concerns (El Zein et al., 2018; Fong et al., 2016); environmental factors like language (Louie et al., 2020) and transport to the social services center (Michalowski & Scott, 2019); unfavorable government policies such as proof of income (Hardy, Hill, & Romich, 2019) and personnel practices at Dover, Delaware Social Services Center were some of the obstacles identified.

Specifically, technology has been adapted to mitigate social office location challenges to increase accessibility barriers; however, behavioral problems by social workers have created a new layer of barriers. Further, well-intended policies such as the 6-month renewal requirement meant to prevent abuse of the public benefits facility were perceived as inhibitive. Amidst these concerns, however, the regular beneficiaries of state help suggested the application process had marginally improved over the years. These findings can help address organizational barriers such as poor customer service and

negative technological use and inform policy formulation, especially regarding eligibility and benefits calculation.

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Appendix: Interview Guide

1. Were you able to access your public benefits? What were these? Can you please describe your experience?
2. Did you hesitate in accessing your public benefits? Why or why not?
3. What do you think are the barriers to accessing and using public benefits?
4. Did factors such as language, belief systems, morality, perspective, and customs affected your decision to access public benefits? Which of these has affected you and why?
5. Did factors such as temperature, food, pollutants, population density, sound, light, and parasites affected your decision to access public benefits? Which of these has affected you and why?
6. How was your experience with the Delaware Department of Social Services?
7. Were there policies that prevented you from accessing public benefits? What were these and why?