Provider Perspectives on the Issues Behind the Outcomes:

Focus group findings on service delivery issues from the perspective of providers serving African American, American Indian, Hmong, and Somali participants in the Minnesota Family Investment Program (MFIP)
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Executive Summary

Since the implementation of the Minnesota Family Investment Program (MFIP) in 1998, administrators have observed differences in program outcomes by race/ethnicity and immigrant status. For example, 27% of white participants who were on assistance in January of 1998 were still on assistance in June 2001 compared to 54% of Hmong, 47% of American Indians, 46% of African Americans, and 63% of Somali according to the Department of Human Services (DHS) MAXIS automated administrative data system. This mirrors a nationwide trend in which whites have achieved greater success in welfare to work efforts than participants of color. During the 2001 session the legislature requested that DHS develop new measures for county performance management for MFIP (Minn. Stat. 256J.751, Subd. 4). The mandate specified that DHS was to consider the appropriateness of services provided to minority groups.

In response, DHS has undertaken three initiatives to better document the experience and evidence that will improve our understanding of racial disparities in MFIP outcomes. Three research initiatives were proposed and are either completed or approaching completion:

1. Continued in-depth quantitative analysis of statewide disparities in outcomes among major racial/ethnic and immigrant groups in the state. A recently published report that is fifth in the REIS report series (Welfare Reform Outcomes of Racial/Ethnic and Immigrant Groups in Minnesota) includes the latest information and is available at http://edocs.dhs.state.mn.us/live/DM-0039-ENG.pdf.

2. Focus group discussions with current and former MFIP participants from the African American, American Indian, Hmong and Somali communities. These four communities have experienced the lowest exit rates from MFIP. Wilder Research Center conducted this study with support from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE), as well as DHS. The final report is available at http://www.wilder.org/research/reports.html?summary=1021.

3. Focus group discussions with employment service providers and financial workers serving these same communities; many belonged to one of the four communities. These focus groups are the subject of this report.

This report summarizes the findings from focus group discussions with employment service providers and financial workers and compares those findings to the results of the focus group discussions with current and former MFIP participants conducted by Wilder Research Center. Taken together these initiatives will help provide information on why or how differences in outcomes exist as examined in the quantitative analysis of statewide disparities among major racial/ethnic and immigrant groups.
Method

A series of focus groups was conducted among MFIP employment service providers and financial workers. An advisory committee composed of members from each of the focal communities and research staff from DHS and the Urban Coalition guided the research. Eight groups were held between June and August 2002 in Minneapolis, St. Paul, and the Bois Forte reservation. A common discussion guide was used for all of the groups based on three themes the advisory committee suggested: personal work readiness issues, historical and cultural contexts, and MFIP service delivery issues. The objective of the discussions was to obtain a deeper understanding of the issues facing MFIP participants from the African American, American Indian, Hmong, and Somali communities.

Focus group facilitators were DHS staff members. Participation was voluntary. Thus, findings are based on MFIP workers and providers who were willing to participate and who may hold different opinions than non-participants. The statements made by providers were, for the most part, consistent with statements made by clients in the ASPE project groups and appeared to be relatively candid. Importantly, providers offered multiple perspectives by speaking of their own experiences with clients, reports of clients’ experiences, and in some cases, their own experience as clients.

Key Findings

Findings in this report focus on the perspective of MFIP employment service providers. There are also some comparisons of MFIP client and provider responses within the African American, American Indian, Hmong and Somali communities. Results are grouped around three themes identified by the advisory committee associated with this project: personal work readiness issues, historical and cultural contexts, and MFIP service delivery issues. Participants were recruited from providers working with the four focal populations and discussions centered on clients who were having trouble achieving stable employment. Thus the experiences summarized in this report cannot be considered representative of the whole MFIP population.

Personal work readiness issues

The extent and depth of discussion concerning mental health issues differed between client and provider focus groups and, importantly, differed even among the various provider groups. As noted in the Wilder report, focus group participants tend to limit self-disclosure on issues such as mental health and chemical dependency. The same reluctance was found in provider groups comprised of members from the same community. Groups that included providers from multiple communities were more forthcoming, and they identified mental illness as a major hidden barrier to work readiness, especially among hard-to-employ clients. Mental health issues are also present for the rest of the MFIP population and are not just specific to the focal populations.¹

¹ The report, December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program, indicated 37% of cases included an adult caregiver who received either mental...
Lack of education and low literacy, lack of interviewing skills, lack of soft skills and workplace supports, and the mismatch between wage expectations and available jobs were cited by clients and providers as troubles faced by clients in the work arena. These are also common barriers for the rest of the MFP population. Both clients and providers noted the desire of clients for further education and training. Providers and clients also recognized the importance of the client’s motivation on a client’s ability to find and maintain employment. The need for understanding and accommodating cultural differences was discussed.

According to providers, immigrant clients were faced with the challenge of learning to speak and write English and learning workplace culture while trying to maintain their cultural and religious values and practices. Somali clients had few expectations concerning government support and were generally willing to work. Some Hmong clients cited promises of government support in return for their support during the Vietnam War, but most were willing to work. Providers felt that many African American and American Indian clients were from generational welfare families and believed they were entitled to support from the government. Providers also suggested that some African American and American Indian clients were similarly unaccustomed to the demands of a working lifestyle.

**Historical and cultural contexts**

Providers identified migration to Minnesota and gender roles as major cultural issues. Many African American clients and Somali clients were new to Minnesota according to providers and lacked established information and support networks. Immigrant households were more likely to include men who were expected to provide for their family. The female head was expected to stay home and take care of the children. According to providers, current MFIP policy does not acknowledge the male role and does not facilitate stay-at-home moms even when the cost of childcare might offset the benefits gained from the parent’s employment.

Clients and providers agreed that many of the barriers to work were in realms not directly controlled by the MFIP system. Affordable housing, accessible jobs and transportation, and discrimination were important issues that went beyond the scope of MFIP. The problems associated with finding affordable housing were exacerbated for immigrant families due to their above average family size and for African American families due to ethnic stereotypes. Many clients were forced to pay a substantial portion of their income

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health services or medications typically used to treat mental health diagnoses through public health care coverage during the year 2002 (p. 13). This report can be found on the Minnesota Department of Human Services website at [www.dhs.state.mn.us/ecs/Reports/default.htm](http://www.dhs.state.mn.us/ecs/Reports/default.htm).

2 *The December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program* indicated that 75.9% of Somali, 54.3% of African American, and 46.1% of Hmong new welfare cases moved into the state in 2002 compared to 33.4% of all cases and 16.7% of American Indian cases (p. 19).
for rent and their rent increased substantially once they found a job if they were in subsidized housing.

Some of the clients from ethnic communities had trouble getting a driver’s license because the driving exam is only conducted in English and because of gender-related issues in the Somali community. Many of the higher paying jobs were in the suburbs and were not easily accessible by public transportation. Clients and providers from all four communities were able to provide examples of discrimination in housing and employment.

**MFIP service delivery issues**
The 60-month time limit was a major source of stress for many clients from these four communities. Women from the immigrant communities were especially worried because many lacked English language skills and transferable job skills. Providers were concerned because many of their clients were preoccupied with day-to-day survival and were not taking steps to prepare for the possibility of not being extended. Providers were also concerned that the current extension policies were encouraging a lack of preparedness by holding out the prospect of an extension. According to providers, some clients were reluctant to actively pursue employment because they assumed they would receive an extension.

Both clients and providers recognized the value of early assessments. Unfortunately, early assessment sometimes did not help because many clients were not forthcoming about issues until near the 60-month limit according to providers.

In general, MFIP program requirements including job search and paperwork were problematic according to clients and providers. According to providers, many clients found it impossible to search for job for 35 hours a week due to lack of local employers, transportation, and childcare needs. Clients with limited English and literacy skills found it difficult to comprehend and complete required paperwork. Providers also complained that the required paperwork and their caseload size did not allow them to spend as much time with clients as was needed to support the transition from welfare to work.

Clients and providers stressed the importance of the client-worker relationship for client success. Providers needed to provide structure and expectations while also showing concern and giving support. Also, workers who had previously been MFIP clients were believed to have an advantage in establishing credibility and promoting accountability with clients.
Provider Recommendations

Providers identified a number of areas where current MFIP policies and procedures could be improved. Providers recommended:

- **Earlier assessment of job readiness.** Currently, a secondary assessment is supposed to be conducted after 8 weeks of job search. Unfortunately, many work readiness issues remained hidden until close to the 60-month limit when a full assessment was made to determine whether a client qualified for an extension. If assessed right away, clients with a very low probability of employment could be referred to appropriate programs. Also, the assessment tools utilized should be validated for the population being assessed.

- **Increased support to eliminate barriers.** Clients who are identified as having significant barriers to work readiness should receive supportive services in conjunction with job-related counseling. For clients with mental health or chemical dependency issues, there may be a need for a client’s employment plan to focus exclusively on wellness for a limited period as a precursor to job search. As discussed below, a culturally competent provider should provide treatment. Client follow-through on the treatment plan should be a component of their employment plan.

- **Increased technical support for providers serving racial/ethnic and immigrant communities.** Many of the providers serving the four focal communities, especially those serving immigrant communities and American Indian communities, believed their agencies lacked the resources necessary to serve their demanding caseloads. Assistance with computers and the Department of Economic Security, Management Information System (MIS), and counselor training were some of the needs providers discussed.

- **Decreased caseload and cultural competency training for providers servicing hard-to-employ MFIP participants.** Clients with multiple barriers need one-on-one support from culturally competent counselors to make the transition from welfare to work. Time is needed to establish trust between client and provider. Providers suggested that they must set high expectations and standards, but must also be able to convey support and concern. Workers who were themselves clients may be a resource in this regard. Measuring the cultural competency of providers and determining the effectiveness of ex-clients as workers is recommended to ensure the appropriateness of service delivery to minority clients.

- **Developing performance measures that document progress in barrier reduction for those who are not job ready.** Current performance measures focus on work hours and welfare exit. Barrier reduction activity may be neglected until the 60-month limit is imminent. An earlier focus on the elimination of barriers could increase the likelihood of successful job placement.
Introduction

Since the implementation of the Minnesota Family Investment Program (MFIP) in 1998, administrators have observed differences in program outcomes by race/ethnicity and immigrant status. For example, 27% of white participants who were on assistance in January of 1998 were still on assistance in June 2001 compared to 54% of Hmong, 47% of American Indians, 46% of African Americans, and 63% of Somali according to the Department of Human Services (DHS) MAXIS automated administrative data system. This mirrors a nationwide trend in which whites have achieved greater success in welfare to work efforts than participants of color do. During the 2001 session the Legislature requested that the Department of Human Services (DHS) develop new measures for county performance management for MFIP (Minn. Stat. 256J.751, Subd. 4). The mandate specified that DHS was to consider the appropriateness of services provided to minority groups.

In response, the DHS has undertaken three initiatives to better understand racial disparities in MFIP outcomes. Three initiatives were proposed and are either completed or approaching completion:

1. Continued in-depth quantitative analysis of statewide disparities in outcomes among major racial/ethnic and immigrant groups in the state. A recently published report that is fifth in the REIS report series (Welfare Reform Outcomes of Racial/Ethnic and Immigrant Groups in Minnesota) includes the latest information and is available at http://edocs.dhs.state.mn.us/live/DM-0039-ENG.pdf.

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3. Focus group discussions with employment service providers and financial workers serving these same communities; many belonged to one of the four communities. These focus groups are the subject of this report.

This report summarizes the findings from focus group discussions with employment service providers and financial workers and compares those findings to the results of the focus group discussions with current and former MFIP participants conducted by Wilder Research Center. Taken together these initiatives will help provide information on why or how differences in outcomes exist as examined in the quantitative analysis of statewide disparities among major racial/ethnic and immigrant groups.
Employment Services (ES) providers and county financial workers who interact with participants are an important component of the MFIP welfare-to-work intervention. Financial workers screen participants at intake to determine their eligibility for MFIP and maintain the client’s eligibility by monitoring their monthly earnings reports. Financial workers may sanction clients for failure to cooperate with program requirements. Clients are then assigned to an employment services provider (also referred to as a job counselor) if they are not exempt from the MFIP work requirements. The job counselor helps the participant develop a job search plan if they are not currently employed. The initial job search plan includes job search for at least 30 hours per week, for up to eight weeks. If the job counselor determines the client has barriers that would prevent employment, the job counselor can postpone job search and approve education or training. Clients under 20 years old generally have plans that help them get their high school diploma or GED. The job counselor also makes referrals for childcare assistance and other work supports as needed.

Understanding the perspectives of financial workers and job counselors concerning discrimination, barriers, service delivery issues, and employment outcomes facing MFIP participants will provide a basis for planning more effective policy implementation and service delivery. The remainder of this introduction summarizes the methodology used to conduct the study. The body of this report compares and contrasts findings from the four racial/ethnic communities of interest to highlight important similarities and identify differences. Results and recommendations are grouped around three themes identified by the advisory committee associated with this project: personal work readiness issues, historical and cultural contexts, and MFIP service delivery issues.

**Method**

An advisory committee guided the development of the methodology. ES and county program staff from the African American, American Indian, Hmong, and Somali communities as well as research staff from DHS and the Urban Coalition made up this committee. (See Acknowledgements at the end of this report for a list of committee members.)

Advisory committee members and others were asked to identify potential participants who served each of the respective ethnic communities. An attempt was made to recruit a group of participants who corresponded to a broad array of types of providers and their organizations. A total of eight groups were held:
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Members of the first five groups served the identified community and the remaining groups served clients from all four communities. Lunch or other refreshments were provided for members of each focus group to encourage participation. The groups were held at the DHS (whenever possible) or convenient community locations.

DHS staff developed the question guide for the focus groups with input from the advisory committee. First, the advisory committee identified potential themes and suggested organizing the themes by whether they were primarily personal work readiness issues, related to historical and cultural contexts, or MFIP service delivery issues. DHS staff used the themes to guide the development of questions that focused on the client and MFIP service delivery. The historical and cultural contexts were expected to emerge from the discussion of the client and MFIP service delivery issues.

The initial set of questions was utilized in a practice focus group conducted at DHS among providers similar to the providers in the main study. The questions used in the initial groups were revised based on feedback from the group participants and advisory committee members. The final questions asked participants to describe clients who came in and found a job quickly and clients who struggled to find a job. Participants were then probed on the troubles and barriers their clients faced and the cultural and lifestyle differences that impacted their clients’ ability to get and keep a job. A second series of questions asked about clients who were easy to work with and clients who were difficult to work with. Other questions probed service delivery issues and the work environments that helped clients succeed. Finally, participants commented on the “appropriateness” of MFIP for members of minority groups. The final set of questions is included as an Appendix.

DHS staff recruited focus group participants. Individuals suggested by advisory committee members and others were phoned. The caller explained the purpose of the study and the time and date of the group. An e-mail reminder or phone call was sent prior to the group to enhance attendance. Overall, group attendance averaged 6.4 members per group (See chart on previous page for the number attending each group).

DHS staff members served as focus group facilitators for the cultural groups studied. The facilitator was a member of the focal ethnic group for all groups except the focus groups conducted among American Indians. All focus group facilitators and recorders
were briefed on facilitation techniques and in the use of the specific interview guide to be used. The financial worker and provider groups were conducted and recorded in English.

Focus groups were held between June and August 2002. DHS staff scheduled groups based on the availability of the facilitators and the likely availability of participants. Focus groups lasted for a maximum of two hours.

All group discussions were tape-recorded. Participants were assured of confidentiality. The note-takers also took written notes, and identified which participant was speaking where possible. All but one of the tapes were transcribed. An attempt was made to transcribe the group conducted among Somali workers. However, the voices were too soft and there was too much background noise during the session. Therefore, notes alone were used for analysis of this group’s discussion.

At least two analysts reviewed and coded each focus group transcript using the initial list of themes developed from discussions with the advisory group. Additional themes were added to the list, as they became apparent. DHS staff developed a checklist to identify which themes were raised in each group.

**Strengths and Limitations of the Method**

This study was a qualitative study; as such it is subject to the general limitations and strengths consistent with the focus group method. Only one focus group was conducted exclusively with three of the ethnic groups under consideration and two were conducted for the fourth. The themes that follow are those that were discussed in the group and cannot be considered an exhaustive list of concerns for each of the individual ethnic groups. Therefore, it is not possible to make strong claims concerning differences among providers based on their ethnic group and their perception of MFIP. Many of the providers worked with clients from more than one ethnic group, however. In addition, the statements concerning various ethnic groups were checked for consistency with statements made by participants of the Wilder Research Center focus group project. Thus, the differences among clients across the four ethnic groups can be expressed with greater confidence.

Attendance at the focus groups was voluntary. It is possible that different opinions might be held by MFIP workers who were unable, or unwilling, to participate in the focus groups. However, the statements made about providers by the providers were consistent with statements made by clients in the Wilder Research Center groups about providers. This suggests that providers were relatively candid in the ways in which they represented their actions as well as the fact that they admitted to behaviors perceived negatively by both providers and clients.

One of the strengths of conducting focus groups with providers is the multiplicity of perspectives they represented. At times they spoke based on their own experience with clients, at other times they were witnesses to their clients’ experiences, and some of the
providers had been clients at one time so they spoke of their own experience as a client. In addition, some of the same social and cultural issues affecting the participants affected the providers from the four cultural groups in their places of employment and in their relationships with other MFIP workers.
Provider Perspectives on the Issues Behind the Outcomes

Results of the focus group discussions are summarized below by the three themes identified by the advisory committee:

- **Personal work readiness issues**: Providers’ perceptions of client troubles related to work readiness. Many of these concerns were also identified in the MFIP participant focus groups conducted by Wilder Research Center.

- **Historical and cultural contexts**: Providers’ perceptions of contextual factors that go beyond the individual client that influence a client’s ability to find and maintain employment. These issues may influence MFIP policies and procedures; however, they are not a component of MFIP service delivery.

- **MFIP service delivery issues**: Issues that directly involve MFIP policies and procedures.

**Personal work readiness issues**

Some participants join the MFIP caseload with a set of personal attributes that can help or hinder their ability to work. Some clients have multiple barriers such as mental health troubles and lack of English language skills that limit their ability to find and maintain employment. Some clients have extensive work histories and other clients may have little or no work history. While providers have much to say about these personal issues, they also emphasize how many of these personal issues are influenced by historical and cultural contexts and by MFIP service delivery issues. This summary provides a backdrop for the historical and cultural contexts and the MFIP service delivery issues that follow.

**Mental health**

Mental health related troubles received more emphasis in these provider focus groups than in the focus groups conducted by Wilder Research Center among MFIP participants. Providers spoke freely about the privacy concerns related to mental health. All four communities were seen as skeptical about mental health diagnosis and treatment. Thus, the differential response to mental health troubles among clients is an issue for providers serving these communities.

Depression, especially untreated depression\(^1\), was identified by providers as a major barrier to work readiness and as a hindrance to compliance with MFIP requirements.

\(^1\) The report, *December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program*, indicated 37% of cases included an adult caregiver who received either mental health services or medications typically used to treat mental health diagnoses through public health care coverage during the year 2002 (p. 13). This report can be found on the Minnesota Department of Human Services website at [www.dhs.state.mn.us/ecs/Reports/default.htm](http://www.dhs.state.mn.us/ecs/Reports/default.htm).
I see depression as being one of the major characteristics with the clients that are here and hard to employ. I see that a lot of my clients even though they have medical care available to them, they don’t access it. They use it for their children,..., but I think that a lot of the clients I work with have some really serious depression issues that haven’t been addressed before. (Statewide ES provider²)

We're seeing really high numbers of depression on a variety of levels...some situational depression where... once their situations change, the depression kind of fizzles, but then we're seeing major major depression. I think mental health is probably our biggest challenge... especially in my unit of intensive case management...Generally people will accept a referral for the most part; but they're not following through with any of the doctor’s recommendations. (European American ES provider)

Providers noted that African American clients were fearful of losing their children if they were given a mental health diagnosis or sought mental health treatment.³ American Indian participants were seen as more likely to have mental health related troubles and less likely to seek assessment or western treatment than the white norm. Their reluctance to seek treatment stemmed from an alternative perspective regarding treatment. Traditional remedies such as a sweat lodge and “story-based” counseling were preferred options rather than western-based treatment.

Both Somali and Hmong clients were seen as having mental health troubles arising from their experiences with war in their native lands. Many of the Somali are recent immigrants and are in the United States after experiencing the death of one or more family members. Some may have been tortured, or they have knowledge of the many that have died or have been tortured. The war experience of the Hmong is less recent, but still lingers in the increased incidence of Post Traumatic Stress Disorder. Language and cultural issues (such as the definition of mental health) were barriers to seeking treatment among the immigrant clients.

Along with depression, fear was mentioned as a mental health concern. According to providers, both fear of failure and fear of success were problematic. Clients’ family and friends might not want them to succeed and may pull away if they are too successful. Participants were also afraid of people thinking they were crazy because they received a mental health diagnosis.

² Quotes are identified by which of the eight provider groups was involved due to the difficulty of determining the racial/ethnic identity of the speaker in the financial worker and the Duluth MFIP Conference focus groups.

³ Discussion with the Somali advisory board member indicated this is also an issue among Somali clients.
I think people are just so scared of people thinking that they're crazy and there's such a huge stigma of medication. I'm not going to take medication. I don't need pills to make me feel better. (European American ES provider)

Although workers could use the threat of a sanction to force a client to be assessed for mental health problems, they could not mandate that a client go for treatment. According to providers, many participants were receiving mental health diagnoses, but not following through on treatment. Some lack of follow through might be a result of the mental health issue itself, as in the case of depression.

Do you sanction somebody for not coming to job search because they're depressed?... So I think it's a struggle if do you sanction somebody you know is mentally ill. Is that ethical? Is that something that's moral to do? Myself, personally, I say no, but it's really a struggle for me. (European American ES provider)

**Lack of education and literacy**

All four of the racial/ethnic groups investigated showed lower average educational attainment than white MFIP participants. African Americans and American Indians were more likely to have graduated from high school than Hmong or Somali clients. However, providers believed that all four groups suffered from low literacy and poor reading comprehension. Many employers use a GED or high school diploma as a screening criterion even when the job itself does not require literacy skills. Thus, lack of formal education was a barrier to employment for even low-paying jobs. Providers questioned the work-first orientation of MFIP for those with little education and few work skills.

Low basic skill levels also made it difficult for participants to fulfill program requirements. Many of the counselors mentioned the difficulty clients had completing the necessary number of job applications and filling in their job search log each week. In addition, most program notices were written and, therefore, might be difficult to comprehend for a person with low literacy skills. Some immigrant clients were illiterate in English as well as their native language.

It's a low reading level, but they are able to read. Because they're tested in our overview for their reading and writing level and I often see 3rd and 2nd grade levels. (European American ES provider)

**Language, clothing, and eye contact**

Hmong and Somali clients without formal education were least likely to possess English language skills. Immigrant clients were generally referred to English as Second Language.

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4 The December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program report indicated the following percentage of adults were high school graduates or higher: All cases – 58.6%, White – 68.1%, African American – 59.7%, American Indian – 53.7%, Hmong 23.2%, and Somali – 34.9% (p. 6).
(ESL) classes before job search. Although African Americans spoke English, many were perceived as lacking knowledge of workplace English. Acceptable language among African Americans was not perceived as accepted by other cultures or accepted in the workplace. Clients who spoke English well were perceived to have few problems finding jobs.

African American and American Indian clothing styles were also perceived as unacceptable in the workplace. American Indians were likely to dress casually even for a job interview. African Americans might dress too casually or they might overdress for an employment situation. Concerns about Somali dress were tied to those who observed the Muslim women’s custom of covering everything except hands and feet. Some manufacturing and food service oriented employers would not hire Muslim women wearing their traditional clothing because of OSHA and safety concerns. Other employers required a uniform and clients were unable to wear a uniform with their traditional garments.

Strong eye contact was another expected practice in an interview setting or job context. Eye contact is a signal for the majority culture that the listener is paying attention. Providers, however, suggested that some cultures consider it disrespectful to look at someone directly in the eye, even when they are paying attention.

Providers also noted that poor language and interviewing skills made it difficult for clients to get and keep jobs, especially higher paying jobs.

**Lack of soft skills and workplace supports**

All four groups were perceived as lacking “soft skills” and knowledge of the hidden rules of the workplace. Providers said that knowledge of the hidden rules is necessary for achievement in school and at work and cited research by Ruby K. Payne. Many MFIP clients were believed to lack knowledge concerning internal politics and how conflicts are resolved in the workplace. Such knowledge is generally not directly taught and, thus, requires association with others such as family members who possess the necessary knowledge. Members of the two immigrant groups generally did not grow up in the United States and lacked exposure to American workplace norms. African American and American Indians who grew up in poverty or were from families in which work had not been the norm lacked a work ethic in addition to lacking exposure to the needed soft skills.

*They have been away for so long from the work force. Part of it is they are 3rd, 4th or 5th generation welfare recipients. Their parents didn’t work and so why do they need to? Their parents did OK. Not only why do they*

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5 A number of service providers heard Ruby K. Payne speak at a conference sponsored by Ramsey County and applied her framework to the discussion. She says, “**Hidden rules** are the unspoken cues and habits of a group. Distinct cueing systems exist between and among groups and economic classes.” Payne, Ruby K., Ph.D., A Framework for Understanding Poverty: New Revised Edition. Highlands, TX. Aha! Process, Inc. p. 51.
need to, it is that they have not seen someone get [up] and go to work everyday. (Financial worker)

If you haven’t been working, work place culture is something that they can’t teach you. For instance: On a break you get 15 minutes and you take 15 minutes. How do you dress appropriately? Different things like that. No one tells you. You just have to know. (Financial worker)

Clients, in some cases, encountered poor treatment after they were able to get a job. Examples included mistreatment by both supervisors and co-workers. Some of the examples were personal examples of mistreatment from financial workers and providers who had been on MFIP at one time.

When I first came here my first job was kitchen work. I live in Burnsville and I got a job in Farmington and it is way south, past Apple Valley. There is a line to keep up with and when they are behind someone comes in and makes the line smooth, but nobody helps me. My line is jamming and nobody helps me so I stop the line and I quit. (Financial worker)

The best working environments were those in which the supervisor and co-workers were understanding and supportive. Clients needed someone to talk to when they did not know how to handle a situation. Those who lacked individual initiative were likely to have difficulty in an unfriendly environment.

Definitely a lot of support because I find most of the time you have clients that you nearly have to hold their hand and walk them through everything. If they had maybe a mentor or somebody who is going to be there that would provide support, moral support, just a lot of support. (Financial worker)

**Individual motivation**

Conversely, many of the providers believed that individual motivation was a key distinguishing characteristic of those who found jobs easily. Ideally, successful clients possessed a goal and a plan and were focused on achieving their plan in spite of obstacles. They were also willing to take a less than ideal job, if necessary, until they could obtain their goal.

They will let you know right off that they don’t intend to be on assistance very long. They will push because in Ramsey County, when we refer to Employment Service, sometimes it can take two months before they get a job counselor. They will be calling 3-4 times a week. They want their job counselor and they want to get going right away. They are pushing rather than waiting for it to happen. (Financial worker)

They usually come in well-dressed, well-presented, like they're going on a job interview. Most of them will have a copy of their resume. They know what they're about. They just through circumstances had to come onto the system for a little bit. (European American ES provider)
Clients who were not motivated generally lacked focus and also lacked a work ethic that would enable them to get and keep a job.

**Sense of entitlement**
Providers identified growing up in a non-working household as a major trouble for clients attempting to gain self-sufficiency. African Americans and American Indians were seen as suffering from generational poverty and a “welfare lifestyle.” Two components of the welfare lifestyle included a sense of entitlement and a culture of dependency. Providers felt that clients who suffered from generational poverty tended to lack planning skills and tended to live from crisis to crisis.

Many Hmong clients were also believed to possess these two characteristics due to their reliance on promises that were made for their support in exchange for their participation in the Vietnam War. Somali clients lacked experience with a welfare system in their homeland and were generally not familiar with welfare as an entitlement under AFDC because of their recent arrival in this country.

**Unrealistic wage expectations**
Concerns about clients’ unrealistic wage expectations were expressed in all four communities. Providers indicated that clients often desired and expected a higher wage than would be likely given their level of education or work experience. Many of these expectations were associated with household size and the costs of providing for the client’s household.

Most likely they are going to [want] $10-$12 but they are not going to get that much. They are going to get the minimum wage and they don’t understand that with all of their kids. They would just rather go on assistance. (Financial worker)

**Summary**
Taken together, the potential presence of undiagnosed or untreated mental health troubles, the lack of education or work experience, and the lack of a work ethic due to generational poverty made it difficult for some clients to achieve self-sufficiency in the five years allowed by MFIP.

**Discussion of solutions**
Providers suggested a number of solutions for the issues identified above. The need for early assessment and engagement was discussed in several groups. Eight weeks of unsuccessful job search was believed to be inappropriate for clients with mental health issues or other serious barriers. Some admitted many clients were not forthcoming about mental health problems until close to the 60-month deadline. However, most agreed that waiting for four years to tackle barriers and, then, pressuring someone to find a job was not going to work for the hard-to-employ.
Many of the hard-to-employ clients served by these providers were immigrants who lacked English language skills. Providers recommended work-oriented ESL classes rather than teaching clients their ABCs. A supportive work environment that taught transferable job skills along with ESL was recommended as the next step. Soft skills training, such as how to talk to a supervisor and when to call your supervisor, should be included. The client would then be ready to move to an unsubsidized part-time or full-time job.

A similar process could be used for English-speaking clients who were hard-to-employ. Providers, as a first step toward self-sufficiency, recommended paid training in a supportive environment. Paid training supplemented by MFIP was considered desirable rather than the MFIP grant because it would encourage clients to make the life management changes necessary to allow a working lifestyle.

Providers suggested shadowing clients who were unsuccessful at job search after a reasonable time period. The job counselor would be authorized by the client to talk to the potential employer to determine reasons for an unfavorable hiring decision. This would permit the job counselor to provide feedback to the client or provide further training to improve their likelihood of success.

Currently, the county and other agencies do hire former MFIP clients to work in the MFIP program. Expanding that effort was suggested. It was believed that many of the clients could work as clerks and move forward in county employment.

Tribal providers also recommended that MFIP provide more extensive job placement services. They suggested a day labor employment center to fit the needs of their clients for a flexible work schedule.

Somali providers recommended more stress on entrepreneurship. They believed many of their clients had been small business people in their home country. Potential entrepreneurs needed startup capital, training in American business practices, and marketing support to be able to run their own businesses. Unfortunately, their religious prohibitions against paying interest made it very difficult to borrow money from mainstream lenders.

Providers from all four communities suggested the need for educating employers about their communities. They believed employer education could result in a more supportive work environment and, therefore, a greater likelihood of success for hard-to-employ clients. Continued support from the job counselor or a retention specialist was also recommended to provide ongoing counseling as day-to-day soft skill issues arose.

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6 The Somali Advisory Board member also suggested customized training that would take into account clients’ lack of familiarity with English jargon and idioms. The curriculum would consider cultural, linguistic, and learning style differences.
Historical and cultural contexts

Many apparently personal work-readiness troubles faced by clients are influenced by historical conditions and cultural differences that encompass more than an individual client. For example, a client may lack workplace mentors because they are new to Minnesota and many of the members of their community are also new to Minnesota. The issues discussed below provide the context within which members of the four communities move toward economic stability.

Migration to Minnesota
Being new to Minnesota created troubles for African American and Somali clients according to providers. Most Somali clients were also new to the United States. Many moved to the United States because of the war in Somalia and lacked knowledge of the English language and American culture. Many female Somali were widows with several children. The community as a whole lacked the networks and resources available to other communities due to their recent migration. In addition, many were also supporting family members still in Somalia.

Many African American clients moved to Minnesota from other states according to providers. Similar to Somali clients, they lacked an established network of family and others for support. In addition, they faced stereotypes associated with people who were from Chicago, Indiana, or the South. Providers reported that landlords and employers were reluctant to rent to or hire people from those areas.

Family size and composition
Both Hmong and Somali families were identified as larger than typical. Provider perceptions are consistent with administrative data, which shows that the average family sizes for Hmong and Somali participants were 6.3 and 3.9, respectively, compared to 3.3 members for the overall caseload. African-American and American Indian family size did not vary from the overall average.

The prevalence of large families among the Hmong and Somali communities was perceived as a cultural norm. Large families were valued in Hmong culture because of the lack of programs equivalent to social security in their culture. One’s sons provided for a parent in their old age. The ideal was seen as:

They have a tendency to think they have to have four sons and three daughters in order for them to realize of those four sons when they get older...they go up to eight or ten children...to get two boys. (Hmong ES provider)

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7 The December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program indicated that 75.9% of Somali, 54.3% of African American, and 46.1% of Hmong new welfare cases moved into the state in 2002 compared to 33.4% of all cases and 16.7% of American Indian cases (p. 19).

8 December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program (sum of number of caregivers and number of children, computed from data on pages 10 and 12).
Family size was considered problematic because of the difficulty of finding suitable and affordable childcare, the difficulty of finding suitable and affordable housing, the difficulty of affording medical and dental coverage or care, and the difficulty of earning sufficient income to meet family needs. Heads of larger households were more likely to desire and hold out for higher paying jobs with benefits because of the increased income demands. Unfortunately, many lacked the skills necessary to fulfill the experience and skill requirements for higher paying jobs.

Marriage, family, and gender roles
Providers from the two immigrant communities described a number of conflicts between their traditional family values and the values that appear to be embodied in MFIP policies and procedures. Many of the differences involved the relations among men and women within the family and community. Men, especially in the Somali community were expected to play the dominant role in the household. This contrasts with the current egalitarian values that are embedded in the MFIP program. Current MFIP policy includes the expectation that both parents work in a two family household. According to providers, men were seen as the primary provider for the household and women were the primary caregivers for children. Although women did work outside the home in Somalia and worked in the refugee camps to provide for their children, male Somali providers emphasized that a woman’s role in the family was to take care of the home and children. Many of the Somali women were given to men in arranged marriages. There is not a provision in MFIP policy for the female parent to stay at home to care for children beyond the exemption for a child under one year old (maximum of 12 months in adult’s lifetime). In some cases, women were willing to work, but would not or could not work without their husband’s consent.

Families in the Hmong (67%) and Somali (26%) communities are more likely to include two caregivers than families in the American Indian (19%) or African American (10%) communities. The presence of two adults in the Hmong and Somali families led to resistance to the usual practice of listing the female parent as case applicant (because the children usually stay with the mother and, therefore, in the mother’s MFIP case when married couples separate). Providers indicated that many Somali males wanted to be listed as head of household and receive any correspondence from MFIP. Males present in two-parent immigrant households did not like MFIP checks and correspondence coming to the female parent. Somali providers especially suggested that this practice was seen as undermining the family rather than supporting it. The desire of Somali men to be designated as head of household was seen as both culturally and religiously driven. Hmong males expressed similar sentiments according to providers. The issue did not arise in regard to the African American or American Indian communities given the prevalence of single parent households.

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**The importance of extended family**
The definition of family among some of the communities also varied from the norm defined by many employers. Employers define family as the nuclear family for most employee benefits and policies such as funeral leave. Hmong, Somali, and American Indians clients were perceived to hold a broader view of what constitutes “family.” Grandparents, aunts, uncles, cousins, and, in some cases, unrelated persons with a significant relationship to the person were all considered “family.” Many Somali participants were expected to send money to Somalia to support members of their family. Multi-generation households were common in all three communities. American Indian clients, especially, were seen as placing family obligations above job responsibilities. They would not show up to work and would even quit a job if necessary to attend family-related events such as funerals.

Interestingly, African American clients were perceived as closer to white clients in terms of their orientation toward individuality. There was little discussion of extended families in regard to African Americans. Instead, several providers noted the lack of family support among African Americans who were not originally from Minnesota.

**Religion/religious observance**
Lack of knowledge and acceptance of Muslim religious practices was a major issue for the Somali community. Some of the MFIP workers did not consider religious beliefs a good cause for not accepting or retaining employment. This led to sanctions for some clients faced with a choice between employment and the practice of their religious beliefs. For example, Muslims are not allowed to handle pork and, therefore, some Muslim clients refuse to work in food service positions that involve handling pork. Employers were reluctant to hire women who wore their traditional dress for positions in manufacturing and food service. Providers suggested that more cultural competency education for employers and increased flexibility might alleviate some of the difficulty. This issue was magnified in the aftermath of 9/11/2001.

**Affordable housing**
One of the crises experienced by low-income participants was the loss of suitable housing. Lack of housing created a vicious cycle for clients. It is difficult to get and maintain a job without housing. And, it is difficult to apply for housing without having a job. The problems associated with finding housing were exacerbated for immigrant families due to their above average family size and for African American families due to ethnic stereotypes. Providers suggested the landlord screening practices that tended to eliminate renters who were not from Minnesota might be illegal. The Somali and Hmong communities face a more difficult structural issue. Their need for an affordable apartment to accommodate a large family is a market supply issue. The supply of rental units with three or more bedrooms is limited. Affording the necessary application and deposit fees were difficult once housing was located due to income and money management troubles.

Budgeting was a related trouble for many of the families. Clients in subsidized housing pay 30% of their income for rent. Thus, they were faced with rent increases as their
Income increased. Costs for items such as transportation, clothing, and daycare also tended to increase once a person became employed. In addition, the amount of their MFIP grant decreased after two months due to retrospective budgeting resulting in some clients not feeling better off because they were working.\textsuperscript{10} There were also difficulties accommodating more frequent, but smaller checks. Some people were not used to the need to save money from more than one check to cover rent.

\textit{Accessibility and transportation}
An issue for MFIP clients and the system within which they operate was the accessibility of jobs and transportation to and from those jobs. Potential workers in the two immigrant communities had trouble getting a driver’s license if they did not understand English. They could take the written exam in their native language, so it was possible to get a learner’s permit. However, the driving exam was only given in English and an interpreter cannot be used. Thus, many immigrants were forced to use the bus system to go to and from their worksites (or to drive without a license).

Unfortunately, the bus system was not necessarily geared to the needs of working mothers with children, in particular. Providers mentioned that many of their clients have to drop one or more children at daycare or school and, then, take the bus to work. Bus rides of over one hour were not uncommon. Additionally, clients with limited English skills found it difficult to navigate the bus system because street signs and location announcements were in English.

Public transportation allowing access to suburban locations or private transportation, in some cases, would allow clients access to better paying jobs. Many of the better paying jobs or jobs with benefits were not located in areas with good access to public transportation. Some providers did mention programs that provided transportation to enable clients to access employment. For example, some tribal providers owned vans that could be used to transport clients. Many providers also arranged transportation on an ad-hoc basis to permit clients to attend job interviews.

\textit{Discrimination}
Providers from all four communities recalled examples of discrimination in employment and housing. Clients reported to providers that employers were reluctant to hire them. They were not welcomed by co-workers and a number of incidents were reported. Landlords were reluctant to rent to African Americans because they were not from Minnesota. And, many clients from the four communities believed they received less than equal treatment from MFIP workers.

\textit{This stuff has been going on for so long now with this 5 year limit. We’re forced to deal with the fact that lots of people have been denied these educational and...}

\textsuperscript{10} Retrospective budgeting means that the MFIP payment for a month is based on the reported income of a previous month. For example, the actual income received in April will be reported in May and used to calculate the payment for June. An earnings disregard of 38% is applied every month the family has earnings.
community resource opportunities. Now what do we do with them - that’s what creates stress. (Mixed ES providers)

A larger issue raised by some of the providers when questioned about the lower outcomes seen in the four communities studied was the inequality that existed in those communities prior to their participation in the MFIP system. Members from all four communities pointed out the higher poverty levels in the four communities and the lower level of educational attainment. African American and American Indian clients were seen as likely to come from families that had a history of welfare dependence.

**Timeliness**
According to providers, some clients would show up hours late for an appointment. Others would come in at any time and demand to be seen immediately. Paperwork was often late also. However, the client expected immediate turnaround so their benefits would not be discontinued. Some providers from the four racial/ethnic communities even mentioned their personal struggles with adhering to western time related practices such as being on time for an appointment or orientation.

**Discussion of solutions**
Most of the historical and social contexts discussed by providers were not directly linked to MFIP policies and procedures. However, knowledge of those contexts is important for effective delivery of MFIP services as discussed in the next section. For example, neither housing costs nor housing subsidies are controlled by MFIP. Providers believed housing considerations were an important influence on their clients’ desire for employment and their ability to sustain employment. They recommended that clients’ housing costs not increase until they had sustained employment for at least a year to facilitate adjustment to a work lifestyle. Many Hmong clients were uncomfortable with the large increase they might experience in housing costs if they were to accept a job. Although the increase in rent was not as large as their increase in income, many Hmong clients perceived the increase as a barrier.

Somali providers were very concerned about the impact of MFIP’s practice of listing the female head of household as case applicant. They believed this practice did not promote families and weakened the ties between the male head of household and his family.

A Somali member of the Advisory Committee suggested facilitating home ownership among Somali to address affordable housing issues. Help is needed to establish a credit history and to develop financing options consistent with Somali religious practices. In addition, amending city occupancy ordinances would provide options that would not involve debt financing for the participant.

Hmong providers recommended more education for their community concerning American culture and the skills needed to survive in the workplace. Older members of their community migrated from an agriculture-based economy to America and were continuing to struggle with adjustment issues.
MFIP Service delivery issues

MFIP was designed to promote client employment, to minimize welfare dependency, and reduce poverty. Built into the program is an emphasis on customizing employment-related activities based on individual client situations. Although there is only one program, its implementation is multi-faceted. The program is delivered through 87 counties that contract with over 100 employment service providers. Each service provider employs one or more employment counselors. The context in which each of the providers operates differs depending on whether the area is urban, suburban, or rural and depending on other economic conditions such as the number and nature of local employers.

The diversity of possible program activities based on county, financial worker, provider, and client situations is both a strength and a weakness of the Minnesota approach to welfare reform. The relationship between client and employment counselor may be further complicated when they operate from different historical and cultural backgrounds as discussed previously. Provider perspectives on client response to key program features within the four focal communities are reported below.

Time limit
The 60-month time limit was problematic for all four communities according to providers. The two immigrant communities were perceived as having difficulty learning English and finding suitable employment within the 60-month time frame. Clients with little formal education were generally unable to gain sufficient education or skills to permit them to attain living-wage positions. Members of the African American and American Indian communities who had experience with AFDC found it hard to make the necessary changes in work attitude and work-related behavior within the 60-month time frame.

Many members of all four communities did not believe the 60-month time limit would apply to them. They believed there would be a program change that would permit them to stay on welfare beyond 60 months and, therefore, were reluctant to take the actions necessary to obtain employment. Hmong providers indicated that Hmong participants believed that long-term participants would force the elimination of the time limit.

Providers, on the other hand, were concerned that the current extension policies were encouraging disbelief in the 60-month time limit and encouraging clients to delay action until it was absolutely necessary. They felt the presence of extensions contradicted the work message they had been promoting for the past 5 years.

How do we expect our clients to follow a rule if we never stick to rules? Like our children. We tell them what to do and we mean what we say and they respect us and they will do it. The client is something like that. So right now we are giving them extensions. I am not saying we shouldn’t give it to them. I am just saying that we are contradicting ourselves. Next time they are going to make another
rule and it is not going to happen. They are not going to go and look for it [job] because they know they are going to get an extension. (Financial worker)

Assessment
Providers were also concerned about the timing and validity of assessments associated with the 60-month limit. Many of the assessments were done in the last 12 months to determine clients’ eligibility for extension. They contended that it would have been more useful to have the assessments early on when more could have been done to prepare the client for working. Alternatively, if the assessment uncovered a major trouble such as under 70 IQ, the person could have been put on SSI sooner and not subjected to ES requirements or sanctions for non-compliance. Providers working with the immigrant communities were also concerned about the validity of assessments for disabilities such as low IQ given the lack of instruments validated for non-English speaking communities. Hmong clients, specifically, were seen as been identified as low IQ more than would be expected. In addition, the identified IQ level was questioned by providers.

According to their IQ, it is below 30. Based on that, if it is below 30, you would not even know how to flush a toilet. There is something wrong with that test. (Financial worker)

The workers did believe there were some clients who looked for a disability or tried to fake a disability to remain on the system because they did not want to work.

I broke my fingernail and was wondering if I could apply? They have tightened up a little but I think – I actually have clients who look for disability – reasons why they don’t have to work. They are terrified to actually go to work. (Financial worker)

35 hours job search
Clients found it difficult to comply with the requirement for 35 hours of job search each week if they were unemployed. Smaller counties had few employers and job searchers found it impossible to put in 35 hours seeking a job on an ongoing basis. Providers in larger counties said clients found it hard to maintain their motivation and maintain the necessary search intensity over time. Transit time was not included in the 35 hour requirement so the actual job search time needed for compliance could be considerably higher. Providers suggested the requirement enticed clients to pad their search hours or risk a sanction for non-compliance. The former solution led clients to disrespect the system, while the latter led to anger.

Concern about unequal resources
The focus groups associated with the American Indian community addressed the issue of unequal resources. Tribal providers suggested they received fewer resources than other providers did in the past. Funding is currently equal, but tribal providers believed it was

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11 Current MFIP policy classifies job search, workshops, and job clubs as job search activities. Providers can count time spent in structured group activities and “soft skills” training as job search activities.
not equivalent to the level of their clients’ needs. Somali\(^{12}\) and Hmong providers were concerned with their lower level of expertise in dealing with employers and the system compared to majority providers. All three communities indicated they lacked computer resources. They also indicated they believed their clients required more time and assistance than white clients. Immigrants needed more time during orientation to understand MFIP rules and regulations, more time during job search to help them complete applications and interviews, and more time on an ongoing basis to help with issues on the job. African American and American Indian clients needed time from the worker to build a trusting relationship so that they would reveal the hidden needs preventing them from attaining employment. Plus, many needed ongoing emotional support to change their lifestyle and develop a work orientation.

**Large provider caseload**
Similar to providers in the ethnic-specific focus groups, many of the providers in the mixed focus groups talked about workload issues when discussing the reasons for clients not finding jobs. They spent much of their time documenting cases rather than working directly with their clients. A large caseload was made even more difficult if it included a high proportion of immigrant clients. Providers indicated that immigrant clients generally needed more time, especially if a translator was needed.

*Hi, how are ya? Sign this paper. Bye-bye. You know you just don’t have time to give the individual attention that you need to give to get them the services and resources they need.* (European American ES worker)

*If it is a real busy or a deadline day, we just don’t have the time to deal with it. We just don’t have the time to look it up or find out or ask someone. Some people just don’t get it that we don’t have time.* (Financial worker)

**Paperwork**
Concerns with a number of MFIP system requirements and practices did not appear to vary by racial/ethnic group. Paperwork was a significant service delivery issue according to many providers. Clients who lacked English language skills or had low literacy skills struggled with the amount of paperwork associated with MFIP requirements. Although program materials were translated into clients’ native language, many were not literate in their native language due to lack of formal education. Others were able to read the material, but were not able to read with comprehension. Both groups of clients found it difficult to complete the many forms necessary to maintain compliance, especially the weekly job log.

\(^{12}\) A Somali member of the Advisory Committee identified the lack of a Somali provider organization among Employment Service providers funded by Hennepin and Ramsey counties. While there are Somali counselors working for several Employment Services agencies, none of these agencies are specifically based in the Somali community.
Worker knowledge/training
Workers admitted that they varied in terms of their knowledge about the program and community resources. It was suggested that the first year on the job is spent learning about the available resources. Those who lack knowledge of community resources found that they were unable to refer clients based on their needs. Some providers admitted being least knowledgeable concerning the Somali community because they were the most recent arrivals among the larger immigrant groups.

... if you know a lot of resources, and your client, you can refer a lot out but if you don't know them, you're not going to refer out. So, I guess it all depends on what counselor you get and what resources they all have. (European American ES provider)

Client support
Providers and workers agreed that clients like one-on-one contact and were most likely to be successful if they held clients to the requirements of the MFIP framework, but were flexible and supportive. “Tough love” was the name given by some providers to the type of relationship that worked with their clients. Clients needed and responded to someone who was caring and respectful. At the same time the workers and providers had to guard against caring too much or doing too much for a client.

I've had several clients who've started working who said that they were really glad they came here and got pushed a little to get employment or they wouldn't be where they're at now. I mean I've gotten cards from clients thanking me. (American Indian – Metro ES provider)

ES counselors were expected to develop a customized work plan for each client. Counselor discretion involving the content of that plan was described as both a positive and negative aspect of MFIP service delivery. In some cases, counselor discretion allowed a counselor to assess the needs of a client and offer resources that met those needs. In other cases, counselor discretion might result in less than desirable client service. Providers admitted they spent the most time with clients they believed were likely to succeed because of agency performance expectations.

We don't have the time with the caseloads that we have. Well, me, I can't speak for anybody else. I have to pick and choose what person is really interested and who really wants to do something. So we kind of focus on them rather than the ones who they don't care, you know, get back to them at another time. (American Indian – Metro ES provider)

Other clients might be pushed toward temporary employment services that would not provide job security for the client, but would result in placement credit for the worker. Clients with a “bad attitude” might get perfunctory service, at best.

I think that depends on their attitude. If a client is speaking to you in a polite manner they will get more resources out of you than people who
have an attitude. You just want the call to be over with. Someone who is very nice, you will take the extra time to find the information for them. (Financial worker)

Some people scream so loud that they go up to the top. (Financial worker)

Providers reported that although many African American and American Indian clients did not trust the system, African American clients were more likely to be vocal about their concerns. American Indian and Hmong clients were less vocal about these concerns. American Indian clients often would not voice their concerns, but also would not comply with what they considered unreasonable demands. Many would just not show up or call. Hmong clients were more likely to respect the authority represented by the worker and to cooperate with rules and regulations.

**Perception of unfair sanctions**

Providers also discussed the differential application of sanctions among the various racial/ethnic groups. Many women were sanctioned for not working when they had young children at home. (An exemption is available for a child less than 1 year of age, but it is only available for a lifetime total of twelve months.) Some American Indian, Hmong, and Somali clients preferred to stay at home rather than send their children to daycare because of trust and cultural concerns. Although a few providers expressed their reluctance to sanction a client for non-compliance for this reason, most did sanction clients who stayed home with their children. The larger number of children present in Hmong and Somali families exacerbated childcare issues because of the added complications and costs involved. In addition, translation and communication difficulties may lead to unfair sanctions for clients from non-English speaking communities.

**Trust**

Good relationships had an atmosphere of mutual trust. Workers believed the quality of trust was not necessarily tied to the race of the counselor or client. Gaining trust took time and was based on the caring and concern exhibited by the counselor along with a receptiveness on the part of the client to the counselor. Some providers believed that workers who had been on MFIP had an advantage when trying to build a supportive relationship with a client.

> I was on TANF or MFIP-R and so I made the transition from welfare to work to being a professional... I can tell people I did this and these are the steps that I took, and this is what you could do... So I feel like I’m a mentor. (European American ES provider)

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13 The December 2002 Characteristics of Racial/Ethnic and Immigrant Groups in the Minnesota Family Investment Program indicated that 4.0% of Hmong, 4.5% of Somali, and 9.7% of African American nonexempt cases who were on the caseload in December 2002 were in sanction during that month compared to 10.3% of all cases and 13.1% of American Indian cases (p. 20).
Workers felt that African American and American Indian clients tended to distrust their worker because they were representing a system that was considered hostile and unfair. Many had a history of unsatisfactory encounters with a system that they felt did not support them. The Hmong community also felt betrayed because of their perception of broken promises of support from the U.S. government after the Vietnam War. Individual workers had to find their own means to get beyond their clients’ mistrust of the MFIP program.

Somali clients were new to the system. They were perceived as more likely to have a trusting attitude toward MFIP workers. Additionally, they were more likely to be grateful for the assistance received. Welfare was not available in their homeland so they had fewer expectations.

Discussion of solutions

Providers who service the four focal communities suggested more extensive screening and assessment before clients reached their last twelve months of eligibility. This would allow more time to address any issues before the client reached the 60-month time limit. Providers who worked with immigrant communities recommended identifying or developing validated instruments for use with non-English speaking clients.

A supportive relationship with an employment counselor was seen as contributing to client success. However, providers suggested that current caseloads did not always allow the worker time to develop such relationships with their clients. Providers also suggested the need for an ongoing supportive relationship with a counselor after someone attained a position. This person would provide on-going training in the soft skills necessary to maintain a job. One-time workshops were seen as not enough support for clients who did not grow up with working parents.

*I think it makes a difference what they get for counseling so a good employment counselor is kind of motivating...I feel that the technique that the county has is totally it just doesn’t work.... you need to spend some time with a person, find out what their interest is. What they’re capable of doing...it doesn’t happen in 8 weeks.”* (American Indian – Metro ES provider)

*I do see a real need for us to have a retention person that goes out and meets these employers as soon as we get our participants working to go in and give them [a] face-to-face diversity... chat about...the person that’s employed there and ask them if there are any issues.* (American Indian – Metro ES provider)

American Indian providers recommended an education-first orientation for their community. Many of their clients dropped out of the public school system and may not have earned a GED. They have difficulty getting jobs that ensure self-sufficiency. More education or training would provide more employment options for clients. Additionally, the training that is offered should be geared toward American Indians. Providers
believed many clients felt uncomfortable when they were the only American Indian present in a workshop.

Providers said MFIP (TANF) regulations requiring 35 hours a week job search for unemployed clients should be relaxed. Many believed the requirement was unrealistic and led to superficial compliance. Simpler job logs were also recommended. Many clients were believed to lack literacy skills, which made completing the job logs difficult.

Sanctions received a mixed response from providers. Some providers believed there should be a provision for 100% sanctions when lower levels of sanction were not effective in generating compliance. Conversely, other providers believed sanctions should be eliminated, especially for parents who desired to stay home and care for their children. Some believed the exemption should extend until the child was school age to eliminate the need and concern for appropriate childcare. This concern emerged especially for the American Indian community.

Providers recommended that repeated sanctions be used as an indicator for immediate further investigation. A number of clients with problems identified at the 60-month review had experienced repeated sanctions. Earlier identification of their real need would have eliminated wasted time and permitted addressing those needs before the provider’s relationship with the client deteriorated.

Providers suggested a need to be aware of a client’s cultural background when working with clients. Eye contact was mentioned as an example of a cultural practice to take into account when a client was not responding as might be expected. Providers were also aware of the need to “sell” or influence their client to follow the steps necessary to work toward self-sufficiency. Both of these concerns are consistent with the need for client service personnel to provide culturally competent service.1415

Providers suggested that workloads for financial workers and employment service workers should be reduced, especially for those who worked with clients with multiple barriers. They indicated that it took time to build a trusting, open relationship with clients that allowed for the free exchange of personal information. Many of their clients required one-on-one support to permit them to make major changes in their life.

14 DHS defines cultural competence as “the ability to respond to the unique needs of a client that arise from the client’s culture and the ability to use the person’s culture as a resource or tool to assist with the intervention and help meet the person’s needs.” Guidelines for Culturally Competent Organizations, November 2002, First Edition, Minnesota Department of Human Services, Children’s Services Administration.

15 A Somali Advisory committee member suggested that the orientation for Somali clients should be done by a Somali provider.
Recommendations

Providers and clients, in the Wilder report, identified a number of areas for improvement of current MFIP policies and procedures. The recommendations summarized below arise from the specific solutions suggested by providers.

- **Earlier assessment of job readiness** – Currently, a secondary assessment is supposed to be conducted after 8 weeks of job search. Unfortunately, many work readiness issues had remained hidden until close to the 60-month limit when a full assessment was made to determine whether a client qualifies for an extension. Clients with a very low probability of employment could be referred to appropriate programs. The tools utilized should be validated for the population being assessed. In many cases a client’s sanction history was an early indication of hidden barriers and the need for further assessment.

- **Increased support to eliminate barriers** – Clients who are identified as having significant barriers to work readiness should receive supportive services in conjunction with job-related counseling. Clients with mental health or chemical dependency issues should receive treatment as they move from welfare to work. There may be a need to focus exclusively on wellness for a limited period as a precursor to job search in a client’s employment plan. Client follow-through on the treatment plan should be a component of their employment plan.

  Clients who lack English skills should be place in work-oriented ESL classes that include soft skills training. Paid training in a supportive environment could be useful for immigrant clients and other clients with few job skills.

  Providers suggested a greater emphasis on job development through closer links to employers or facilitating client entrepreneurship. Educating employers about each community could result in a more supportive work environment and, therefore, increase client retention. Employer lack of knowledge and acceptance of Muslim religious practices was a major concern for the Somali community.

- **Increased technical support for providers serving racial/ethnic and immigrant communities.** Many of the providers serving the four focal communities, especially those serving immigrant communities and American Indian communities, believed their agencies lacked the resources necessary to serve their demanding caseloads. Assistance with computers and the Department of Economic Security, Management Information System (MIS), and counselor training were some of the needs providers discussed.

- **Decrease caseload and improve cultural competency of providers servicing hard-to-employ MFIP participants** – Clients with multiple barriers need one-on-one support from culturally competent counselors to make the transition from welfare to work. Time is needed to establish trust between client and provider. Providers must have high expectations and standards, but must also be able to convey support and
concern. Providers suggested training in communication and motivational strategies to help them understand the client’s historical and social context and utilize that understanding while guiding the client toward economic stability. Workers who were themselves clients may be a resource.

DHS has developed guidelines for cultural competency for organizations and services providers. The guidelines stress the importance of taking a client’s culture into consideration when devising treatment and intervention plans. Extraordinary efforts are recommended for any cultural group “whose history of experiencing war or ethnic, racial, social, or class-related discrimination is likely to have produced trauma or stressors beyond the norm.”16 Feedback from clients and providers associated with these four communities suggests that these four client groups meet the criteria for the need for extraordinary efforts to provide culturally competent services. Measuring the cultural competency of providers and determining the effectiveness of ex-clients as workers is recommended to ensure the appropriateness of service delivery to minority clients. Providers should have knowledge of and access to other resources that might be useful to their clients. Documenting best practices could promote more effective services for immigrant and minority clients.

- **Develop performance measures that document progress in barrier reduction for those who are not job ready** – Current performance measures focus on work hours and welfare exit. Barrier reduction activity may be neglected until the 60-month limit is imminent. An earlier focus on the elimination of barriers could increase the likelihood of successful job placement.

Appendix

Focus group questions for provider perspectives

Introduction and Icebreaker

Research Question: To the degree that there are racial/ethnic disparities in outcomes, why are these disparities occurring?

Funnel #1: The Client
1. Who are your clients? Who do you work with the most? Probe about family size, age group, gender, etc.
2. Think about a client who came in and found a job quickly. How would you describe that client?
3. Think about a client who struggled to find a job. How would you describe that person?
4. What factors contributed to each person’s degree of success? What personal or social resources did the successful client have that the other client did not have?
5. What are (the most frequently mentioned) troubles and barriers your clients face?
6. What are the cultural or lifestyle differences that impact your client’s ability to get and to keep a job?
7. To what degree do you think your clients’ troubles are personal? To what degree are these troubles a part of historical patterns of unequal treatment in the U.S? Describe these larger patterns.

Funnel #2: MFIP service delivery
1. Now, think about a client that you found easy to work with, what made it easy for you to work with this person?
2. Think about a client that you found difficult to work with, what made it difficult for you to work with that person?
3. What rules and regulations of MFIP are most helpful to your clients? What rules and regulations are the least helpful to your clients?
4. How does the cultural background of your clientele influence their ability to meet MFIP requirements? (family obligations, values, religion, and definition of success)
5. How do you decide what resources to offer your clients? Probe: Do you give all of your clients the same opportunities and resources?
6. What type of work environment helps a client to succeed?
7. What type of relationship with a job counselor helps a client succeed? How does a person’s gender impact the kind of relationship a job counselor has with his/her client?
8. Thinking about the job market: Do you think employers and co-workers (clients’ co-workers) treat clients equally?
9. The legislature wants us to know more about the “appropriateness” of MFIP for members of minority groups. To what extent do you think MFIP is culturally appropriate for your clients?

10. If yes, ask, reports show us that African Americans, American Indians, Somalis, and Hmong have the lowest exit rates, what do you attribute this to?

**Overall Probes**
1. Does this inconvenience some groups more than others?
2. Will this be more of a problem for communities of color?
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