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# “I haven’t been able to do it on my own:” Experiences of teen parents on the Minnesota Family Investment Program

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“I haven’t been able to do it on my own.”

Experiences of teen parents on the Minnesota Family Investment Program

By

Aryn Rae Karstens, BS

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
in partial fulfillment of the requirements for the degree of

Master of Social Work

Committee Members  
David Roseborough, Ph.D.  
Wanda Jensen, MA  
Lew Linde, MSW, JD

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.

## Abstract

“I haven’t been able to do it on my own:”  
Experiences of teen parents on the Minnesota Family Investment Program

By Aryn Rae Karstens, BS

Research Chair: David Roseborough, PhD.

Committee Members: Wanda Jensen, MA; Lew Linde, MSW, JD

Teen pregnancy and welfare spending have been popular topics in the media in the recent years. The purpose of this study was to expand on previous research on the experiences of teen parents on the Minnesota Family Investment Program (MFIP) and allow the teen parents a chance to share their stories. Specifically, respondents were asked about their experiences leading up the decision to apply for MFIP, their current opinions of the program, and future plans. Professionals who work with teen parents were also interviewed and the responses were then compared and contrasted. Using a semi-structured interview format, four teen parents and two professionals were interviewed. Interviews were transcribed and coded by the researcher using an open coding technique. Several themes emerged from the research, including: lack of family support, experiences with violence, mental health concerns, drugs, positive and negative current experiences of the program, education as a goal, the desire to create a “normal” childhood, the need of the program to meet individual situations, and the desire for increased regulation for program participants. The findings report that MFIP participants and professionals have similar thoughts on how the program is currently working and what could be changed to make it more effective for teen parents. Ideas for positive change were shared by both participants and professionals.

## Acknowledgements

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According to United States Census data over 46 million people were living in poverty in the year 2011. This number breaks down to approximately 15 percent of American households (United States Census Bureau, 2012). The United States government defines poverty as an individual or family who earn less than a designated amount annually; this amount is described as the “poverty threshold.” For example, a family consisting of two parents and two children under the age of 18 living in a home together would need to earn \$23,283 or less annually to be considered in poverty (United States Census Bureau, 2012).

In reality, the numbers of Americans in poverty may be even higher the number of people who will ever rely on assistance over the course of their lifetime is considered. Rank (2003) makes the point that most Americans will spend at least a year under the poverty line during their adult years, and nearly two thirds will use some sort of assistance program in the same time period. By including the reliance on programs such as food stamps, Medicaid, and other cash and public assistance programs in the estimated number of Americans in poverty, Rank (2003) reminds readers that people under the poverty line and on public assistance programs are not always the stereotypical single mother with several children, but may be friends or neighbors instead.

Welfare programming in Minnesota is in a relatively new stage. In the year 1996 President Clinton signed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) into law, effectively transforming welfare nationwide; however, Minnesota was already ahead of the curve in welfare reform. Minnesota’s interest in welfare reform started in 1987 when Governor Perpich ordered a special report from the Office of Jobs Policy examining how the welfare program could be restructured. The following year the Department of Human

Services began to manage a pilot program, to be called the Minnesota Family Investment Program (MFIP) (Minnesota Department of Human Services, 2009).

The Minnesota Family Investment Program (MFIP) is set up as the cash grant portion of the Temporary Assistance for Needy Families program (TANF) in the state of Minnesota. In order to qualify for the program participants must be either a pregnant woman, a parent in custody of his or her child or children, or a relative caregiver who meets the income guidelines. In order to determine if income guidelines are met by the participant, bank accounts, vehicles, shelter, and all other possible sources of income are considered. Once a family is deemed to be eligible they may then be referred to an Employment Services Counselor. This counselor may be employed at the county or in a public, private, or non-profit organization, as decided upon at the county level. The Employment Services Counselor is responsible for providing education to clients to assist in job search ability and reporting monthly participation to the state.

Monthly grants for each family are based on the MFIP transitional standard of need. The grant values for each family size are predetermined and, with few exceptions, remain the same for all participants. Each parent on the MFIP case may be required to work with an Employment Services Counselor in addition to the Financial Worker assigned to his or her case. Thirty hours of participation per week are required for participants with a child aged six or older, while twenty hours per week are required for participants with a child under the age of six. Allowable activities are limited and must be approved and written into an employment plan which is signed by both the participant and the Employment Services Counselor. Sample allowable activities include attending job search classes, independent job search, full or part time employment, volunteer time, and some school programs. Money can be deducted in the form of a grant sanction if a participant is not in compliance with the employment plan. After six months of



sanction a case will close and can reopen after a participant works with a counselor to come back into compliance.

Between April 1994 and June 1998, MFIP pilot programs were conducted in seven Minnesota counties: Hennepin, Anoka, Dakota, Mille Lacs, Morrison, Sherburne, and Todd. These pilot programs were evaluated by Manpower Demonstration Research Corporation under contract of the Department of Human Services (Knox, Miller, & Gennetian, 2000). The goal of the pilot programs was to evaluate the effectiveness of the MFIP policy within the larger PRWORA guidelines. Specifically, the goals of MFIP were to increase employment, reduce poverty, and to reduce dependence, and thus the welfare rolls (Knox, Miller, & Gennetian, 2000). It was deemed that MFIP was an acceptable answer to the Federal PRWORA guidelines and MFIP was extended statewide in 1997 by Governor Carlson as the state's expression of the Temporary Assistance to Needy Families (TANF) program (Department of Human Services, 2009).

There is no doubt that the cost of poverty is high. According to a 2013 report from the Minnesota Department of Human Services spending on the MFIP program in the fiscal year 2012 exceeded 300 million dollars. In times of recession these numbers are often discussed by legislators and the media alike. As a result, budget cuts are common and poverty becomes a highly debated topic. Often it is forgotten that when so many public assistance programs are being cut there are people on the other end of those cuts who are being directly affected. In times such as now when new budgets are being created and lawmakers are slashing funding for many public assistance programs, it is essential that a human voice is given to this topic.

In times of great economic struggle, it is easy for the public to overlook the individuals who are using programs such as MFIP and only look at the bottom line when talking about

cutting entire programs that are often the lifelines for low income families. Social workers have the responsibility to protect the poor and vulnerable and give a voice to those who cannot speak out themselves. By sharing first-hand accounts of individuals on MFIP, we are able to put a face to the program and can hope to stop sweeping cuts without first thinking of those who will be directly affected. The goal of this study was to give teen parents currently participating in MFIP a voice to share their experiences with the program and ways in which they believe the program can help them to gain the skills needed to achieve economic independence. Qualitative interviews were conducted, specifically addressing questions regarding reasons for starting on the program, personal experiences with the program and professionals assigned to work with interview respondents, and their hopes for the future of their families. The purpose of these interviews was to gain a better understanding of what life is like for MFIP participants and learn what, if anything, could be improved in order for participants to feel supported both during and after involvement with MFIP with the goal of better supporting this population as they move forward into economic independence.

### **Review of Literature**

Previous research in this area has generated a great deal of literature on the topic of Americans' beliefs about poverty. However, this study aimed to focus attention on those who have utilized various forms of cash assistance program in Minnesota and give a voice to their experiences.

#### **Beliefs about Poverty**

**Attributions for poverty.** The cause of poverty is a highly debated topic. Research indicates that beliefs about attributions for poverty can be broken down into two main categories: individualistic and structural (Bullock, H. E., 1999; Cozzarelli, C., Wilkinson, A., & Tagler, M.

J., 2001; Griffin, W. E., Oheneba-Sakya, O., 1993). Individual attributions for poverty tend to place the blame on the person in poverty and list reasons such as laziness, poor work ethic, and no marketable skills as the reasons the person is poor. Structural attributions for poverty instead place the blame on outside factors, such as a bad economy or corrupt government. Seccombe (2011) adds a third, fatalistic perspective in addition to individualistic and structural. In the fatalistic perspective, individuals believe poverty is caused by factors outside of human control, such as luck, illness, or intelligence, for example.

Several studies have shown that socioeconomic status can have a major impact on a person's beliefs. Griffin's (1993) study found that students who reported growing up in a "working class" family were less likely to attribute poverty to individualistic causes than were their peers who grew up in an upper-middle income demographic. This study was unique in the fact that students were asked about their parents' income instead of their own. Other studies, such as Bullock (1993), focused on participants' current income levels to determine their socioeconomic groupings. Bullock found that while middle income participants did not necessarily attribute poverty to individualistic explanations more strongly than the low income respondents, when comparing responses within each group the difference was clear. Middle income participants overwhelmingly attributed poverty to individualistic causes over structural.

**Stigma.** Research has found that many TANF participants have reported feeling stigmatized, both by society, and their assigned case workers. A 2001 study of 209 students in a large Midwestern university completed by Cozzarelli showed that participants largely overestimated the number of Americans living in poverty. Poverty was defined in the Cozzarelli (2001) study as the percentage of Americans who meet federal poverty guidelines, which was reported to be 12.7%. In comparison, Rank (2002) argues that a majority of Americans will be

at, or near, the poverty line at some point in their adult lives. By measuring poverty in this way, it allows the public to better understand the scope of the problem and it is likely that some of the stigma of poverty and welfare use could be reduced.

Swank (2005) reported that beliefs about welfare spending may also be tied to socioeconomic status. It was found that participants who reported having a higher income were more likely to be in favor of reducing welfare spending, while the opposite was true for low income participants. Reduced welfare spending would impact Americans in poverty much more significantly than people in the middle or upper socioeconomic classes. Hirschl, Rank, and Kusi-Appouh (2011) used a focus group design to determine attitudes about people in poverty. Focus groups were separated into three groups: low-income, the elite, and direct service providers. Hirschl et al defined the low income group as those participants who were either currently or formerly poor. The term “poor” was not operationally defined by the researchers for the purpose of this study. The elite group was comprised of local residents who held positions of influence in the community. This group included heads of organizations and community leaders. Finally, the direct provider group included professionals who work at agencies that provide services to the poor. It was found that all three groups reported individualism as a causal explanation for poverty; however, it was interpreted differently by each group. Overall, family behavior was deemed to be one of the biggest predictors of future poverty. Social stigma also emerged as a major theme in the study by Hirschl et al (2011). The elite and direct service provider groups viewed poverty as the result of poor family planning and lack of proper role models for the children of the poor. However, the poor group felt stigmatized by society as a whole, including the direct service providers, many of whom are employed to help low-income families.

Common characteristics that are attributed to those in poverty include laziness, having “low morals,” and being comfortable living off tax payers (Dolan, Seiling, Braun, & Katras, 2012). Interestingly, Dolan et al. (2012) also found that welfare participants also held these views about other participants of various assistance programs. Several participants reported that while they themselves were using the program due to a specific situation, others were most likely abusing the system and not interested in working (Dolan et al., 2012). The fact that welfare participants see themselves as different than others on the program strengthens the “me versus them” mindset programs.

### **Why Welfare?**

When considering the issue of welfare usage, it is essential to consider what brings participants to the program. A 2009 report by Wagmiller and Adelman for the National Center for Children in Poverty addresses the issue of intergenerational poverty. In a study analyzing national data from the Panel Study of Income Dynamics (PSID), Wagmiller and Adelman found that nearly one in ten children will experience poverty for at least half of their childhood. The study also found that of the participants who experienced a moderate to high level of poverty as children, between 35 and 46 percent were also poor during early and middle adulthood. The study did not address potential causes for the findings; however, it can be argued that children learn from their lived experiences. A 2007 study conducted by Bird for The Chronic Poverty Research Centre also explored the intergenerational transmission of poverty. Bird (2007) supported the belief that the environmental conditions in which a child is raised can have a significant impact on later life experiences with poverty. Beliefs about entitlement to programs, the structure of the family, the availability of assistance programs, and the intent or attitude of the parent all impact the potential transmission of poverty between generations (Bird, 2007).

Other research supports the idea that experiences with poverty may be the result of a person's situation. Structural and fatalistic attributions for poverty assume the cause for poverty to be the result of poor economic or social conditions (structural) or illness and bad luck (fatalistic) rather than the transmission of poverty between generations (Bullock, 1999). These situational causes for poverty may also include lack of education and work experience, or teen pregnancy.

### **Experiences of Program Participants**

Secombe (2011) and her research team conducted an in depth study of welfare participants in Florida and Oregon. The team interviewed 47 female current welfare participants in Florida and 552 female current welfare participants in Oregon to gain information on their perspectives of welfare programming under the TANF legislation. Her research also includes information from a longitudinal study conducted in Oregon of welfare participants who had left the program. Six hundred and thirty-seven women were interviewed over the phone six months after leaving the program, and again 12 months later. Her study found, among other things, that women on welfare programs are often well aware of the fact that they are stigmatized for their usage of assistance programs.

As addressed earlier, laziness and the unwillingness to work are common stereotypes of women utilizing welfare programs. Smith (2010) addressed this stereotype by interviewing 14 women new to the TANF program with young children about their perspectives on the program requirements and work expectations. Two themes emerged from this research: a preference for employment, and concerns about potential barriers to finding work. Many women reported that it was easier to work than to have to scrape by on the monthly cash benefits. Welfare programs often have a series of complicated rules and requirements of participants, which are rarely well

understood by those using the program. Participants of this study reported that they would much rather avoid the hassle of the program and simply work to provide for their children. Other benefits to working were reported as the ability to socialize, building a sense of self outside of the home, and escaping the stigma of assistance programs (Smith, 2010). Concerns about returning to work for the women interviewed included reasons such as children being “too young” for day care, feeling that motherhood provided a sense of purpose, and difficulties managing time and responsibilities with other household members. Such concerns are universal, supporting Seccombe’s theme (2011) that there are several similarities between women in poverty and those who are not; the major difference is that staying home to raise children is not an option for welfare participants under current legislation.

One of the most universal experiences reported by those on cash assistance programs is an overwhelming feeling of confusion and unreachable expectations. A 2007 study conducted by Jean East and Marian Bussey explored first-hand accounts of the experiences of 21 TANF participants over a two year time period. One of the major themes that emerged was the feeling of rigidity of program rules. Many interview respondents reported that their personal situation was often overlooked in favor of ensuring that they were fit within the requirements of the program. Situations involving physical or mental health concerns, domestic violence, and substance abuse did not easily fit within the program requirements, thus causing problems for participants. One woman reported that she felt, “damned if you do and damned if you don’t. I could only receive TANF if I worked a certain number of hours, but I couldn’t work that much because of doctor’s stipulations” (East & Bussey, 2007).

A study exclusive to TANF participants in Wisconsin found similar themes. Dworsky, Courtney, & Piliavin (2006) found that there were significant gaps in knowledge about the

program among participants. Data showed that for some important questions such as, whether or not a family was able to extend TANF benefits past the time limit allowed, only 50 percent of current TANF participants surveyed were able to successfully identify the correct answer (Dworsky et al., 2006). Participants were also asked questions in two categories; first about their understanding of program benefits and services, and then about their understanding of program rules. For both categories, roughly 50 percent of participants reported being confused (Dworsky et al., 2006). The findings of this study reinforce the idea that participants are being held accountable to meet unreasonable expectations, of which they are often unaware.

### **Post Assistance Plans**

Leaving the security of assistance programs can be difficult for participants. Program requirements may vary from state to state, but federal guidelines limit the amount of time any state may provide cash assistance to 60 months. At that time, regardless of employment status or the age of the participant's children, all cash assistance is stopped. In cases of mental illness, domestic violence, or other extenuating circumstances, some states may offer extensions, but this is not always a common practice. Ozawa and Hong-Sik (2005) explored the outcomes for participants leaving TANF as compared to those who exited the previously held program, Aid to Families with Dependent Children (AFDC). It was found that participants exiting from AFDC had higher individual and family income levels than those who exited from the TANF program. These findings may be for several reasons, but it was argued that AFDC's flexibility and lack of time limit allowed participants freedom to complete training programs and search for a job to match their qualifications rather than rushing to find anything available, even if it would not meet the family's income needs.



Seccombe (2011) reported that the number of families receiving welfare assistance had drastically dropped between 1994 and 2009. In 1994 nearly five million families were receiving welfare and in 2009, that number had been cut to two million; a 60 percent reduction. When TANF legislation was passed, one of the goals was to reduce welfare rolls, but at what cost? Many program participants reported feeling as though they were judged by others. Several women in the study conducted by Dolan et al. shared their negative experiences. One woman reported, “The people that work at [TANF], they don’t have a lot of respect for poor people. I don’t think they understand the depression and the constant battering that being poor does to you. It’s constant” (Dolan et al., 2012). Another woman shared, “...They make you feel like it coming out of their pocket, and the public assistance was worse than that...I’ll never go back down there and ask for (public assistance). NEVER...You’re not recognized as a person” (Dolan et al., 2012). While not all experiences with TANF are negative, it is clear that the program is difficult to navigate and is experienced as inflexible to individual needs. With experiences such as those reported by the women in the study, it is not difficult to understand why many participants have left the program.

### **TANF with Youth in Minnesota**

Minnesota recently conducted an in depth study looking at program implementation for teen parents in eight counties: Anoka, Becker, Beltrami, Hennepin, Lyon, Olmsted, Ramsey, and St. Louis. County workers and their managers were interviewed and asked to describe their experiences working with this population. The purpose of the study was to understand how MFIP is being implemented with teen parents and how it can be more successful (Department of Human Services, 2012a). The report showed that there were 5,132 teen mothers on MFIP in 2009. Most of the sample had lived in homes where welfare was received as a child and had had

their first child before the age of 18. Less than 60 percent of the teen mothers were enrolled in school at the time of this study.

Minnesota MFIP policy for teen parents varies from that of adults aged 20 or over. A minor caregiver is identified as a parent under the age of 18 who has never been married or emancipated. For these parents, the MFIP policy is geared toward encouraging school attendance and the completion of high school or a GED rather than finding employment. Once a minor caregiver turns 18, school attendance is encouraged, but not required. At that time, a regular employment plan with an emphasis on finding work may also be developed. The decision of whether to pursue employment or continue with education is discussed by the youth, the Employment Services Counselor, and sometimes the family of the participant. It is largely agreed that these policy adaptations are made for the benefit of the teen parent because of the benefits of receiving a high school diploma or equivalent. TANF and MFIP rules can be complex and difficult to understand and this population often receives additional supports from the Employment Services Counselor and other community members. Teen parents are often given extra assistance in order to help them navigate the program and its requirements. Overall, the study conducted by the Department of Human Services found that professionals reported that teens first needed to be sure their basic needs were met including; housing, safety, food, education, and clothing for themselves and their children. In addition, it was found that teen parents needed assistance with planning for the future, learning how to navigate sometimes difficult relationships with the second parent, and child care. The importance of building a relationship between the teen parent and county worker was emphasized. Teens often needed more “hand holding” than did participants over the age of 20.

Olmsted County was one of the eight Minnesota counties chosen to participate in the study. Pregnant and parenting youth in this county are directed to participate in services with the Bright Futures Collaborative, an initiative designed to support this population within the county. In contrast to other service areas, teens in Olmsted County are able to initiate services with Bright Futures from multiple access points rather than solely through the county referral process. When starting the enrollment process, teens will meet with a public health nurse, social worker, county financial worker, school representatives, and their own parents if they are involved in order to coordinate services. Often, the public health nurse may contact the teen while she is still pregnant. The focus of the collaborative is to assist teens and support them in continuing their education and providing for their child or children while they are going through a difficult time in their lives.

### **Program Evaluation**

Program evaluation is essential to the success of MFIP and the continued funding for agencies that are providing services. Two ways in which MFIP is evaluated are the Work Participation Rate (WPR) and the Three Year Self-support Index. County agencies are responsible for reporting individual participation for all program participants. All participants on MFIP must meet a minimum hourly requirement of approved work activities per month. Participants with a child under the age of six must meet a total of 87 hours, while those with a child age six or over must meet 130 hours per month. As described earlier, these activities may include job search, attending classes to learn about job search, employment, and education as allowed. Hours are reported weekly to an Employment Services provider who reports the hours to the state at the end of each month. While the expectation is that all participants meet the

requirements, the federal TANF WPR is only 50% (Minnesota Department of Human Services, 2013).

The Three Year Self-support Index is the second measure of program evaluation for MFIP. This measure is a method of tracking the success of the program for participants three years after a baseline month, often the month when the participant leaves the program. Measures are taken at one, two, and three years from baseline. However, the Three Year Self-support Index is most commonly used for program evaluation. At each point of measure, participants are evaluated on whether or not they are working 30 or more hours per week or no longer receiving a cash assistance payment. A positive Self-support Index measure for a participant would be one that is either working 30 or more hours per week or no longer receiving cash assistance payments (Minnesota Department of Human Services, 2013). This second index is often considered to be the most effective method of evaluation because it follows participants over the course of three years, and counts individual people, not just cases.

The Department of Human Services released information regarding the success of MFIP in early 2013. The Three Year Self-support Index showed that two-thirds of participants who were eligible for MFIP were either working 30 hours per week or no longer receiving cash benefits. In addition, it was reported that only seven percent of all adults who have utilized the program since its beginning in 1998 have used the full 60 months allowed (Minnesota Department of Human Services, 2013a). WPR is a fluid measure of program success. Olmsted County averaged 48% over the time period from April 2012 to March 2013, which is the most current data available. Mower County averaged 39.25% over the same period.

### **Future Research**

There has been a considerable amount of research conducted about the experiences of adults and service providers on TANF programs across the United States, however little was found on the lived experiences of young adults who have utilized the program. Minnesota sought to gain more insight into this overlooked population with their recent report on teen parent programs in eight counties across the state; however, they only interviewed service providers, thus leaving the actual participants without a voice. Future research looking into the real life experiences of youth would be an excellent addition to the already existing literature. It is also important to understand how youth come to assistance programs, and what their future goals leave the program. This study sought to address these questions through a series of qualitative interviews conducted with teen parents.

### **Conceptual Framework**

This study utilized the conceptual framework of resiliency. The study of resiliency dates back to the 1970s when psychologists began to question how children were able to develop into healthy, functioning adults, despite being exposed to adversity at a young age (Masten, 2001). Over the past 40 years, several definitions of resiliency have been developed. Lee, Cheung, and Kwong (2012) cite three critical conditions that must be present in order to classify as resilient. These three conditions are, “growing up in distressing life conditions and demanding societal conditions that are considered significant threats or severe adversities, the availability of protective factors, including internal assets and external resources that may be associated with counteracting the effects of risk factors, and the achievement of positive adaptation despite experiences of significant adversity” (Lee, Cheung, & Kwong, 2012). More simply put, the American Psychological Association (APA) defines resiliency as “the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family

and relationship problems, serious health problems or workplace and financial stressors. It means "bouncing back" from difficult experiences" (American Psychological Association, 2013).

Being a teenage parent is typically a very difficult experience. When compounding environmental factors such as poverty and lack of family support are added, life can become even more challenging for teens. When research into resiliency began, it was assumed that children who were able to successfully overcome their obstacles were rare and remarkable. Masten (2001) and the APA (2013) counter this belief by arguing that it is actually a very common and ordinary phenomenon. Resiliency is something that can be developed over time. With the help of a strong support system, professional mental health provider, or other community resources, most people are able to overcome their obstacles.

The conceptual framework of resiliency is a good fit for this study because it strives to directly address the resiliency of participants. This study aims to understand not only how an individual program participant came to be on the program, but also what their future plans and goals are. Many teen parents may meet the criteria needed to be considered resilient, and programs such as MFIP attempt to help these parents on their way to self-sufficiency.

## **Methodology**

### **Research design**

The purpose of this study was to gain insight on the perspective of young people who are currently participating in MFIP. Qualitative interviews were conducted with four current MFIP participants who were also enrolled with the program at age 20 or under. It was important that the participants in this study were under 20 years old when first beginning on MFIP because of the alternative expectations of that population for the program. Two Employment Services Counselors who work with this population were also interviewed in an effort to gain insight from

their perspective as well. Employment Services Counselors may also be referred to as Career Counselors for the purpose of this study. The title of Career Counselor is used for Employment Services Counselors at the agency used for this research. A similar interview format was followed for both MFIP participants and professionals.

### **Population and sample**

The sample for this study was selected using purposive sampling. MFIP Participants were chosen specifically because of their participation with MFIP and their age. The sample included MFIP participants who were age 20 or under at the time of initial enrollment on the program. The current age of participants was not an exclusionary factor. Participants were selected from clients at a rural Minnesota private non-profit organization which provides employment service counseling in the area. The researcher obtained formal approval from the Executive Director and Area Manager of the agency prior to the start of research, as well as from the Director of Human Services for the county in which the research was conducted.

Career Counselors at the agency were informed of the nature of this research and asked to share the information with their clients; however they were not involved with the scheduling of interviews between the researcher and client so as to avoid potential concerns with coercion. Career Counselors at the private non-profit shared information with clients who fit the inclusion criteria of being age 20 or under at the time of first enrollment on MFIP and who are currently enrolled in the program during one to one meetings or over the phone. Those clients who were interested were then given a letter of interest to complete which allowed the researcher to then contact them to schedule an interview to be conducted at the participant's convenience.

Clients were given the opportunity to choose to participate or not. No negative actions were taken against those who chose not to participate. Interested clients were asked to put their

name and contact information in an envelope to be kept with the receptionist at the agency. Participants were then contacted by the researcher and an interview was scheduled at the convenience of the participant. Interviews were conducted in a quiet area away from the agency used for recruiting purposes which allowed for privacy. Only the researcher and the interviewee were present in the room while the interviews are taking place, with the exception of if the interviewee requested to bring her children into the room.

Two Career Counselors from the private non-profit agency were also interviewed for this research. The Career Counselors are currently employed as Employment Services Counselors, helping MFIP participants to understand the program and expectations while also overseeing program adherence. The professionals were recruited using purposive sampling. They were asked to participate in the current research because of their knowledge and experience in working with the MFIP program. Participation in the research was entirely voluntary, and interviews were conducted in person, one on one, with the researcher.

### **Protection of human participants**

The protection of human participants is of utmost importance. In order to minimize the risk to participants, a research proposal was submitted to the committee members participating in this research and the University of St. Thomas' Institutional Review Board (IRB). Consent was obtained from all respondents prior to the start of the interview. The informed letter of consent (see Appendices C and D) was reviewed and respondents were given time to ask any questions they may have had regarding the research that was to be conducted. Respondents were informed that the interview would last approximately 30-45 minutes and would be transcribed for the purpose of this study. Respondents had the opportunity to choose to end the interview at any time and ask that their data not be used. The respondent was guaranteed that his or her



confidentiality will be upheld and that any highly or potentially identifying information would be removed at the time of transcription. Respondents were also informed that the findings from the interview may be shared with the researcher's clinical research class or professor; however, no identifying information, such as name or specific details which may identify the participant would be made public. All paper data from this study is stored in a secure, locked file in the researcher's home office. Electronic files are stored in a password protected file on the personal computer of the researcher. Paper and electronic data will be stored in this manner until May 2015, at which time it will be destroyed.

MFIP participants fall under the category of being economically disadvantaged and are therefore considered to be a vulnerable population. The researcher has knowledge of MFIP and has several years of experience working with this population as an Employment Services provider in a rural setting. Due to the researcher's experience with the program and this population, potential risks to participants were greatly reduced. All participants were informed that participation is entirely voluntary and that the interview may be stopped at any time. They were also assured that any information shared during the interview will remain confidential and will have no impact on their current MFIP case.

### **Data collection**

The interviews were conducted in a semi-structured format. The interviewer had a set of preapproved questions that had been reviewed by Dr. David Roseborough, as required by the IRB (see Appendices E and F for schedule of interview questions). Questions for the interview were purposefully developed to be open-ended, leaving room for the interviewee to expand and give further detail in his or her responses. Follow-up questions were asked as deemed appropriate by the interviewer in order to gain a better understanding of the topic. The

interviews lasted approximately 30-45 minutes, of which the entirety was transcribed by the researcher.

The questions developed for this interview were designed to start broadly and gradually become more specific over the course of the discussion. Questions were derived as a result of research into existing literature. The early questions aimed to explore some of the most relevant aspects of the interviewee's life experience prior to applying for MFIP. The purpose of this was to gain a clearer understanding of his or her background and life experiences leading up to their current situation. The next set of questions focused on the interviewee's opinions and beliefs about their current experience on MFIP. Finally, questions were asked regarding the respondent's future plans and goals, specifically how MFIP may or may not help them to achieve those goals.

### **Data analysis**

Audio recordings of the qualitative interviews were transcribed in full detail and coded by the researcher using thematic analysis. Thematic analysis involves the researcher approaching the data with the intention of developing codes based on the data. Each line of transcript was analyzed and coded. Groups of codes were then formed into themes. These themes were used to analyze data to discuss the findings of the interviews.

### **Strengths and limitations**

This study has several strengths. First, it built upon research conducted by the state of Minnesota regarding the experiences of teen parents on MFIP. The earlier research asked service providers about their perspectives of how well MFIP fit with teen parents. Having the providers' perspectives allowed for comparison between the two groups in the findings of this paper.

Another strength of this study is the fact that program participants were given the opportunity to share their experiences and perspectives. Interview questions were designed purposefully to be open ended to allow interviewees to expand on any question as they see fit. Other forms of research do not always allow for both visual and audio feedback to be received from the researcher. In addition to audio recordings of each interview, the researcher was able to observe any nonverbal feedback on the part of the interviewee as well.

Finally, the researcher has extensive knowledge of the program and the population which was interviewed. A familiarity with the program is important in this research for two reasons. First, the population that was interviewed may be considered a vulnerable population due to economic hardship. The researcher has worked with this population for several years, and is sensitive to the particular concerns which may arise. Secondly, knowledge of the program is helpful when discussing the current experiences of participants. The researcher has a thorough understanding of the rules and expectations, and is able to discuss these with interviewees.

As with any study, there are limitations to this research. First, the small sample size of six interviewees limits how generalizable the findings of the study may be. Further research would benefit to expand to other areas of Minnesota.

### **Timeline of Events**

- Late November: Committee members provided with research proposal
- Early December: Committee meeting and IRB application submitted
- December 10: Full IRB Review
- December-January: Conducted interviews, data collection and analysis
- February: Completed data analysis, began write up
- March: Continued write up process

- April: Committee members provided with final copy of clinical research paper, committee met for final approval of project
- May: Paper submitted to the School of Social Work
- May 19: Clinical Research Presentation Day

## **Results**

The current study sought to gain insight into the first-hand experiences of teen parents who have used the Minnesota Family Investment Program (MFIP). Participants were interviewed on a one to one basis and questions were specifically designed to address their reasons for initially starting the program, current experiences with the program and professionals within, and future goals. Participants for this research were recruited through a private non-profit agency which has a contract with the county to provide Employment Services to MFIP participants. Letters were distributed by Career Counselors at the non-profit agency to all clients who met the inclusion criteria of being age 18 or over, a teen parent, and currently enrolled in a cash assistance program. Six MFIP participants returned the letter to the researcher indicating their interest in being interviewed. Of the six respondents, only four followed through with the completion of an interview with the researcher. All four participants were female, and most were unmarried, single parents. The number of children ranged from one to six. Complete demographic information for each participant may be found in Table 1.

Table 1. Description of Sample (MFIP Participants)

	Gender	Number of Children	Age Range of Children (in years)	Age when 1 <sup>st</sup> child was born (in years)	Single Parent?
Client #1	Female	1	5	18	Yes
Client #2	Female	3	1 – 10	17	Yes
Client #3	Female	2	5 – 6	17	Yes
Client #4	Female	6	Current Pregnancy – 20	16	No

As a result of the low response rate from MFIP clients, professionals with experience working with the target population were also included in the research. Two professionals from the non-profit agency used to recruit MFIP clients were interviewed. Both professionals are female and individually have five and eleven years of experience working with the program. Emerging themes from client and professional interviews were compared and contrasted.

All interviews were recorded using an audio recorder device and later transcribed by the researcher. Field notes were also taken by the researcher at the time of each interview and were included in the data. Transcripts from each interview were examined inductively, allowing for themes to develop naturally. Emerging themes were then organized into four topics exploring why clients came to choose MFIP participation, current experiences, post assistance plans, and proposed changes to the program. Table 2 offers a complete view of the themes to be discussed.

Table 2. Themes

<i>Why Welfare?</i>	<i>Experiences of Program Participants</i>	<i>Post Assistance Plans</i>	<i>Proposed Changes</i>
Lack of family support	Positive	Education as a goal	Meeting the needs of the individual
Violence, mental health, and drugs	Negative	Creating a “normal” childhood	Increased regulation

### **Why Welfare?**

It is important in this research to understand why MFIP participants chose to apply for the program. MFIP is a voluntary program and by applying participants are agreeing to follow through with specific requirements, including high school completion or finding suitable employment to support themselves and their children. In this area two major themes emerged: lack of family support and violence, mental health, and drugs.

**Lack of family support.** The lack of support from family members was overwhelmingly discussed as a motivating factor for applying for MFIP. One participant described her experience being far away from her family who was living in another state. As a result, she was on her own and struggling to make ends meet.

*“I was living from place to place...I was working at [a fast food restaurant], so it was minimum wage and I needed help to get an apartment and stuff like that. It really did help out with rent and stuff like that. I was not financially able to rent a place on my own, so it helped to do that and catch up on my bills...and that’s why I came on.”*

Low income housing is in limited supply in small towns. When working minimum wage jobs and trying to finish high school it can be extremely difficult to find and afford an apartment on your own. Another respondent had joined the military at 17 and become an emancipated child at that time. She shared her story about applying for MFIP as a pregnant teen and getting denied

simply because she was a minor and considered a dependent to her parents under the program, although she was emancipated and expected to contribute to the monthly expenses at her mother's home. She reported that she was given two choices if she wanted to rejoin the military: get married, or give up custody of her children.

Even when family members are financially able to help teen parents, the stigma of participating in the welfare program can be a burden. When asked about knowledge of other family members who may have also used assistance programs, one client responded:

*“Actually, my mom gives me crap all the time saying that I’m a welfare case. She said that she probably could have gotten the help when she had me because she was a single mom and she never did, and she always worked full time.”*

Another respondent stated that she limited the amount she asked for help from family for fear of it being held against her, *“Sometimes I really don’t want to ask her (family member) for anything because I don’t want it thrown in my face.”* Similar experiences were reported by all four MFIP participants in this study. When faced with such negative responses from one's own family, the negative stigma is multiplied. As a result, teen parents are being forced to grow up and become self-reliant at a young age. This may in turn lead to further negative experiences for the baby as it grows up with a parent who is continually struggling to make ends meet by themselves rather than with the support of his or her family.

**Violence, mental health, and drugs.** In addition to lack of support from family, issues with domestic violence, mental health concerns, and drug and alcohol abuse were frequently discussed as motivating factors for applying for assistance. This particular topic was unique in that every respondent who reported an issue in this area appeared to be more comfortable discussing these issues before or after the audio recorder was running. One of the respondents

shared her experience with drug abuse, chemical dependency treatment, and suicide attempts as a teenager in the opening minutes of the discussion as the researcher was explaining the purpose of the interview. In the context of the interview respondents alluded to experiences with these sensitive topics by briefly mentioning experiences with restraining orders against an ex-boyfriend, or by using other vague language to refer to topics that were earlier discussed, but otherwise avoided the topic.

One participant shared her experience of being in an abusive relationship for several years before being able to escape. She ended the relationship by becoming violent herself, and shared what happened as a result:

*“I did have my [allied healthcare license], and I was [an allied healthcare provider] until I got into some criminal issues. I guess being in an abusive relationship for five years, you can only take so much and I finally snapped. So I got in trouble. Pretty much I still have my [allied healthcare license], but I can’t work anywhere because of the spell.”* She went on to explain, *“I guess you’re supposed to work as [an allied healthcare provider] like 8-16 hours in the nursing field and I haven’t been able to fulfill my hours, so that’s pretty much just going to go. I’ve tried applying for a position and I’ve tried to appeal. At the time my probation officer and I weren’t on good terms, so I guess I just gave up.”*

In this situation, the respondent describes her struggles with the relationship, but also with her loss of employment and financial resources as a result. For her, MFIP was a much needed support as she worked to stabilize her family after a difficult several years. This respondent is not alone in her experience. After completing several interviews, it appears that abusive relationships are unfortunately too often the cause for participants to apply for assistance programs as this was a common theme among the interview respondents in this study.

### **Experiences of Program Participants**

The major focus of this research was to learn more about what current MFIP participants have to say about the program, both positive and negative. Recent research in Minnesota has



focused on the professional opinions of the program, but not much attention has been given to the participants who are currently enrolled. Current clients who were interviewed for this research reported several positive effects that the program has had, including; help with rent, monthly bills, and child care. However, as with any program, participants also reported having some negative experiences as well. Issues with stigma and difficulty meeting requirements were among the most frequently discussed.

**Positive.** Every MFIP client interviewed had something positive to say in response to questions about their current experiences on the program. One client summarized a recurring theme well when she stated:

*“[MFIP] has been beneficial. It has helped me, because I haven’t been able to do it on my own. If it wasn’t for the program I don’t think that I’d have what I have with the electricity and stuff like that. Some of my rent paid. I think me and my kids would probably be out on the street or living in a homeless shelter if it wasn’t for the program, even though I do have family.”*

As previously discussed, families are not always supportive of teen parents. Often teens are expected to contribute to household bills or are forced to leave the family home when they become pregnant. One respondent reported that her mother lives in another state and rarely even calls to see how she is doing. She shared that prior to revealing her first pregnancy, she and her mother had a close relationship.

Child care assistance was a common theme throughout all four interviews. One participant mentioned that the waiting list to receive child care assistance is over six months unless you are enrolled on MFIP. The importance of child care was demonstrated first hand as three of the four respondents brought young children to the research interview for lack of having anyone available to baby-sit for even an hour during the day. The interviews were interrupted several times by children asking to play games on a phone or when it was time to leave. While

children were welcome during the research interviews for this study, this experience demonstrates the importance of having adequate child care in order for parents to work outside the home and eventually leave MFIP.

**Negative.** Respondents in this study also shared their negative experiences with the program. The most common theme among all participants was the stigma associated with receiving cash assistance from the government. Respondents reported feeling stigmatized from family, friends, law enforcement, and themselves. A common theme which emerged from the research was that of a “me versus them” mentality among MFIP participants. Several respondents reported that they believed other people on the program were abusing the system while they themselves were using the assistance for the “right reasons” and working hard to meet the requirements.

*“I believe that I use it (MFIP) the way that it is supposed to be. When I’m in between jobs and have gotten behind on things. But I know a lot of people abuse it.”* When asked to expand on this thought, she continued, *“I know quite a few people that they don’t have a job, they haven’t had a job, honestly, my [family member] is one of them. She now refuses to get cash assistance because they were forcing her to go to job search classes so now she’s only on food stamps and medical. But then there’s people that live in the same area she does and they get cash assistance, they do that stuff, then they BS everything else...about the time they have to start taking the job search classes they get pregnant again, or by the time they need to start doing community service they get pregnant again, and they found ways to manipulate the system.”*

Another participant indicated that her experience with her husband was different, *“because we were both educated, you know, we were a different situation than a lot of people.”* Abuse of the welfare system is frequently discussed in the media, particularly during times of elections and budget cuts. Negative stereotypes of the “welfare mom” with several children and a lack of desire to work are perpetrated by the media and opponents of welfare spending often. Similar reports from current participants were unexpected, but frequently shared.

Respondents also reported feeling stigmatized from the people who are supposed to be a source of support. Additional concerns arise when participants feel as though they are being treated unfairly by police or probations officers. One respondent shared her thoughts about her personal experience with probation and law enforcement:

*“I think that if I wasn’t on MFIP they wouldn’t be on my case as much as some other parents...I feel that they are holding a grudge against me, being on the program is their way of hanging me with a leash...they know that I’m living off the state and that’s just their way.”*

The experience of this participant may be unique, but this experience suggests that she would not feel comfortable going to the police if she were in trouble because of the stigma she feels. This may become a serious issue when ongoing concerns with domestic violence are involved as the MFIP participant may not be willing to make a report because of her involvement with the assistance program.

A second common theme among participants when discussing difficult experiences was the minimal amount of cash and food assistance provided. Cash and food assistance levels are determined by family size and can also be affected by the amount of income coming in, whether it is earned income from a job or unearned income such as child support. Respondents expressed frustration that the amount of monthly bills for each individual family were not taken into consideration and that often the dollar amount of cash assistance is not even enough to pay rent for a suitable rental house or apartment. One participant shared that she and her three children receive approximately \$600.00 in cash assistance and \$600.00 in food assistance each month and she struggles to make ends meet. Her monthly rent payment is \$800.00 per month and the only reason she is able to stay in her home is because she receives support from her mother, who is also her landlord. She goes on to say:

*“(They) don’t ask you about garbage, yea, it asks you about a phone, but there are different things that people can do for a phone. It asks you about cable and internet...it doesn’t ask about house insurance or renters insurance, it does ask about car insurance. There are just a lot of bills that go out that they don’t think about.”*

The issue of monthly bills such as water, garbage, and insurance, among some others, was brought up by other participants as well. While welfare programs are not typically designed to cover every expense, the monthly allotments of cash and food for each family appear to be barely meeting even the most basic of expenses: food and shelter. One respondent acknowledged this fact by stating, *“They don’t want you to depend on it. Pretty much get a job full time where you can take care of your family and your household. You know the money doesn’t cover everything.”*

While many MFIP participants may qualify for low income housing which may help lessen the burden of monthly bills, the lack of suitable options for houses or apartments can leave families in desperate situations, especially in rural areas. Those that do not have support from friends or family are often forced to choose between paying the bills and living in a dangerous environment. One woman described one of the few low income properties in her small town as extremely dangerous.

*“The first night that I was out there, there were gunshots outside my apartment. I had to sleep in my kitchen because there was no carpet in my apartment...I actually had to do that for two weeks before they put carpeting in there. Somebody got hit in the head with a frying pan, right outside my apartment, and somebody got hit with a baseball bat right outside my back door. Yea, there might be new management, yea they may have changed the name, but the exact same people still live out there and they’re still abusing the rules, they’re all still doing things they shouldn’t be...It’s the exact same people, just the next generation.”*

Similar struggles were also reported by other participants in this research. Oftentimes, available low income properties are in dangerous areas of town, or are simply just not well maintained.

Respondents pointed to it being unrealistic to expect parents to choose to live in unsuitable housing where they fear for their children's' safety.

### **Post Assistance Plans**

Goal setting is an important aspect of MFIP, particularly when working with an Employment Services counselor. Participants are asked at the initial meeting to identify their personal goals. Interview respondents for this research were each asked where they would like to be in five to ten years. Two themes emerged from participant responses; the desire to start or go back and finish an educational program, and creating a normal childhood experience for their children.

**Education as a goal.** Education was acknowledged as an important resource by interview respondents. Three of the four respondents identified completing a post-secondary education program as one of their most important goals for the future. Participants reported wanting to get off of assistance programs and create a better life for themselves and their children, and completing a post-secondary program is one path to that goal. One participant credited MFIP with helping both her and her husband to stay in school.

*“Last year, without it (MFIP), I don’t know what we would have done. We would have never been able to continue school if I would have had to work or we wouldn’t have made ends meet if we had to then go pay for day care. It would have set us back a year if they had not helped us.”*

Another participant stated that she wants to give her children a positive role model to look up to.

*“I want my kids to know that school is important. I think that them seeing that mom is going to school shows them “I need to go to school.””* Many participants were not able to attend classes full time, but nonetheless were determined to complete their programs.

**Creating a “Normal” childhood.** The second major theme that emerged when discussing post assistance plans was the desire of all four participants to create a normal

childhood for their children. Interview respondents reported struggling with ensuring their children were given the opportunity to participate in team activities, such as dance or sports. They did not want their children to suffer as a result of their difficult financial situations. As one participant shared, the cost of joining youth activities can add up quickly.

*“I paid for hockey this year, rental equipment for \$50, we had to do a calendar fee of \$250, and then the first year is free, second year is \$100, and then it goes up \$100 every year from that. She’s in dance, so that is \$31 a month, registration is \$14, uniform was \$82.”*

The cost of normalcy can reach into the hundreds of dollars or more each year, especially when more than one child is involved. Every interview respondent included the desire for their children to not want for anything as they grow up, much like any other parent would. Stability and financial independence in the form of owning a home and not worrying about where the next paycheck is coming from were mentioned in every interview.

### **Proposed Changes to the Program**

Participants were asked to evaluate the MFIP program and address any changes they felt would make the program better fit their family needs. Several ideas were mentioned and two main themes emerged. Participants overwhelmingly reported the need to allow for more individualized plans, as well as increased regulation of program adherence and participation.

**Meeting the needs of the individual.** MFIP is Minnesota’s implementation of the federal TANF programming. TANF, as well as MFIP, are designed to meet the needs of many different families and situations. Unfortunately, what often occurs with programs designed to cater to such a diverse group of people is that it can be difficult to fit within the mold of what is expected. For example, a single mother with two children and no reliable transportation living in rural southern Minnesota is facing much different circumstances than she would be facing if she

were to live in the heart of the Twin Cities. One respondent shared her view that, “*instead of lumping everyone into the same categories based on how many children you have, maybe look at the situations a little more.*” In addition to taking monthly bills into account, participants addressed this issue by commenting on the lack of access of transportation, child care, and community services for mental health and chemical dependency in the rural area they live in. As a result, it can be difficult to search for employment, thus leading to the inability to meet program requirements.

**Increased regulation.** Secondly, participants in this research indicated they believed an increase in regulation of participation would benefit the program as a whole. As addressed earlier, respondents shared their views that people have found ways to abuse the system and get away with it. Each respondent reported that she felt that she was using the program as it was intended, to help get their families back on their feet, and those that were abusing the system were making it more difficult for those who are not. In addition, abuse of the system leads to increased stigma for the program as a whole. While most respondents reported a dislike for the amount of paperwork required to apply for, and stay on, MFIP, it was clear that the paperwork was preferred to the alternative of having loosened requirements for program participation.

### **Responses from Professionals**

Professionals in the private non-profit agency used to recruit MFIP clients for this research were also interviewed. Similar questions were asked of the professionals, particularly seeking to find their opinions about why and how teen parents come to apply for MFIP, what their experiences are once they are on the program, and how MFIP can help them achieve their future goals. The issue of the need for individualized programming was the most commonly addressed theme among professionals

*“I feel like I should be doing more to help people. I want to do more to help, but at some point also have to realize that there are just different issues that we can’t help with, or we don’t have time to help with, or for mental health stuff I can’t help them, I have to refer them. I can help them call and make an appointment, but as far as actually going and following through, that’s up to them. So I mean, the program is lacking in some of those things just because of how MFIP is made. I tell people when they come in if they don’t fit, we have this box for the program and the requirements of the program, and you don’t really fit in the box, so now we need to try and figure out how we can make you fit as best we can. The program rules are so so very specific, but everyone’s lives are so very different that you can’t make everyone fit exactly right.”*

This professional was describing her awareness of the uniqueness of the individual situations of each client, and the MFIP program’s inability to meet each need specifically, in agreement with many of the responses from MFIP participants.

The pressure to meet the work participation rate in particular can be stressful for agencies, and encourage professionals to focus more on meeting the state and federal goals rather than focusing on the client, especially in times of budget restructuring. One professional expands on this by stating, *“it probably wouldn’t be so bad if we didn’t have all the reporting, WPR (Work Participation Rate). It seems like the state is more worried about those rates versus what we actually do.”* Unfortunately, much of what an Employment Services Counselor does is not able to be measured by looking at the numbers alone, and counselors may often go above and beyond what is expected without receiving any additional recognition.

To the credit of this particular agency, both professionals described other programs that are available for teens through agency and the ability to dual enroll young MFIP clients in other programs that can give more individualized attention to teen specific issues. The professionals interviewed also had knowledge of community resources available for this population.

Unfortunately, this is likely not the case for every county across the state. Professionals are



handling increased caseloads as well as increased pressure to meet the goals from the state. As a result, teen parents may continue to struggle.

### **Discussion**

Although the current research focused on a small section of Minnesota, it is important that MFIP clients were given a voice. All too often those who are directly affected by program policies are overlooked by policy makers focusing on the bottom line. Previous research has explored common beliefs about the cause of poverty and opinions on welfare spending. It has also gone so far as to specifically address beliefs about the experiences of teen parents on MFIP, however, only views of professionals were expressed. Research from the Minnesota Department of Human Services (DHS) (2012a) provides insight into the teen parent population on MFIP. According to recent DHS research, there were 5,132 teen parents enrolled on MFIP in 2009. Of that number, nearly 75% also received assistance with their own mother as a child, and a majority of these teen mothers had their first child before the age of 18. This research sought to expand on existing literature by asking current MFIP participants with experience as teen parents to share their stories. In addition, professionals were also interviewed as a means to compare and contrast participant and professional views of the effectiveness and helpfulness of the program as it stands today.

### **Interpretation of the Findings**

**Why Welfare?** Each MFIP participant brings their own life story and experiences to the program; no two participants have taken the same road to welfare. However, themes began to emerge from the research. Several respondents discussed the idea of losing the support of family when they became pregnant. Losing family support may take on different meanings for each teen parent. One respondent shared her experience of losing a very close, loving relationship

with her mother. Prior to getting pregnant she and her mother lived in the same house and enjoyed spending time together. Once she announced that she was pregnant, she was asked to leave the home and is now living several states away from what once was a strong support system. Another respondent described the stigma she experienced from her mother as a result of relying on MFIP for financial support.

A second theme which emerged was the struggle with domestic violence, mental health concerns, and drug usage. Every respondent seemed to identify with this theme, either directly or indirectly. Experiences with domestic violence may lead to the end of relationships, and thus the loss of an additional income. In this situation the family often becomes displaced and is left to rely on the help of friends or family. If no friends or family are available to help, programs such as MFIP may be a family's only hope to make ends meet. The same may be said for issues of mental health or drug use. Without a strong support system, the young family may be forced into homelessness without receiving additional financial assistance.

Earlier research has categorized common beliefs about the causes of poverty; individualistic, fatalistic, and structural (Bullock, H. E., 1999; Cozzarelli, C., Wilkinson, A., & Tagler, M. J., 2001; Griffin, W. E., Oheneba-Sakya, O., 1993, Seccombe, 2011). These three categories may also be used to explain views about how participants came to apply for MFIP. Individualistic beliefs would place blame on the teen parent for becoming pregnant or not being "smart" about birth control use. Family members who blame the teenagers for becoming pregnant and ask them to leave the home may agree with this belief. Fatalistic beliefs would attribute MFIP use to things outside of individual control; such as domestic violence or addiction.

**Experiences of program participants.** Respondents in this study reported experiencing both positive and negative aspects of the MFIP program. Several respondents reported that without the program they would not be where they are today. The ability to receive assistance with cash, medical, and child care was overwhelmingly described as essential and life changing. Each participant was thankful for the program and freely shared her appreciation for program with the researcher during the interviews. However, respondents also shared their negative experiences.

Stigma emerged as the most pervasive negative theme throughout this research. Negative stigma was not only directed at respondents from family or professionals within the program, but was frequently perpetuated by the respondents themselves. A “me versus them” mentality quickly emerged. In this belief, respondents shared their thoughts that they were using the program correctly, while most others were abusing the system. This belief has also been found in previous research (Bullock, 1999; Dolan et al., 2012). Reasoning behind this belief has been further explored in existing research as well. Bullock (1999) suggested that the pervasiveness of negative stereotypes in the media may impact the way that program participants see welfare usage. Other negative experiences such as the minimal amount of cash assistance received and rigidity of program requirements were shared. Respondents discussed frustration about their experiences with not being able to find suitable housing or pay all of their monthly bills as a result of the meager portions of cash assistance.

**Post assistance plans.** Respondents overall were very positive when looking toward the future. Every respondent commented on her desire to make a better future for her children, whether through completing an educational program or finding stable employment, or both. Of the four respondents, three were actively seeking to further their education. The difficulty of

completing an educational program was discussed many times, but each time was followed quickly with a positive comment about how achieving this goal would help the children. For teen parents, education is not only a goal, but a requirement of the program. Teen parents under the age of 18 and without a high school diploma are required to be enrolled in a high school or GED program. They are then required to provide documentation to their Employment Services Counselor to verify both their enrollment and attendance. Respondents cited concerns with child care as one of the biggest barriers to completing education. Two participants shared their experience of having child care available in the high school, as well as transportation for both the parent and the child to and from school. While not every school is equipped to offer such a service, it is clearly a benefit for those who need it.

The desire to create a normal childhood for their children was also discussed. The want for their children to experience extracurricular activities, have a safe area to play, and not have to want for anything was shared among all respondents. The cost of enrolling children in sports or dance can run into the hundreds of dollars each year, not to mention the basic costs of back to school time getting children ready to succeed alongside their peers, and other incidental expenses over the course of a year. These expenses are often overlooked or negated by opponents of welfare spending. What constitutes a legitimate expense for those enrolled on welfare programs depends on individual views on the program. Research has found that ideas about welfare spending are largely impacted by race, beliefs about gender roles, and income. (Swank, 2005). Those who are in favor of increased welfare spending would likely endorse the need for children to participate in activities with their peers, while those who are opposed may suggest that if a parent is reliant on welfare they should be focusing their finances on providing shelter and food.

**Proposed changes.** Respondents in this research were asked to share their opinions about how MFIP could be changed to better fit the needs of teen parents. Two unique, but seemingly opposing, ideas were presented by respondents. The first was the need for increased flexibility. Respondents shared their frustration with struggling to meet program requirements that did not quite “fit” with their individual situations. Similar to previous research, respondents identified struggles with health care, specifically in cases where mental health needs went unaddressed, domestic violence, and other daily challenges that did not fit within the realm of program policy (Dolan et al., 2012; East & Bussey, 2007). Daily challenges include lack of transportation to make it to required meetings, lack of child care, and the minimal amount of cash assistance received per family. Every respondent indicated experiencing stress about not being able to pay monthly bills.

It was suggested by one participant that each case be looked at individually and assistance amounts be based on the need of each family. While this may be unrealistic from a programmatic view as it would increase the amount of subjectivity used in policy administration, this idea raises an important point: every family and situation is different and it is unrealistic to assume every family has the same monthly expenses. Other suggestions for policy change included excluding income received from child support when calculating monthly benefit amounts. The idea behind this is that child support payments are often sporadic and only arrive when wages are garnished directly from the father’s paycheck or when the law becomes involved. When these payments are received, it lowers the amount of cash assistance received by the family, seemingly punishing the family for receiving the support payments that are due. It was also suggested that child support payments should be put toward things such as

extracurricular activities, school field trips, or clothes for the child rather than on paying for food or housing.

On the other side of increased flexibility and meeting the needs of the individual, increased regulation of the program was also suggested by respondents in this research. Often this was brought up by participants after sharing their beliefs about others on the program abusing the system. Although respondents indicated some level of frustration with the amount and frequency of paperwork required by the program, they appeared to prefer potentially increased supervision in the form of paperwork and meetings with professionals over the idea of others continuing to abuse the system. Every respondent who verbalized her belief about others abusing the system also had much to say about the negative stigma attached with using the welfare program. The connection between increased regulation of the program and stigma may be connected. Currently, stereotypes of lazy women with no desire to find employment dominate public perception of what it is to use assistance programs. With increased regulation, the stereotype may begin to change for the positive.

**Responses from professionals.** Two Employment Services professionals were also interviewed as a part of this research and their responses were compared to those of the MFIP participants. Previous research conducted in Minnesota by the Department of Human Services reported on many of the same ideas as indicated in this research: the need for more individualized programming, especially for teens, the importance of goal setting and supporting those goals, and help meeting the basic needs of teens (Minnesota Department of Human Services, 2012a). Both previous research and current research focused on the idea that teen parents need additional support from professionals. Professional respondents shared stories about helping teen parents do some of the most basic things that are expected of adults in society,

such as making doctor appointments or budgeting money. It was clear that these professionals were committed to helping their clients find self-sufficiency, and often went above and beyond in order to help the client. Unfortunately, in bigger cities or in the case of larger caseloads, this is not always a possibility.

### **Implications**

When evaluating a program's effectiveness, it is essential to gain insight from those who are directly affected by the program policies and expectations. The current study sought to gain this information from current MFIP participants and professionals. The responses were then compared and contrasted with both current and previous research. Responses from both participants and professionals identify several potential implications for policy change and program implementation.

Although the benefits of the program were acknowledged by every respondent in this study, it is clear that there is a need for an update in current policy, especially when looking at teen parents in rural areas. As it currently stands, monthly grant amounts are set and only change when additional income is received or subsidized housing is received. In each of these cases, the monthly grant amount is reduced. Understandably, welfare payments are not meant to foster a culture of comfort, but as it is now, participants are struggling to make ends meet and provide for their families. How can families move forward as they continue to fall behind on basic monthly bills? When participants are working, a small portion of their income is disregarded, and in the end the participant is taking home more money than if they were not working. However, policymakers may see a quicker exit from the program if participants were not penalized at all for working. The same may be said for child support payments.

The need for individualized programming and additional support for teen parents was also noted. Teen parents present with unique challenges. Finding suitable housing, finishing education, and learning to navigate the assistance programs may be especially difficult. The Minnesota Department of Human Services 2012 report identifies several “next steps” for improving teen parent programming. This research confirms the need for creating a more unified teen parent program, catering to the individual needs of each family, as well as helping to coordinate services so teens may better understand and have access to community supports. Finally, the need to stop the negative stigma attached with assistance program usage has been made clear throughout the research. Teens and adults alike on the program experience stigma from themselves, family, professionals in the program, and even strangers. Work must be done to change the perception of “welfare” in American society.

The process of change can be started with the professionals who work directly with MFIP participants. It is important to remind these professionals of the importance of treating clients with respect and understanding. Employment Services Counselors are in the unique situation of having to both implement policy and provide support to parents on the program. There is a clear power differential between Employment Services Counselors who have the power to potentially sanction clients and the clients themselves. Training should be provided to professionals to help them navigate the thin line of having to implement policy while remaining a supportive resource for parents.

### **Strengths and Limitations**

There are many strengths within this study. First, the current research gives a voice to teen parents involved with MFIP, where there was none before. TANF participants have been interviewed in the past, but there has not been specific research which asked about experiences



of teen parents in Minnesota. This population may be easily overlooked due to their lack of political power. Many teen parents cannot even vote by the time their first child is born, leaving them essentially without a say in the government that represents them. This study also follows up on recent research conducted within the state of Minnesota about teen parents on MFIP. Where this study focused on program participants, previous research asked similar questions of professionals working with the program. Agreement between responses from previous and current research indicates the need for change as both parties appear to have similar thoughts and beliefs.

As with any research, this study also had a few challenges. First, the sample size and location were limited. Teen parents are a difficult population to reach due to privacy concerns, as well as motivation and time constraints on the participants. Four current MFIP participants and two professionals were interviewed for this research. While there was great depth to the interviews, due to the small sample size, there was limited breadth. All of the teen parents interviewed were from the same county in rural southeastern Minnesota. It could be argued that teen parents in larger cities or different geographical areas may have vastly different experiences. Additionally, there were no men interviewed, either from the client or professional viewpoint, for this research. This was not intentional, but rather an unfortunate outcome of the limited population from which the sample was found. The lack of male perspective may leave out some potentially significant information.

### **Future Research**

The results of the current study would be well served as a basis for future research of a similar context. Much more could be learned of participant experiences by expanding the scope of research to other areas of Minnesota. A suggestion would be for future researchers to

continue to follow the pattern of research by the Department of Human Services by surveying professionals working with the program in several other counties. It is also recommended that future researchers not ignore the voice of the participant and interview MFIP teen parents as a part of their studies as well. It would be interesting to also expand this research to include the male perspective of teen parenting and experiences with the program.

The current study found several important themes. It is important to not stop at this point, but continue to bring these findings to light and share the voice of the participant with professionals who have the power to change the programmatic experiences of this population. Both professionals and teen parents seem to be in agreement on several crucial points, such as the need for individualized programming for example, but yet there continues to be a disconnect in this area.

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**Appendix A: Letter of Informed Consent for MFIP Participants****CONSENT FORM  
UNIVERSITY OF ST. THOMAS****Experiences of Teen Parents on the Minnesota Family Investment Program****IRB Number: 534434-1**

I am conducting a study about teen parents' personal experiences with the Minnesota Family Investment Program (MFIP). I invite you to participate in this research. You were selected as a possible participant because of your current participation with MFIP and your age at initial enrollment. Please read this form and ask any questions you may have before agreeing to this study.

This study is being conducted by Aryn Karstens, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and is supervised by Dr. David Roseborough.

**Background information:**

The purpose of this study is to gain insight from individuals currently participating in MFIP. I am interested in exploring how MFIP might better support current participants. This interview will help me to gain perspective into what is working well for you and how the program may be improved to better serve participants.

**Procedures:**

If you agree to this study, I will ask you to do the following things: participate in an interview of approximately 30-45 minutes which will be recorded using an audio recording device. The interview will then be transcribed and data will be used in a Clinical Research Paper for the University of St. Thomas and St. Catherine University.

**Risks and Benefits of Being in the Study:**

The study has minimal risks.

The study offers a \$10.00 Wal-Mart gift card for your participation.

**Confidentiality:**

The records of this study will be kept confidential. Research records will be kept in a locked file in my home. I will also keep the electronic copy of the transcript in a password protected file on my computer. My research professor may have access to the transcript of the interview, but will not know who you are. I will delete any potentially identifying information from the transcript. Findings from the transcript will be analyzed and used in the final paper. Direct quotes, with potentially identifying information removed, from interviews may be used in a final paper to be submitted to the University of St. Thomas and St. Catherine University. The final paper will be

available for search through the university. The audiotape and transcript will be destroyed by June 1, 2015.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time up to one week after our interview. Should you decide to withdraw, data collected about you will not be used. I ask that you inform me if you choose to withdraw your information from this study by phone or e-mail at (507) 219-0075 or brun3731@stthomas.edu.

**Contacts and Questions:**

My name is Aryn Karstens. You may ask any questions you have now. If you have questions later, you may contact me at (507) 219-0075. My professor is David Roseborough and he can be reached at (651) 962-5804. You may also contact the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

\_\_\_\_\_  
Signature of Study Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Study Participant

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

**Appendix B: Letter of Informed Consent for Professionals****CONSENT FORM  
UNIVERSITY OF ST. THOMAS****Experiences of Teen Parents on the Minnesota Family Investment Program****IRB Number: 534434-1**

I am conducting a study about teen parents' experiences with the Minnesota Family Investment Program (MFIP). I invite you to participate in this research. You were selected as a possible participant because of your current employment as Employment Services counselor working with this population. Please read this form and ask any questions you may have before agreeing to this study.

This study is being conducted by Aryn Karstens, a graduate student at the School of Social Work, St. Catherine University/University of St. Thomas and is supervised by Dr. David Roseborough.

**Background information:**

The purpose of this study is to gain insight from individuals currently participating in MFIP and the professionals in this field. I am interested in exploring how MFIP might better support current participants. This interview will help me to gain perspective into what you see is working well for participants and how the program may be improved to better serve this population.

**Procedures:**

If you agree to this study, I will ask you to do the following things: participate in an interview of approximately 30-45 minutes which will be recorded using an audio recording device. The interview will then be transcribed and data will be used in a Clinical Research Paper for the University of St. Thomas and St. Catherine University.

**Risks and Benefits of Being in the Study:**

The study has minimal risks.

The study offers no direct benefits.

**Confidentiality:**

The records of this study will be kept confidential. Research records will be kept in a locked file in my home. I will also keep the electronic copy of the transcript in a password protected file on my computer. My research professor may have access to the transcript of the interview, but will not know who you are. I will delete any potentially identifying information from the transcript. Findings from the transcript will be analyzed and used in the final paper. Direct quotes, with potentially identifying information removed, from interviews may be used in a final paper to be submitted to the University of St. Thomas and St. Catherine University. The final paper will be



available for search through the university. The audiotape and transcript will be destroyed by June 1, 2015.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time up to one week after our interview. Should you decide to withdraw, data collected about you will not be used. I ask that you inform me if you choose to withdraw your information from this study by phone or e-mail at (507) 219-0075 or brun3731@stthomas.edu.

**Contacts and Questions:**

My name is Aryn Karstens. You may ask any questions you have now. If you have questions later, you may contact me at (507) 219-0075. My professor is David Roseborough and he can be reached at (651) 962-5804. You may also contact the University of St. Thomas Institutional Review Board at (651) 962-5341 with any questions or concerns.

**You will be given a copy of this form to keep for your records.**

**Statement of Consent:**

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study and to be audiotaped.

\_\_\_\_\_  
Signature of Study Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Study Participant

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

## Appendix C: Schedule of Interview Questions for MFIP Participants

### Schedule of Interview Questions- Participants

1. How old are you?
2. How old is your child or children?
3. How long have you been on MFIP?
4. What brought you to apply for MFIP?
5. How did you come to find out about or come to MFIP?
6. Without naming anyone, were you aware of any family members who were also on assistance programs when you were younger?
7. Without naming anyone, are you aware of any friends or family members who are currently on assistance programs as well? What kind of experiences have they told you about having with MFIP?
8. What is your understanding of how MFIP works? (Who do you have to meet with, when, and why? What are the expectations of the program?)
9. Has MFIP been helpful to you?
10. If yes, how so? If no, why not?
11. Is there anything that has been particularly challenging for you?
12. If you could make the program fit you better, how would you change it, if at all?
13. What are your long term goals?
14. How will MFIP help you achieve those goals?
15. Who or what else has been helpful to you in achieving your goals, outside of MFIP?
16. Is there anything else you would like to add or share about your experience on MFIP?

## Appendix D: Schedule of Interview Questions for Professionals

### Schedule of Interview Questions- Professionals

1. How long have you been working with this program?
2. In your experience, what do you see as the most common reason for teens to come on to the program? (Intergenerational poverty, for example)
3. What do you see as the biggest difference between teen parents and adults who come on the program?
4. How do you think participants find out about or come to MFIP?
5. What do participants tell you about their experience with MFIP? (Positive and negative)
6. Do you feel that teen parents have a thorough understanding of how MFIP works? (Who do you have to meet with, when, and why? What are the expectations of the program?)
7. Do you feel that MFIP is helpful to teen parents in providing them with the skills and tools necessary to become self-sufficient?
8. If yes, how so? If no, why not?
9. Is there anything that you have seen to be particularly challenging for teen parents?
10. If you could make the program better fit teen parents, how would you change it?
11. What goals do your teen parent clients share with you?
12. How can MFIP help them achieve these goals?
13. What sorts of community supports outside of MFIP are available to this population?
14. Is there anything else you would like to add or share about your experience working with MFIP?