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Punishment, Pathology or Possibility: Caseworker Discretion, Mental Illness, and Welfare Sanctions

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Punishment, Pathology or Possibility:
Caseworker Discretion, Mental Illness, and Welfare Sanctions

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MSW Clinical Research Project

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in partial fulfillment of the requirements of the degree of

Master of Social Work

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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

This study was designed to explore the ways that caseworkers in the Minnesota Family

Investment Program (MFIP) make decisions in situations of client noncompliance. The research

question was: what factors impact the decision-making of MFIP caseworkers around the question

of noncompliance? Ten in-person interviews were conducted, recorded, coded and analyzed.

Caseworkers identified that client noncompliance can be caused by mental illness or

environmental factors in clients' lives such as lack of community capital and transportation

infrastructure or domestic violence. Caseworkers also identified that client noncompliance is

frequently caused by factors internal to the MFIP bureaucracy, which clients have little influence

on. Although some caseworkers indicated clients can be to blame for noncompliance,

caseworkers also referred to numerous ways that the structure of the MFIP system itself

contributes to client noncompliance. Recommendations include cross-training caseworkers with

social workers and mental health providers, increasing service coordination and collaboration,

and abolishing punitive financial sanctions in the MFIP program in order to establish incentive-

based casework methods. Further research can be conducted on the ways that factors at the

micro, meso and macro levels affect caseworker decision-making, and what changes can be

made to improve services to clients and contribute to an overall reduction in family poverty.

Keywords: Temporary Assistance for Needy Families, TANF, welfare sanctions,

discretion, street level bureaucracy, mental illness

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Acknowledgement page

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Introduction

Poverty persists as a major issue in the United States, with the Census Bureau reporting

the official poverty rate in 2015 as 13.5 percent of the country's population, meaning 43.1

million people. Of this 43.1 million, 33.6 percent were children (14.5 million children), meaning

19.7 percent of the national child population was in poverty in 2015. The persistence of poverty

in families is evident, with 32.6 million of the 43.1 million people in poverty nationally being

members of an impoverished family unit (Proctor, Semega, & Kollar, 2016). The means-tested

federal program that addresses child and family poverty is Temporary Assistance for Needy

Families (TANF), a welfare program that provides cash and food support grants to families as

long as the parents are working or engaged in activities that lead to work. TANF has supported

fewer poor families with children than its predecessor, Aid for Families with Dependent Children

(AFDC); when TANF was enacted in 1996, it was being provided to 68% of families with

children in poverty; now, only 23% of families with children in poverty are receiving TANF

(Center on Budget and Policy Priorities [CBPP], 2016). In every state, TANF benefits provide

income that is less than half of the federal poverty line; in 16 states, TANF benefits are less than

20 percent of the poverty line (CBPP, 2016).

TANF. TANF is a federal program that was devolved to states for implementation and

operation. TANF's funding is distributed in block grants to states, and each state implements its

own programming and policy to meet federal requirements (CBPP, 2015). A portion of the

federal funding is allocated to bureaucratic operations at the state, county and contractor levels,

and a portion is distributed to families who demonstrate financial need. Minnesota's TANF

program is called the Minnesota Family Investment Program (MFIP); this study will be

conducted caseworkers in MFIP, but the analysis and literature review will be grounded in MFIP

as an iteration of TANF, and thus incorporate other TANF programs. In MFIP, as in the federal

TANF regulations, self-sufficiency through employment is the goal dictated to clients

(Department of Human Services [DHS], 2016). Within this paper, the term "client" refers to the

adult caregiver in a family receiving MFIP; MFIP caregivers are most frequently the parent of

the child or children but can also be blood relatives of some kind or whoever has custody over

the children. Caregivers must develop an employment plan and work with employment services

as a condition of receiving cash assistance. Clients are paired with employment service

caseworkers (often called "career counselors" or "employment counselors") who work with

clients to create documented agreements about employment-targeted activities clients will

engage in. Frequently, however, the situations that place families in poverty cannot be alleviated

by simple, employment-targeted activities. If clients are experiencing hardship such as domestic

violence, housing instability or symptoms of mental illness, they can get some flexibility on

requirements within MFIP. Often, concrete documentation must be submitted to qualify for this

"good cause for noncompliance," and the matter is largely up to the "professional judgment" of

the caseworker. Caseworkers are instructed to "request formal verification…if the good cause

claim is questionable or if using good cause claims becomes a pattern" (DHS, 2015, § 14.6).

Because "it is the participant's responsibility to offer 'good cause' reasons for failure to

comply," if shame, stigma, the insidious effects of mental illness, or poorly crafted caseworker

rapport counteract the client's ability to disclose hardship, caseworkers may never know clients

had good cause during instances of noncompliance (DHS, 2015, § 14.6).

       Poverty and mental illness. The positive association of poverty with mental illness has

been documented for decades; as mothers and children embodied more of the American poor

population in the 1980s, mental illness became an increasingly relevant issue to poor families

(Belle, 1990). A 2003 study indicates that poverty is a social cause of conduct disorder and oppositional disorder, and that anxiety and depression are also evidenced in high rates among poor families (Costello, Compton & Keeler, 2003). Current research focuses on how the persistent association of poverty with toxic stress has intergenerational impacts on children and parents in poverty (Center on the Developing Child, 2016). The prevalence of mental illness, toxic stress and trauma among poor families underscores the importance of screening and intervention within the TANF system in order to meet the goal of benefitting families and supporting self-sufficiency.

Problems screening for mental illness. Although caseworkers are advised to screen for mental illness or other debilitating challenges clients and families may face, screening procedures for mental health conditions that involve shame and stigma can be doubly ineffective within client-caseworker relationships that are not supportive or flexible. Caseworkers are instructed to conduct full-fledged psychosocial assessments soon after meeting clients, which may result in distrust from clients who could get triggered or retraumatized by private or invasive subject material (DHS, 2009). Clients are initially expected to develop a trusting relationship with caseworkers who have large amounts of private information on them, and whom they have never met. Furthermore, despite the fact that assessment measures delve into delicate areas of family functionality, mental health, chemical use history, abuse and neglect, caseworkers are frequently not required to have any training in mental health or social work (DHS, 2009). If a trusting client-caseworker relationship is not created in these adverse conditions, clients may be more apt to drop out of contact with their caseworkers when they are in one of the various crises that can characterize life in poverty. Times of crisis are also precisely the juncture where support and reciprocity would be best, and where rapport with

county-contracted workers is most tenuous. Caseworkers are instructed to interpret non-responsiveness to outreach attempts as noncompliance (DHS, 2015). This interpretive process could establish a practice that fails to acknowledge the complex effects of mental health symptomology and the debilitating nature of true crises for individuals who have been in consistent poverty. Clients are expected to provide evidence of "good cause for noncompliance" when they do not follow the agreed-upon activity engagement (DHS, 2015, § 14.6). Clients who are not forthcoming with documentation may be misunderstood by caseworkers during crises, rather than receiving the support caseworkers are ostensibly there to provide.

Social cost. When caseworkers do not understand the nature of crises clients are experiencing, or the crises are not adequately documented, caseworkers are instructed to send a warning letter about a financial sanction. If no response is received, caseworkers are instructed to apply financial sanction to the client's MFIP case, which reduces the client's monthly income by 10 – 30 percent (DHS, 2015). The social cost of being financially sanctioned for noncompliance can be that poor families are pushed deeper into poverty instead of accessing needed services and becoming more stable. As caregivers are deprived of resources needed to stabilize their families at times when their functionality is already decreased, children experience higher rates of adverse childhood experiences, which has been associated with decreased functioning in their future adult lives (Center on the Developing Child, 2016). Because the "primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty," this issue is of paramount relevance to social workers in practice, and to social work research (NASW, 1999). For prevalence data on sanctions in Twin Cities counties, see Table 1 in the Literature Review.

Human well-being is not enhanced when poor families' sole, meager and often already-insufficient MFIP income is cut. Individuals who are caregivers and have survived the traumas of poverty themselves are vulnerable, especially if they are currently struggling with mental illness. The children of such caregivers are vulnerable, not only because of factors associated with their caregivers but also because families on MFIP have an increased incidence of numerous barriers to development and functionality (DHS, 2008a). Single parents with two children receive $532 in cash per month, and are expected to afford rent across municipalities that vary widely in cost of living; they are then expected to pay for all superfluous costs of job-seeking and caregiving, with simple instructions to get to work. MFIP families are categorically living in poverty, with the combined food and cash support received by a 2-member family ($991) falling below 60% of the federal poverty guideline. When the family's income surpasses 76% of the federal poverty line, they are no longer eligible for cash assistance (DHS, 2016). This means that families are never lifted above the poverty line by MFIP, and underscores the fact that financial sanctions are not merely a slap on the wrist, but a legitimately destabilizing event for a family in poverty.

Social work's response. Concerned and responsive social workers ought to focus on the call to social justice and the importance of human relationships to develop more person-centered responses to the problem. Social work researchers can play a role in suggesting program improvements that are strengths-based and support recovery and social services to improve holistic family functioning. Social workers are most likely to work with clients in mental health settings who have had experience on TANF; awareness of the difficulties pertinent to that systematic experience would contribute to experiential knowledge of clients. Social workers make up 60% of the mental health professionals in the nation, meaning they may encounter

issues related to the intersection between mental illness and TANF, as well as the way sanctions

affect clients' mental health (NASW, 2016). Social work researchers can examine the decision-

making processes of TANF caseworkers to isolate hidden trends and biases and supply advocacy

efforts with data and direction.

The purpose of this study is to explore how caseworkers make decisions when clients are

in noncompliance. The significance of this question is defined by the harms of sanctions on

already poor and unstable families. Qualitative exploratory interviews will be conducted with

MFIP caseworkers in the Twin Cities metro area, from various agencies and programs. The

interviews will be based upon the research question: What factors impact the decision-making of

caseworkers around the question of noncompliance?

Literature Review

This review of current literature will examine the state of social science research into

TANF and mental health, as well as TANF sanctions and their effect on mental health and

material hardship. The goal of the present research is to unite these two areas of inquiry.

Employment Services and Sanctions

Employment Services is the employment counseling program managed and operated by

the Minnesota DHS for MFIP. Participation in Employment Services is mandatory for

caregivers in MFIP family units, and the rules are largely in line with federal TANF regulations.

DHS states that caseworkers "ensure that parents participate in work activities—including job

searches—and help address barriers to employment. Parents must take almost any job offer"

(DHS, 2016a). Mandatory participation is enforced through sanctions that cut 10 percent from

family grants "in the first month and 30 percent [is] cut in the second through sixth months if the

individual does not start complying with work rules. After six months of reduced benefits and

continued failure to comply with work rules, assistance ends" (DHS, 2016a). Sanctions are

enforceable for many reasons, including not attending initial Employment Services overview or

intake meetings, and not working closely with a caseworker on an Employment Plan (DHS,

2015).

Employment Plans. DHS defines the first function of an employment plan as

"Identif[ying] the participant's self-support and employment goals, break[ing] those goals into

smaller objectives, and list[ing] the steps the participant must take to achieve the goals in the

shortest time reasonably possible" (DHS, 2015). Helping clients with action planning and

offering discrete steps toward otherwise lofty and overwhelming goals may be of assistance in

addressing issues and helping clients move toward self-sufficiency, but there is distinctly non-

negotiable language in the function description. Employment Plans also function "as a tool for determining participant progress and compliance with the expectations of MFIP Employment Services," as well as delineating "the parameters that are used to determine non-compliance" (DHS, 2015). Although DHS indicates that clients' goals are the cornerstone of the Employment Plan, clients are considered noncompliant if they do not sign a plan. If the client does not agree to the terms of the plan or does not want to sign the plan because they do not see the caseworker's suggested plan as achievable, they may still be held as non-compliant. Employment Plans are described in various places as a contract or an agreement between a client and a caseworker, but if clients do not agree with caseworkers on whether they can follow a plan, they are susceptible to financial sanctions on their monthly income.

Documentation requirements. Paperwork and documentation define the requirements for clients, the actions available to caseworkers, and the nature of the caseworker-client relationship in ways beyond the Employment Plan. Clients must submit documentation monthly (or more frequently, depending on the terms of the plan) in order to verify their engagement in plan activities (DHS, 2015). Clients are frequently given a form called an Activity Log, which features a table to list what jobs they have applied for or what activities they have engaged in, but display little information about skill development or less tangible networking or professional development. Because the Employment Services system interfaces monthly with financial systems controlling client benefits, deadlines are firm and clients can be susceptible to sanctions if they are a day late on paperwork. Clients are eligible for flexibility through one of two processes: Family Stabilization Services (see "State Program: Family Stabilization services on page 24) and good cause. However, these processes are defined by paperwork and

documentation as well, which may present further challenges for individuals with low literacy,

cognitive challenges, or aversion to county paperwork.

Rates of sanctions. During the 3 months of November 2016, December 2016 and

January 2017 which lead up to the interviews for this study, sanctions in Hennepin and Ramsey

counties (the core Twin Cities metro counties) were in effect at a rate of between 2.8 and 3.8

sanctions per 100 MFIP cases (DHS, 2017a; DHS, 2017b; DHS, 2017c).

	January 2017	January 2017 rate	December 2016	December 2016 rate	November 2016	November 2016 rate
Hennepin County Total cases	6598		6620		6652	
Hennepin County sanctions	242	**3.6678%**	248	**3.7462%**	210	**3.1569%**
Ramsey County total cases	4282		4284		4261	
Ramsey County sanctions	147	**3.4330%**	121	**2.8245%**	131	**3.0744%**
Total cases	10880		10904		10913	
Total sanctions	389	**3.5754%**	369	**3.3841%**	341	**3.1247%**

Table 1. Sanctions in effect in Hennepin and Ramsey Counties, November 2016 – January 2017

Table 1 illustrates that on average more than 3% of residents per month in Hennepin or Ramsey

counties were in sanction. The overall average rate of sanction between the two counties within

the three months displayed is 3.3612%, and sanctions affected between 300 and 400 families

each month. Sanctions remove between 10% and 30% of the overall grant, and after a certain

number of sanctions (depending on several parameters), a client's case is closed. When cases are

closed due to sanction limit, clients must re-apply in order to receive benefits again, which may

or may not be held back based on required documentation related to the original sanction (DHS,

n.d.)

The ostensible purpose of a sanction is to ensure client compliance with requirements to

seek work and to comply with child support departments (DHS, 2002). However, when real

people with discretion are making decisions to sanction, many sanctions are imposed

erroneously, haphazardly or for minor violations (Casey, 2010). Clients who wind up in sanction

often are not empowered to advocate for themselves. Protective regulations including pre-

sanction conciliation processes were present in the previous iteration of the program, Aid to

Families with Dependent Children, yet are not included at the federal level of TANF

implementation (Wu, Cancian, Meyer & Wallace, 2006). Although MFIP includes a dispute

resolution procedure for sanctions clients deem undeserved, it is de-emphasized and accessible

only in reaction to receiving a warning or a sanction, rather than beforehand. Furthermore, states

often have no incentive to question patterns of sanctioning; the block grant structure for

distribution of federal funds means that states benefit from imposing sanctions because liquid

funds are freed when they are not granted to families (Casey, 2010).

Sanctions destabilize families economically and mentally. Social science literature

demonstrates the real hardship sanctions bring to TANF families, including increased likelihood

of hunger, eviction, homelessness, and difficulty accessing medical and mental health services

(Casey, 2010). Caregivers from families forcibly removed from TANF due to time limits or

sanctions reported higher levels of food and housing hardships, and clients whose cases closed

due to repeated sanctions were unable to obtain Medicaid, meaning they were unable to access

medical or mental health care (Lindhorst & Mancoske, 2006). Although literature has

demonstrated that compassionate regard from a caseworker helps clients to develop their

wellbeing and agency (Sullivan, 2005), sanctions may punctuate client-caseworker relationships

that are adversarial in nature. As such, sanctions can be the endpoint in a relationship that

prioritizes simplistic demands to work and discourages openness, help-seeking and emotional

self-awareness.

The mental harms of an adversarial relationship with a caring professional can extend

beyond the material condition created by the punishment. Causal connections have been posited

between sanctioning and the experiences of housing insecurity, food insecurity, poor health and

medical access, and excessive reliance on social and family connections for material support

(Curtis, Reichman & Teitler, 2005). Although sanctions are applied by caseworkers interpreting

the behavior and choices of caregiving adults, they have impacts on the education outcomes of

children. A study of 67,015 children on MFIP indicates that disruptions to school enrollment are

more common when at least one sanction is imposed on a family (.548 mean disruptions) than

when no sanction had been imposed (.495 mean disruptions) (Larson, Lewis & Singh, 2011).

This could mean that events leading to the imposition of sanctions are the same events that lead

to disruptions in school enrollment; it could also indicate that sanction imposition leads to

disruptions in school enrollment. TANF sanctions have also been shown to have serious

developmental ramifications on preschool-age children in the afflicted family, including

decreased cognition and higher rates of behavioral issues (Lohman, Pittman, Coley & Chase-

Lansdale, 2004). Rather than encouraging work and compliance, sanctions harm families and

children long-term.

Sanctions contribute to economic disadvantage. Contrary to the stated intent of encouraging job search and self-reliance, sanctions have been correlated with longer-term and more steady reliance on TANF funding, particularly when applied repeatedly (Fording, Schram & Soss, 2013). Sanctions may not help stabilize clients or families; rather, they have been associated with reduced economic viability. A longitudinal study of 13,171 TANF clients in Wisconsin indicated that imposition of a severe sanction (50-91% reduction of cash grant) made families 23% more likely to leave TANF without a job, and families that received full sanctions (over 90% of cash) were 47% more likely to leave TANF with a lower earnings job (Wu, 2007). Sanction rates in Minnesota are more moderate: the first month a client is in sanction, 10% of the total grant (food plus cash) is removed from the cash portion. For the following five months of continuous or interrupted sanction, 30% of benefits are removed from the cash portion, and unless clients demonstrate special eligibility at the seventh sanction imposition, MFIP clients are cut off from the program (DHS, n.d.). In addition to immediate ramifications (such as eviction) of cash grant reduction, the Wisconsin study demonstrates that sanctions worsen the economic prospects of families for years after their imposition.

High Prevalence of Mental Illness in TANF Population

General TANF and single mother statistics. Research into common characteristics among the TANF population has demonstrated a high prevalence of mental illness. One longitudinal study of 632 TANF clients revealed that one-third had psychiatric diagnoses, and one-fifth experienced severe psychiatric functional impairments. The same study correlated the persistence of mental health problems for more than two years with decreased rates of employment and income, meaning that both short-term and long-term incidence of mental illness among TANF clients have negative effects on economic stability and caregiving potential

(Chandler, Goodwin, Jordan, Meisel & Rienzi, 2005). Other researchers have documented a

high prevalence of mental health disorders among single mothers, and linked this to a decreased

likelihood for working. A longitudinal study of 753 urban TANF clients in Michigan found that

the most common barrier to employment was a diagnosis of major depression, PTSD or general

anxiety within the last year, presenting in 28.5% of the sample (Anderson, Danziger & Kalil,

2000). Single motherhood, in addition to TANF receipt, has been correlated with diagnosed

mental illness and decreased economic viability. Jayakody and Stauffer demonstrated that DSM-

III-R diagnoses were disproportionately represented among a national sample of 4,423 single

mothers (2000). The same study contends that the likelihood of employment is 25% lower for

mothers with a mental health diagnosis. In a study of 489 female consumers of mental health

services, 119 of whom were on TANF and 370 of whom were not, TANF clients displayed

higher rates of serious mental illness than non-TANF clients (Stromwall, 2001). Within the

same sample, female mental health consumers participating in TANF have also reported

significantly higher levels of mental health-related distress and dysfunction than women in

mental health services who did not receive TANF (Stromwall, 2002).

Local data and vulnerability to crises. Local data on MFIP clients reflects similar

trends in the prevalence of mental illness. A five-year longitudinal study conducted with 843

MFIP clients revealed a 34 percent rate of serious mental health diagnoses and a 17 percent rate

of substance use disorder diagnoses (DHS, 2008b). MFIP clients who have successfully

transitioned to stable, post-MFIP living conditions were less likely to have a serious mental

health diagnosis; mental health had a more direct correlation to long-term instability than did

rates of incarceration or substance use issues (DHS, 2008a). This local data should be

contextualized with findings that TANF involvement correlates to increased vulnerability to

crisis. One study of parents found that past or current participation in TANF programming has been correlated with increased psychological distress, decreased employability, and decreased physical health (Cheng, 2007). Mental health problems among TANF clients are associated with decreased compliance with employment requirements, increased vulnerability to family crises and increased rate of sanction-related case closure (Chandler, Goodwin, Jordan, Meisel & Rienzi, 2005). The lives of caregivers with severe mental illness are punctuated by crises that destabilize their families and make employment difficult to acquire and sustain.

Diagnoses correlate with other barriers to self-sufficiency. In TANF policy, self-sufficiency and employment are nearly synonymous. In other words, "success" in TANF means getting a job and getting off the program (CBPP, 2015). One thing that can be obscured in this simplistic ideology is the relation between mental illness, well-being and situational stability as baseline conditions from which to approach employment. Depression, anxiety disorders and other mental illnesses have symptoms that are exacerbated in crisis (Lindenthal, Myers, Ostrander & Pepper, 1972). These symptoms also perpetuate insidiously and provide background interference with goal-setting, self-esteem and outward presentation, all critical elements of success in finding and maintaining employment. In a study of 284 long-term TANF clients in a southwestern state, symptoms of depression occurred at a rate of 50 percent and frequently co-occurred with other mental or physical health problems, family violence, chemical abuse, or child behavioral challenges, creating debilitating intersections of psychosocial stressors and challenges that often preclude employment (Barusch &Taylor, 2004). Other studies have found that the likelihood of employment is 25% lower for mothers with a mental health diagnosis, and that depression has a persistent negative correlation with employability (Jayakody & Stauffer 2000; Boston & Vaughn, 2010). Studies have shown that psychological wellbeing

among TANF clients is not correlated with TANF exit rates, but that psychological wellbeing is correlated to gaining and maintaining jobs that pay more than minimum wage (Bodenschatz, Larrison, Nackerud, Risler & Sullivan, 2004; Sullivan, 2005). Leaving MFIP can be associated with increased earnings, but it can also be associated with being sanctioned or disqualified for other bureaucratic reasons that can be related to mental illness. This means that leaving MFIP is not an objective measure of the success of the program, because families who are leaving MFIP are not always better off. Mental health problems have been shown to reduce likelihood for employment in the TANF population, and those with mental health diagnoses who do work on TANF work less hours and earn lower wages than those who do not have mental illness (Chandler et al., 2005). A six-year panel study of 1,225 current and former TANF recipients in Illinois examined independent variables of human capital (as defined by education, experience and skills), depression, and mental health services, and their effect on the dependent variable of employment (Altenbernd, Bong & Lewis, 2006). The study indicates that depression with moderate severity and recurrence is positively correlated with employment challenges ($r= .57$, significant at .05 level) and that low human capital and severe depression is a combination that is particularly difficult to overcome. Treatment and recovery engagement is complicated by the fact that symptoms frequently go unnoticed by clients and misattributed by caseworkers.

Caseworker discretion

      Caseworker role. Individuals in poverty display a high incidence of mental illness and often face disproportionate psychosocial challenges (Barusch et al., 2004; Lewis et al., 2006). The caseworker matched with a client is the human being that represents the county, state, and federal governments, who is tasked to place demands on the client to pursue self-sufficiency (DHS, 2015). Caseworkers are also tasked with fielding requests and concerns from clients, and

instructed to help provide resources to help stabilize families and move clients into work.

Despite carrying out work with clients that is akin to general practice social work, job openings

for MFIP case managers often require only an unspecified post-secondary degree to demonstrate

basic competency (MN Council of Nonprofits, 2017). Caseworkers are likely the bureaucrats

whom clients see most frequently, and despite the inherent power dynamic and non-voluntary

nature of the relationship, clients may come to place trust in caseworkers. Caseworkers have a

certain amount of discretion and choice, and caseworkers are instructed to use person-centered

interactional techniques such as Motivational Interviewing that encourage openness, honesty,

and progress (DHS, 2015). Because clients encounter caseworkers regularly, they have

opportunities to disclose a diagnosis of mental illness or the symptoms that characterize mental

illnesses to their caseworkers. The trust created in the client-caseworker relationship makes it a

critical juncture of screening and intervention for client mental illness. As a meaningful

touchpoint between the government and caregivers in poverty, the nature of the relationship

between caseworkers and clients (punitive or supportive) is also a vital criterion for how well

MFIP is truly meeting the needs of the most economically disadvantaged families.

The relationship between caseworker and client defines the MFIP service rendered to the

client; because caseworkers interpret policy and deal directly with clients who are on the

program, it is their actions that bring policy to life. The caseworker-client relationship can be

conceived of as an embodiment of government aid; although caseworkers do not issue cash or

food grants to clients, they are supposed to use the relationship they have with clients to help

them move to self-sufficiency. Soss, Fording and Schram point out (2011) that the caseworker

relationship includes substantial therapeutic elements, especially in the ways that the client

conceptualizes the relationship. The ways that the caseworker relates to the client can define the

ways the caseworker interprets the policies that constrict their behavior. Social work is built on

the idea that relationships are primary to social change, personal healing and family

functionality; as such, social work as a profession ought to be concerned with the quality of

relationships between caseworkers and clients (National Association of Social Workers

[NASW], 1999). Social workers are bound by professional ethics to support self-sufficiency and

holistic functioning of individuals, families and groups. Social work as a profession orients itself

toward those who are poor and vulnerable, which warrants extra attention and advocacy around

policy and service issues in government programs such as TANF that affect intergenerational

family functioning. Because single mothers and poor caregivers in general are systematically

disempowered, social work ethics draw focus to TANF policy and the ways that bureaucratic

systems constrain the capacity of the caseworker-client relationship (NASW, 1999).

Generally, TANF caseworkers are not trained to conceptualize their interactions with

clients as constitutive components in a relationship. However, the quality and nature of these

interactions provide structure for the activities of supported goal-setting for self-sufficiency, and

resource referral and follow-up. Caseworkers are trained to recognize the complexity of the

problems that clients face, but are also taught to consistently redirect clients to the primary goal

of getting a job (DHS, 2015). Caseworkers adopting the role of employment coach may not be

able to as readily create the trust with clients that can be vital to disclosing symptoms of mental

illness.

Clients may already have issues with recognizing and disclosing mental illness, resulting

from perceptions of stigma, symptoms such as self-isolation and shame, patterns of abuse, or

lack of psychoeducation about dysfunctional symptomology (Larson, Wester & Vogel, 2007;

Evans-Lacko, Henderson & Thornicroft, 2013). These disclosure issues are compounded and

shaped by the work-first ideology of MFIP, which also imports the concepts of write-ups and pay

cuts from the employment world (Soss et al., 2011). Clients who are not following through with

their employment plan and have not disclosed good cause for non-compliance are subject to a

written warning called a Notice of Intent to Sanction, (NOITS) (DHS, 2016b). Soss, Fording

and Schram compare contracts such as the employment plan to work contracts, and warnings

such as the NOITS to writeups at work (2011). If evidence of compliance or good cause is not

provided after the NOITS is issued, a subsequent removal of a portion of their cash grant

(financial sanction) is advised (DHS, 2015). If a punitive dynamic is established, it may not be

conducive to clients disclosing their struggles. The imposition of sanctions can topple already-

precarious rapport and erode the strongest service linkage between the government and clients

(Casey, 2010). The material harms of sanctions can have an impact on clients' mental health; if

the imposition of a sanction drives clients away from caseworkers, cycles of sanctions can

compound stress and worsen client mental health.

Caseworkers are trained to provide resources to families. TANF caseworkers

maintain complex and shifting identities that involve balancing expectations from employers and

governments with challenging demands and situations brought by the public. The case

management niche involves therapeutic aspects as well as bureaucratic elements, creating

competing and often contradictory sets of behaviors and thought (Soss et al., 2011).

Caseworkers are often situationally unable to muster the resources or time necessary to address

client issues fully or work on complex psychosocial issues with clients at the requisite depth.

Caseworker job descriptions often require no training in mental health or social work, some

specifying only a BA in human services (MN Council of Nonprofits, 2017). Although they are

placed into situations with decisions that may seem to call for a social work or psychology

professional, caseworkers often make up for a lack of training or expertise by using the scant

amount of discretion that is given to them. "They use their discretion mainly to ration time and

resources, offer small favors, control their caseloads, and make decisions about whom to

penalize or 'cut some slack'" (Soss et al., 2011, p. 233). Nonetheless, discretion is a key

component of street-level bureaucracies such as those in the TANF system, and caseworkers are

positioned to use their discretion to benefit families by offering extra time, leniency, or referrals.

The discretion of a TANF caseworker is also exercised in decisions to apply sanctions or provide

leniency to certain clients. Often a simple casenote that mental health issues are suspected is

enough to ward off the necessity of a financial sanction for a month. Caseworkers are also

instructed to provide positive and negative incentives to keep clients on the desired path from

welfare dependency to working parenthood (Soss et al. 2011). The extent to which caseworker

beliefs, backgrounds, experiences, decision-making and behaviors in relation to clients are

interrelated has not been extensively explored in social science literature on TANF.

       Street-level bureaucracy and caseworkers sanctioning clients. Street-level

bureaucracies are institutions through which the government provides for the public, and wherein

the activities of the workers are constrained by numerous policies and rules. Michael Lipsky,

who coined the term street-level bureaucracy, frames the use of discretion in the presence of

constraints: "At best, street-level bureaucrats invent benign modes of mass processing that more

or less permit them to deal with the public fairly, appropriately, and successfully. At worst, they

give in to favoritism, stereotyping, and routinizing" (Lipsky, 2010, p. xii). Discretion can be a

tool used professionally by street-level bureaucrats to ensure the maximum benefit is delivered to

the public, from a pool of restricted resources. However, TANF policies also include

discretionary instances of punishment, through financial sanctions. Decisions to apply a sanction

are instances where policy is being interpreted by a specific caseworker and applied to produce adverse material effects in the lives of families (Soss et al., 2011). Despite the ostensibly objective criteria for when to apply a sanction, client situations are always ambiguous; the caseworker's evaluation of the client reduces their experience of ambiguity and eases the resultant decision, whether consciously or subliminally (Soss et al., 2011). One study revealed that implicit racial bias constricts the decision-making of welfare caseworkers in Florida and results in more people of color being sanctioned (Soss et al., 2011). In this way, the power of stereotypes and modes of mass processing among TANF street-level bureaucrats have been documented. However, the factors affecting the decision to apply a sanction in cases where non-compliant client behavior may be indicative of mental illness have not been examined specifically.

Caseworker decision-making. Research has demonstrated that the ways people think about other people who have mental illness affect the way that they treat those people. Corrigan, Kubiak, Markowitz, Rowan, and Watson examined the responses of college students to persons with mental illness, finding that mental illness that is perceived as controllable in onset will more likely result in avoidance, withholding of assistance, and coercive treatment (2003). Perception of danger from the person with mental illness is also a significant predictor of avoidance and coercion. These findings indicate that blaming persons with mental illness for their situation or believing that they are flawed to the core can increase the likelihood that they will receive punishment. If the trend documented with college students may be translated to TANF caseworkers, any perception that the behaviors, symptoms or situations associated with mental illness is the result of bad choices or poor judgment could result in avoidance, assistance withholding and coercive treatment. When TANF case managers discuss their specific cases,

"their accounts pivot time and again on moral assessments of what specific clients did, whether they were exerting sufficient effort, and whether they appeared to be trustworthy in explaining their actions" (Soss, et al., 2011, p. 249). The tendency towards negative judgment of those who display symptoms impairs the decision-making of TANF caseworkers in situations of potential mental illness.

      Client disclosure issues. Disclosure of symptoms associated with mental illness is frequently complicated by socialization and trust issues. A team of researchers examined mental health service use and issues affecting client pursuit of services and disclosure of symptoms, finding that global rates of treatment among those with diagnosed mental illness are less than 30 percent. Major factors decreasing service use and treatment engagement include lack of psychoeducation about symptoms, lack of connectivity to treatment systems, and perceived or experienced prejudice against people with mental illness (Evans-Lacko, Henderson & Thomicroft, 2013). Larson, Vogel and Wester examined mental health literature for barriers to seeking psychological health, summarizing that avoidance factors included social stigma, fears of therapy, fear of emotionality, perception that risks involved with therapy outweigh the benefits, and reluctance toward deep self-disclosure (2007). The barriers to accessing mental health services are numerous, but are compounded by the dilemmas that clients face when accessing a street-level bureaucracy. Lipsky argues that non-voluntary clients of street-level bureaucracies "must strike a balance between asserting their rights as citizens and accepting the obligations public agencies seek to place upon them as clients" (2010, p. xiv). In other words, the sterner a caseworker is about pursuing strictly employment-related activities as a condition of receiving assistance from MFIP, the more likely clients are to prioritize the perceived obligation of finding work over the right to access medical or mental health services. This can create long-

term instabilities in mental health that further decrease the likelihood of self-sufficiency through

meaningful and sufficiently lucrative employment.

Service Solutions in Alternate Models

   Relationship-based casework. Research has indicated that when caseworkers display

concern and interest for their clients, and work collaboratively with the client to address issues,

clients display less psychological stress overall. In a study of 2,402 female clients, caseworker

support had a regression coefficient of -.058 ($p < .01$), indicating that as caseworker support

increases, psychological distress among clients decreases (Cain & Hill, 2012). Delving into the

complex issues in the lives of clients can help caseworkers to identify and assist with the

complex issues resulting from intersections of learning problems and mental illness (Leukefeld,

Otis & Wahler, 2015). A qualitative longitudinal study of 21 TANF recipients presented stories

reinforcing the need for in-depth, rapport-based case assessment for mental health and family

issues (Bussey & East, 2007). The authors of a study of 632 TANF clients in California

advocated for the review of mental health status prior to sanction imposition to preserve client

mental health and functionality (Chandler et al., 2005). Caseworkers may have greater success

with clients if they adopt culturally-specific approaches and engage in screening and assessment

at a depth of interaction that fits with the complexity of client histories and comorbidities (Hines

& Lee, 2014). Research has also indicated that from an occupational therapy perspective, TANF

mothers with diagnosed mental illness need leisure activities, home management skills and self-

care regimens more than they need to be rushed into employment (Good, McNulty & Stanger,

2012).

   Structural changes at state and agency levels. Considering the multiplex personal

challenges that TANF clients face, social policy researchers have called on state departments and

service agencies to become more flexible with work requirements and more realistic about the pace that clients can be pushed into work (Bussey & East, 2007). One study suggested allocating funding to create mental health-specific TANF services that circumvent the work-first ideology of TANF in favor of holistic recovery services (Chandler et al., 2005). Another study advocated increased service coordination between TANF service providers and mental health providers (Cheng, 2007). Focusing on baseline functioning and preventive mental health care would augment the employability of TANF clients, which places an emphasis on forming more connections between the broader systems of public welfare and mental health in government planning (Cheng, 2007; Stromwall, 2001). Literature has also pointed out that cross-training between the disciplines of psychiatry, social work and public service would help to avoid time-wasting punitive procedures and to establish realistic system approaches to accomplish better work outcomes; to embrace this at a national level could produce benefits for TANF clients in all states. (Marrone, 2005). One salient agency-level service recommendation is a tiered service structure that includes mental health screening after TANF intake, but before assignment to a work plan service track. This approach would involve screening at various points in the client's engagement with TANF, as well as supported work efforts, intensive or integrated case management, and short-term solution focused interventions (Lee, 2005). This service recommendation augments recommendations to target integrative, culturally-specific services to the real issues that MFIP clients face, rather than an idealized client-as-worker model (Lee & Hines, 2014). Improving service structures with well-rounded screening measures and practical, family-centric referrals would be a step towards addressing the real needs of families rather than pushing clients into employment that may not be sustainable.

State program: Family Stabilization Services. Family Stabilization Services [FSS] is a service track that was created during the 2007 Minnesota state legislative session. FSS is a service model that circumvents some of the rigidity of conventional MFIP employment services, because "FSS participants are not included in the TANF work participation rate calculation giving counties more flexibility to develop appropriate plans" (DHS, 2007, p. 3). FSS gives caseworkers opportunities for increased flexibility with clients, and the option to pursue "individualized treatment & effective and meaningful opportunities" with clients (DHS, 2007, p.5). FSS eligibility criteria must be verified by documentation and includes medically verifiable conditions such as physical ailments or injuries to the client or someone in their household, mental and chemical health diagnoses, developmental delay, or low IQ. FSS also includes categories of social or familial challenges including newly arrived refugee or immigrant status, family violence and general unemployability (DHS, 2015). FSS is a significant part of the local service culture, with the distinction between FSS largely defining the importance paperwork plays in the caseworker-client relationship. When clients are not in the FSS track and are still counting towards the work participation rate, caseworkers are heavily incentivized to focus on paperwork in meetings and when contacting clients. Caseworkers are not under as much pressure to get FSS clients to comply because they do not fall into the work participation rate, a metric often valued by supervisors, agencies, counties and the federal government. Because FSS funding is state-provided, caseworkers do not have to focus as much on employment-related outcomes, which can be helpful when working with clients who have disabilities (DHS, 2007).

Local example of alternate service structure. One program active in the Twin Cities has gained national recognition for its innovation and results. Families Achieving Success Today (FAST) is "a co-located partnership of several agencies to provide mental health,

vocational rehabilitation, health care, and employment services to TANF recipients with disabilities" (Akers, Berk, Derr, McCay, Mecksroth & Resch, 2015). FAST implemented evidence-based practices including motivational interviewing and the IPS supported employment model to provide extra autonomy and support to clients (Baird, Barden, Farell, Fishman, & Pardoe, 2013). The project was first implemented as a pilot program in a study involving 389 TANF clients who were assigned to FAST (the treatment group) or to regular employment service providers (the control group). By tracking state and county metrics on families and conducting qualitative interviews and site visits with staff, researchers found that client earnings increased relative to those in standard employment services, as did the general rate of participation in work activities (Mecksroth, et al., 2015). Employment was increased in two of four quarters and earnings were increased in all four quarters (Farrell, et al., 2013). FAST displayed substantial outcomes that are not attained in the lesser-funded and more simplistic standard set of employment services, providing a salient example of how better-funded and more targeted TANF services can assist families more effectively.

Gap in Literature

This researcher was unable to find exploratory or qualitative research on how caseworkers decide whether to sanction a client when the client is exhibiting behavior that could be explained by mental illness. Academic search engines used were Social Work Abstracts, SocINDEX, and PsycINFO; search terms included TANF, mental illness, non-compliance, financial sanctions, and street level bureaucracy. The social work librarian at the St. Thomas University library was consulted multiple times throughout the process of reviewing the literature to confirm that there is a gap in the literature regarding this caseworker decision-making process.

Summary

Social science research has identified the prevalence of mental illness within the population that receives or has received TANF (Chandler et al., 2005; Danziger et al., 2000; Stromwall, 2001). Research has also demonstrated the harms that punitive financial sanctions bring to families and researchers have called for substantial change to the ways that clients are assessed and cases are reviewed prior to sanction imposition (Fording et al., 2013; Larson et al., 2011; Reichman et al., 2005).   The present research will contribute to the goal of filling that gap and exploring why caseworkers think how they do regarding noncompliance; suggestions will be made about what can be done to maximize client benefit and minimize client harm.

Conceptual Framework: Street-Level Bureaucracy and Ecological Model

Street-Level Bureaucracy

Street-level bureaucracies, as originally described by Michael Lipsky (2010), are institutions where government services are provided to the public. Structural features that define street-level bureaucracies include a dearth of resources and high caseloads, which restricts the activity and options available to street-level bureaucrats. This framework has been applied to research on the criminal justice system, the welfare system (including TANF but also child and adult protection and other types of monetary assistance), and gerontological service systems. Soss, Fording and Schram (2011) have used the framework to examine how TANF caseworkers in Florida make decisions, and have isolated the effects of implicit racial bias on the discretionary choices caseworkers make to sanction clients. The framework applies to MFIP caseworkers because they are given policy to guide the actions they take with clients, but this policy is intentionally open to interpretation and applied with discretion, which enables uneven application of rewards, favors, referrals and punishments. The following concepts were used from the street-level bureaucracy framework to guide the direction of this research and the creation of the interview schedule.

Street-level bureaucracy defined. *Bureaucracies* are characterized by regimented documentation standards for human interactions, numeric goals, and hierarchical power oversight. Lipsky identifies *street-level bureaucracies* as the institutions where government policy is interpreted and enacted to provide a service to the public. Contradictions exist between the bureaucratic structure of these institutions and the chaotic and endlessly variable nature of the lives of clients in poverty; because of this, street-level bureaucrats are given *discretion* to interpret the rules in ways that fit client situations. Discretion means that caseworkers as

individual people make decisions that affect clients. These decisions become more important than the letter of the law: "the decisions of street-level bureaucrats, the routines they establish, and the devices they invent to cope with uncertainties and work pressures, effectively *become* the public policies they carry out" (2010, xii). Although caseworkers often enter the field as idealistic servants with a goal to help clients change their lives, the contradictions within street-level bureaucracies "prevent them from coming even close to the ideal conception of their jobs…adjusting their work habits and attitudes to reflect lower expectations for themselves, their clients, and the potential of public policy" (2010, xii). Lipsky asserts that these *lower expectations* are a natural consequence of operating under pressure in a street-level bureaucracy (2010).

TANF caseworkers are street-level bureaucrats by the nature of their job function. There is tension between the outcomes they track and the complexity of client lives; they interpret policy that intentionally includes a degree of discretion; and their caseloads are so large that they must adopt some type of mass processing method. TANF service structures are defined by the quantitative outcomes they seek to achieve. States, for instance, calculate the percentage of clients who are documenting a certain number of hours in activities related to employment per month. Because the federal government partially assesses states' needs and efficacy based on this proportion, paperwork and computer systems are designed and used around it (Galindre, 2012).

Discretionary choice and decisions. Street-level bureaucracies are categorically overloaded. Because of this, policy is constructed that can be applied in numerous ways and for numerous purposes. Caseworkers are given *discretion* about when to apply punitive or incentive measures to clients' cases. The street-level bureaucracy framework recognizes that the

discretionary choices available to caseworkers, and the decisions they make with those options, are more significant to the client's experience of the policy than are the particulars of the policy itself. In other words, what the client experiences (the service rendered) is the sum of the decisions the caseworker makes with the discretion they have been given. In TANF, caseworkers have discretion over the amount of time they spend assessing clients, whether they respond to clients' demands or return phone calls, the intensity with which they seek appropriate services and referrals for clients, and when and how to apply punitive measures such as financial sanctions. If caseworkers advocate to their supervisors or managers on behalf of clients, they may be able to stave off the necessity of applying a sanction for one or more months. On the other hand, if caseworkers apply a sanction and don't discuss it with their supervisor, the validity or necessity of the sanction may not be questioned.

Coping strategies. Caseworkers often enter the job with intentions to serve the public and make a difference in people's lives. They can be put into situations that realistically demand a social worker or psychologist. Caseworkers do not have the time that social workers spend with their clients, nor do they have the clinical skills of screening, intervention and diagnosis that would contribute more meaningfully to psychosocial family interventions (Soss et al., 2011). Frequently, caseworker positions only require a bachelor's degree in generic human services (Minnesota Council of Nonprofits, 2017). When they must reckon with the stark realities of high caseloads and the harsh events that punctuate clients' lives, caseworkers engage in multiple *coping strategies*. Caseworkers can fall back on implicit biases and categorizations of clients to speed up assessment and justify decisions made in haste. When information about previous conduct within the program or previous mental health diagnoses is available, it may contribute to judgments caseworkers make about clients before meeting them and the resultant patterns of

rapport-building and goal-making. This could reduce caseworkers' ability or tendency to make

assessments of the clients' present condition, attitude and situation. Caseworkers may also

salvage what they can of their self-identity as social servants and competent workers by

selectively applying higher standards of service to a portion of their caseload, often not realizing

they have segmented their caseload and altered their treatment of it. This has been demonstrated

with race in TANF, and the present research examines how beliefs caseworkers hold about

causes for noncompliance affect discretionary choices among caseworkers (Soss et al., 2011).

Ecological Model

The ecological model of human behavior and development, first described by

Bronfenbrenner, describes overlapping systems of influence, reciprocity, and discord in human

lives (Bronfenbrenner, 1994). These systems include the *micro* setting in which development

and behavior occurs (home, workplace, neighborhood); the *meso* system of connections between

various immediate settings; and the *macro* system, forces acting at cultural, governmental and

ideological levels (Forte, 2007). Human behavior, such as caseworker decision-making, can be

understood by explanations and causal relationships at each level of the ecological model. This

multi-level analysis augments street level bureaucracy's inherent focus on the *micro* setting and

the *meso* system, and provides terminology for factors influencing behaviors on different scales.

Within this paper, references to personal factors correlate to *micro* factors; agency level factors

correlate with *meso* system factors; and *macro* factors frequently involve broader community

events or discursive ideas.

Application to street-level bureaucracy framework. The factors affecting discretion

and decision-making in street-level bureaucracy often transcend the micro, meso and macro

levels. On the micro level, personal and interpersonal factors influence decision-making and

coping strategies. Among these are personal biases and attitudes about clients, life events, and variable work stress tolerance levels. Agency policies and supervisor relationships define the choices available to caseworkers at the meso level. The effects of middle management culture and decisions about policy implementation often constrain, but sometimes expand, the flexibility and choices available to caseworkers in the environment of the street-level bureaucracy. Applying the ecological model to street-level bureaucracy illuminates how factors at the meso level, within the bureaucracy, interact with personal factors as well as macro forces. At the macro level, TANF policies and the national discourse on welfare mothers and mental illness contributes to the ways that caseworkers think as well as the policy that guides states and agencies. Caseworkers were asked to parse out the influences on their decision-making at these levels.

Methodology

Research Question

What factors impact the decision-making of MFIP caseworkers around the question of noncompliance?

Research Design

Literature examining sanctioning in TANF is prolific and uses secondary data analysis, primary quantitative data analysis, and summative qualitative data analysis (Casey, 2010; Bussey & East, 2007; Fording et al., 2007; Fording et al., 2013; Larson et al., 2011). Studies to understand thought processes and discretionary patterns among TANF caseworkers often incorporate interviews and focus groups (Soss et al., 2011; Taylor, 2013). Research on the prevalence of mental health challenges within the TANF population uses primary quantitative research, primary qualitative research, or secondary data analysis (Chandler et al., 2005; Hill et al., 2012; Jayakody et al., 2000; Marrone, 2005; Stromwall, 2001).

Qualitative methods help to clarify the interior workings of topics that have been minimally researched (Padgett, 2008). The decision-making of welfare caseworkers around the issues of sanctioning *and* mental health has not been examined directly in social work research. This study expands on current literature by bringing together the concepts of sanctioning and mental health, from the perspective of the caseworker. Research subjects were caseworkers who were involved with sanction decision-making, and who had developed relationships with clients. Interviews were conducted about when and how sanctions are applied, but the interviews also prompted caseworkers to discuss their personal methods for screening clients for mental illness or acute short-term crises, and whether there were sufficient screening tools in place from the state, county or agency caseworkers were affiliated with. This exploration was into "a topic of

sensitivity and emotional depth" (Padgett 2008, p.15), the nuances of which translate best

through qualitative research. Qualitative research is also a way to bring more meaning and life

to the quantitative outcomes and program evaluations that abound in governmental reporting on

TANF. Qualitative research can illuminate hidden processes and practices in programs (Padgett,

2008); the current research brings light to caseworker discretion and the range of motions

granted to caseworkers through MFIP policy, adding to a body of research addressing the on-the-

ground efficacy of TANF and MFIP programming.

Interviews were the chosen qualitative method for the present research because they are

personal, expansive, and fluid. When looking at the choices available to caseworkers and the

way they come to decisions, stories and extrapolation provide the most meaningful qualitative

data. Rather than adhere precisely to a timed and limited interview schedule, the interviewer

gave respondents the ability to elaborate during interviews to provide more emotional and

ideological content. For the full interview schedule including all questions, see Appendix A.

Sample

Employment service professionals contacted by committee members were asked to

participate in the snowball sampling method to recruit more respondents. Ten respondents were

interviewed; all were employment service caseworkers who develop employment plans with

clients and had the ability to sanction clients' financial cases. Respondents had at least five

months of experience on the job and came from any educational or training background, but they

all managed client cases and sanctions. Educational background was tracked, and used for

demographic analysis. The professionals were from the Twin Cities metro region in Minnesota,

and worked in one of the Twin Cities metro counties. The goal was to interview willing

respondents from multiple agencies and from multiple service areas, to access a more universal

experience of working in employment services, rather than being clouded by agency- or

community-specific procedures or trends.

Data Collection

Data collection occurred during 40-80 minute 1:1 interviews conducted by the researcher

in person with employment service professionals. Recruitment steps before interviews began:

1. Committee members emailed known employment service professionals in county and

   nonprofit settings to distribute the recruitment protocol:

   > You are invited to participate in a research study on decision-making in
   > employment services. The study is being conducted by Andrew Kishel, an MSW
   > student from the St Catherine/St Thomas social work program. Part of the MSW
   > program is to conduct an original research project that examines local issues,
   > practices or policies. Andrew is conducting research on factors that affect
   > decision making in situations of participant noncompliance. He would like to
   > interview you and other employment service professionals 1:1, for 45-60 minutes,
   > and then debrief for 5 minutes. The research is entirely voluntary and you will be
   > able to withdraw at any point; when it is completed, it may contribute to a body of
   > literature on MFIP practices and policies.

   > If you are interested in participating in this research and completing an interview,
   > please contact me to authorize passing your information along, or contact Andrew
   > Kishel directly by text, phone or email at 651-470-8342
   > (Andrew.kishel@stthomas.edu).

2. All respondents contacted the researcher by email, and interviews were arranged by

   email or text message.

3. A total of ten interviews were conducted. Four interviews were conducted with

   respondents from the first direct inquiries sent by committee members. After the

   informed consent process, the interviewer explained the snowball sampling method to

   respondents, and asked for assistance recruiting other respondents. These four

   respondents were asked to recruit other respondents.

4. Through these snowball contacts, the protocol was spread to all the employment

   service providers in Hennepin County, and to the members of an employment

   services advisory group at the Minnesota Department of Human Services.

5. Six more respondents contacted the researcher based on snowball recruitment from

   the four initial contacts made by committee members; these six completed interviews

   as well. Because contacts were made person by person and across agencies and

   counties, written approval from agencies was not requested; however, respondents

   were encouraged to check with their supervisor if they typically require approval for

   one-hour meetings.

Transcription and Data Analysis

Interviews were digitally recorded, and then transcribed with the use of transcription

software called MAX-QDA. Responses in the transcription were coded in MAX-QDA based on

content themes; the codes were then sorted into categories. MAX-QDA allowed for quick recall

of all quotes within categories from across different transcripts. Themes and categories were

analyzed and contrasted, using the concepts within street-level bureaucracy and the ecological

model that are delineated in the conceptual framework (Padgett, 2008). The questions were

exploratory and asked about factors in client noncompliance as well as factors in caseworker

decision-making. Data analysis examined commonalities and contradictions in caseworkers'

decision-making processes and the factors they identified.

Data analysis was guided by the responses themselves, using the Grounded Theory

method. Grounded Theory enables a researcher to include "theoretical ideas and concepts

without permitting them to drive or constrain the study's emergent findings" (Padgett 2008, p.

32). Although street-level bureaucracy was the conceptual framework, using Grounded Theory to guide analysis reduced the level of bias present in the study because it rooted the conceptual themes in the interview content itself. Recorded interviews were transcribed, and then transcripts were analyzed using a process of open coding to inductively determine patterns in responses. Street-level bureaucracy and the ecological model provided sensitizing concepts that provided a direction for the analysis, but preserved the inductive validity of the open coding method (Padgett, 2008).

Informed Consent and Human Rights

The human rights of the respondents were protected by the design of the questions and by the respondents' participation in the informed consent process. The questions were professional in nature, and sought to address the decision-making processes of the respondent by examining tools and methods that are available to them due to policy and program design. The respondents were adequately informed of risks to them and to their privacy as a part of the informed consent process, and interview transcripts and analyses were kept confidential and de-identified. Among risks to respondents was the possibility that somehow information on caseworker decision-making reaches their supervisor, so confidentiality was highlighted during the informed consent process. The respondents' participation in the survey was voluntary at all points, and they were informed of their right to withdraw or skip questions. Respondents reviewed the consent form in Appendix B with the interviewer, and were given a chance to withdraw before the interview begins. Records of the consent forms were stored in a separate location from the transcripts and audio recordings, and audio recordings will be destroyed by May 1, 2019.

Interview Schedule

The interview schedule was developed in consultation with the research committee to explore caseworker thought processes during situations of client noncompliance. Current policy guidance was verified by consulting the MFIP/DWP Employment Services Manual as provided by the Minnesota Department of Human Services, and supplemental materials and reports from DHS. The concept of discretion in street-level bureaucracy was applied to TANF by Soss, Fording and Schram (2011); the interview schedule was structured to query caseworker discretion and the individual, organizational, and societal factors involved in decision-making. Interview questions were reviewed by the research committee and the St. Catherine University Institutional Review Board to reduce bias. Respondents who asked for the interview questions prior to the interview were provided them by email. Demographics tracked included years in the employment services field, race, gender, and educational background. For the full demographics sheet, see Appendix C.

Researcher Bias

The researcher had substantial bias in that he spent five years working with MFIP clients, two of which were as an employment services caseworker. The strength of this experience as applied to the present research is that the researcher understood the internal structure and operations of MFIP employment services in multiple Twin Cities Metro counties. This researcher also had experience working with MFIP clients and families, from within the MFIP system as well as from within the nonprofit mental health system. The researcher's depth of experience with caregivers and families who receive MFIP was an advantage in that lived anecdotal experience supports the research on multiplex psychosocial functional deficits that confront clients on MFIP.

The researcher's experience with MFIP systems and clients also created inherent limitations due to bias. It was difficult at times for the researcher to maintain objectivity. Although the research is structured to be exploratory and the use of grounded theory ties the analysis to the data itself, the researcher was wary of using lines of questioning that lead the respondent to particular responses. Bias was addressed in consultation with the research committee. The research committee reviewed the interview schedule, sampling procedures, and spread of respondents, to reduce the effect of researcher bias on the exploratory qualitative research process. The committee also reviewed the research proposal and was requested to pay attention to researcher bias at all points in the proposal. Adherence to Grounded Theory during data analysis helped to avoid bias in the discussion and implications.

Findings

Sample

Ten respondents were interviewed for this sample. All 10 respondents worked with MFIP clients in the Twin Cities metro area at one of many agencies that contract with Twin Cities counties to provide employment services, or directly for one of those counties. Two of the respondents (20%) were male and eight (80%) were female. Three respondents (30%) held management positions where they also interacted with clients; the other seven (70%) had various titles but their primary job was casework with clients. All respondents are described herein as respondents to protect their privacy. Respondents had an average work experience of 99.8 months or 8 years, 3.8 months; to protect respondent privacy, range of work experience are not reported. Seven respondents (70%) reported they had a Bachelor's degree, one (10%) reported a master's degree, one (10%) reported an associate's degree, and one (10%) did not answer the educational demographic question. Five respondents (50%) reported they had additional certifications of use in their work. Three respondents (30%) reported that they work with clients in the general MFIP population, while seven (70%) reported that they worked in programs catered to specific populations such as refugee groups, FSS clients, or young parents.

Recruitment was cut off on March 3, 2017. Response rate for the study cannot be ascertained because it is unknown how many people the recruitment protocol reached. The first interview occurred on February 2, 2017, and the last of the ten total interviews occurred on March 10, 2017. Interviews lasted between 31 and 80 minutes.

Themes

Multiple themes emerged from the transcripts. The conceptual framework provided sensitizing concepts including street-level bureaucracy, discretion, lower expectations, and

coping strategies, and the literature review was conducted on issues surrounding sanctions and

mental health. However, adherence to Grounded Theory during the coding process meant that

emergent themes included concepts and categories of meaning not included in the conceptual

framework or the literature review. Themes are identified by the subheadings in this section,

while concepts within those themes are identified within the text underneath subheadings. If six

or more respondents mentioned something, it was considered a theme. Within themes, concepts

are defined by being mentioned by at least four respondents, or because they contrasted with or

contradicted the overarching theme. Some respondents made comments that seemed to

contradict each other (for example, some caseworkers identified themselves as being both

compassionate towards clients and suspicious of them). Direct quotes from study respondents

will be italicized, indented and cited with respondent number and line number from the

transcript.

Caseworker Role

Caseworkers were asked to describe their role in their job, with the question: "what is

your role in your position?" Responses fell into categories of job functions and affective or

cognitive stances caseworkers held.

Caseworker functions. All ten respondents (100%) mentioned that paperwork was a

part of their job, and seven (70%) indicated that they help clients fill out paperwork or resolve

bureaucratic errors. One respondent described how much time is spent on case closure and

mistakes from the county:

> *I think most of my job every day is to manage peoples' cases, make sure that their*
> *daycare is straight so that they can work, or look for work, that their check stubs are in,*
> *for FSS clients if their social service attendance sheets are in, and just yea, casenote*
> *interactions. I feel like the least part of my job is helping the person actually find a job.*
> *(Respondent 5, line 4)*

Seven respondents (70%) spoke of formal processes of assessing clients or monitoring client progress. Six respondents (60%) talked about how planning documents such as state-mandated Employment Plans or county-mandated Goal Action Plans were a central part of their role. Six respondents (60%) indicated that supporting clients' engagement in educational activities is important in their role. Six respondents (60%) described referring clients to services in the community or at the county as part of their job. Five respondents (50%) described advocacy on behalf of clients or encouraging civic engagement among clients to be a substantial part of their role. Four respondents (40%) indicated that visits to clients' homes or employer sites were a part of their outreach process; all four of these respondents were caseworkers for specialized programs.

Caseworker stances. When asked the same question about job roles, caseworkers also spoke about the stances they have towards clients, whether cognitively or affectively. These stances were sorted into three main categories: caseworker was oriented mainly toward treating the client well or not worsening their situation ("client-considerate"); caseworker was focused on resolving problems in client's life ("problem-oriented"); and caseworker adopted a punitive or suspicious attitude about clients ("client-suspicious").

Client-considerate stance. All ten respondents (100%) described an orientation toward treating the client well or not worsening their situation. One respondent stated:

> *It's sometimes tough for some clients, so we always try to work it out, not sanction right away, try to find a way you know build a relationship with the client, not just like judge right away, why is client not coming, what's going on, try to work with the client work it out, call the client, leave a message, try to call again. I'm the kind of person I don't sanction people. I always work it out. (Respondent 10, lines 24-25)*

Nine respondents (90%) described their role with clients as a non-punitive "therapist," "mentor," "counselor," "hand-holder," or a part of their clients' "support systems." Nine respondents

(90%) described their stance toward clients as compassionate, flexible or beneficent, or that they

had a moral or ethical duty to be supportive and non-punitive to clients.

> *Problem-oriented stance.* Eight out of ten respondents (80%) described their stance in

the caseworker dynamic to be problem-oriented. One respondent describes the types of

problems that can be addressed in the context of MFIP services:

> *It's not easy when you don't have a plan. So we talk about that, we try not to focus so much on like the work participation rate, even though we have to. But really just seeing if there's anything that we can do to, if there's things that are getting in the way of their employment, if there's anything that we could do to support them, if they are FSS eligible, if there is some like mental health that's undiagnosed. (Respondent 4, line 16)*

Problems that caseworkers described addressing with clients included addressing barriers to self-

sufficiency in a broad sense (n=7, 70%), working creatively within the system to help clients

address bureaucratic and practical challenges (n=6, 60%), or instilling self-sufficiency as a goal

(n=5, 50%).

> *Client-suspicious stance.* Six of ten respondents (60%) described a punitive orientation

toward clients, an attitude of blaming clients for their situation, or an approach to the job that

included distrust of clients. One respondent described a type of attitude present among

caseworkers:

> *I have had the opportunity…to see that there is a dynamic that gets set up, an "us against them" scenario, and that…depending on agency culture and the individual factors of the employment counselor that there is a significant issue with counselors using the noncompliance and then viewing punishment or sanctions as a, I wouldn't say enjoyable, but…over time having less compassion and empathy for clients. Then as the us versus them kinda grows then the noncompliance, also much quicker to sanction, or based on agency culture, the NOITS are written in really shaming language, where it's very clear that this is meant to be threatening. (Respondent 6, line 103)*

Four respondents (40%) spoke of the concept of "tough love," referred to their clients as

"children," or referred to themselves as "babysitters." Three respondents (30%) indicated that

part of ensuring client compliance involves investigating their lives behind their back, at times

before meeting the client. Three respondents (30%) indicated that an "us-vs-them" dynamic can

be present in relationships between clients and county-contracted caseworkers.

Expectations of Caseworker Role

Caseworkers were asked to compare their initial expectations of their roles with their

current understandings of their roles, with the question: "Is your role different than the role you

thought you would have when you took the position? (If yes, how so?)" Responses that were

more descriptive of the role as it is currently were grouped into the first interview question about

Caseworker Role. Themes identified included bureaucratic factors that were unexpected, and

components of the role that were expected and held true.

Unexpected bureaucratic factors. Six of ten respondents (60%) described unexpected

aspects of their role that fell into the category of bureaucratic factors or operations. Five

respondents (50%) indicated that their role involved more cases, more duties, or a wider and

increasing set of responsibilities than they were expecting. One respondent pointed out that

already-overburdened caseworkers are sometimes put into situations they are not qualified for:

> *More responsibility, you know I feel like as years go on we're handed more and more*
> *things as employment counselors where 1, we don't have the capacity to take on much*
> *more, and 2, I don't necessarily feel like people are trained in a lot of these areas where*
> *it makes me feel uncomfortable sometimes having the experience that I do, but I also see*
> *it with my staff, where they're asking, you know, feeling uncomfortable, especially the*
> *FSS cases. (Respondent 8, line 18).*

Four respondents (40%) described how it was unexpected that the MFIP system is more about

rules, case closures or paperwork than it is about getting clients to work or impacting client lives.

One respondent described tension between rules and discretion as being inherent in street-level

bureaucracy:

I feel like MFIP welfare programs are very structured and objective. And I think part of the reason for that is because it is on such a large scale, that there has to be a pretty structured program in order to define results, right, cause everything needs to be studied, everything needs to be proven, we need to see results or not.

That's where on a smaller scale, it is I think much easier to connect with people and make those decisions based on your discretion and your supervisor and your local community of course because of what's going on but on a larger scale, there has to be the NOITS process, there has to be the race against time, there has to be the rules and regulations that are put in place so that the program can run. and because there's a disconnect, because I don't know people who are making those decisions, I don' t have a direct influence on how these decisions are swayed or being made, that makes it tougher to make your own decisions based on the rules and regulations that are already put in place. (Respondent 4, lines 125-127)

This understanding emerged after this respondent transferred from a conventional caseworker role to a specialized and more flexible caseworker role. Comparing programs within MFIP can shed light on the ability to build relationships and work effectively with clients within normal MFIP service conditions.

Expected components of role. Eight respondents (80%) had expectations about the bureaucratic facets of the caseworker role that were met or that fell into line with what they eventually understood their role to be. Among these expectations was the notable amount of paperwork involved with the role (n=6, 60%). One respondent described how they were prepared for significant paperwork but that it has reached new proportions:

Once I started, I remember thinking this is going to be a lot of hard work, lot of documentation, lot of paperwork, I guess when I went into it I thought I would have more of an impact on peoples' lives, it became more pushing paper and trying to keep up with paperwork. And that, even now more so, it's gotten even more like that. I'd say over the years it has increased. (Respondent 8, line 14-15)

Three out of ten respondents (30%) reported they had accurate expectations for the role because they were either raised on AFDC (n=2, 20%) or they have participated in MFIP (n=1, 10%).

Factors in Client Non-Compliance

Caseworkers were asked about factors that lead clients to be in non-compliance with employment services. The two questions in the interview about these factors were: "What are the factors that lead to clients not complying with Employment Services?" and "Have you noticed any themes that are common to families with caregivers who are not in compliance with employment services?"

Bureaucratic factors in non-compliance. Nine out of 10 (90%) respondents mentioned a cause of sanction that could be categorized as a bureaucratic factor. One respondent described the centrality of paperwork and participation requirements:

> *Basically the rules state that everyone in the program has to be doing 35 hours per week of some type of activity, whether it's full or part time work, participation in school or job search, volunteering is also allowed. Those are kind of the allowable activities, and as an employment counselor, usually weekly or every other week you're checking the progress of all the people on your caseload to make sure that they're maintaining that 35 hours per week. So the compliance piece comes in here if someone is falling behind or someone doesn't turn in anything, [doesn't] have contact with you, that's when you're sending out what's called a notice of intent to sanction… (Respondent 4, lines 33-38)*

Six respondents (60%) mentioned how employment plans are the defining criteria for compliance, or how a focus on the Work Participation Rate or a limited set of activities can contribute to client disinvestment and resultant non-compliance. Four respondents (40%) described the unappealing or unrealistic nature of employment services from a client perspective, or how personal disagreements caused by employment counselors were contributing factors in client non-compliance. Four respondents (40%) mentioned that the MFIP grants are set at such a low amount that they seek to avoid sanctions as a result. One respondent pointed out the insufficiency of MFIP grant size for paying rent in Twin Cities Metro counties:

> *They're surviving, which is damn hard to do on assistance, you don't get enough to*
> *survive. You don't get enough to make rent, I honestly have never actually asked, I don't*
> *know how people survive on 500 a month, cash, I really don't. (Respondent 2, line 208)*

Family or community factors in non-compliance. Eight of ten respondents (80%)

indicated that family or community factors can present challenges that lead to non-compliance.

One respondent indicated environmental factors such as social support systems as a source of

mental health issues and noncompliance:

> *I think the biggest one would be mental health, and that could be tied to all types of*
> *different situations, I mean trauma is a big one, just thinking generational poverty, your*
> *environment, your social support system I think is probably the largest one. (Respondent*
> *8, line 41)*

Four respondents (40%) mentioned intergenerational, familial poverty as a contributing factor to

non-compliance through trauma, lack of access to opportunities or resources, or the fact that

public assistance is not designed to end poverty. Four respondents (40%) mentioned child

incidents as factors contributing to non-compliance, including child behavior issues and the

resultant work needed to resolve issues at school, children being victimized by violence at school

or in the community, and issues related to teenage personality traits. Seven respondents

identified a variety of other family or community contributors to challenges maintaining

compliance, including family violence (n=5, 50%), emergencies related to deaths or health

challenges in the family or utility shutoffs (n=2, 20%), and the challenges of single parenting or

dealing with an absent male parent (n=2, 20%).

Transportation barrier. Eight of ten respondents (80%) reported that low access to

transportation is a major factor in clients' situational ability to comply with employment

services. One respondent noted how difficult it is for clients to use an insufficient public transit

system:

> *There are also other problems, like transportation, if agency location is not really*
> *located on the bus line, or convenient location, and they during the wintertime, these*

people have to catch you know, 2, 3 buses to get to see employment counselor…and they
will just give up, because they don't want to come and then counselor will just simply
assume that you know these people don't want to come, without realizing how difficult it
is for them then they say it's noncompliance… (Respondent 1, lines 63-66)

In addition to unspecified transportation shortages (n=5, 50%), specific factors identified

included unreliable vehicular transportation (n=3, 30%), lost or stolen bus cards (n=2, 20%), and

caseworkers' office locations not being on the bus line (n=1, 10%).

Clients lacking skills. Six respondents (60%) referred to clients lacking skills as a factor

in non-compliance. One respondent referred to the set of skills demanded by the program as

"middle class" skills:

They're not used to being responsible with their time, the concept of keeping a calendar
and actually checking it a couple times a day and having the planning that it takes to get
to all their appointments. They have a hard time doing that especially if they're low IQ
or struggling with mental illness or learning disability, it's almost impossible for them to
function like a middle class person. Like, we would expect most people function as middle
class people really. (Respondent 9, lines 47-49)

Six respondents (60%) referred to clients lacking concrete skills involved with bureaucratic

compliance, such as "basic methods of organization" including the use of calendars and

awareness of deadlines, technology skills or transferrable employment skills. Four respondents

(40%) referred to a lack of appropriate coping mechanisms for stress, a general internalized

disempowerment, or situational emotional reactivity as contributors to non-compliant client

behavior.

Mental, chemical or physical health challenges. Six respondents (60%) mentioned

generalized mental or chemical health challenges or specific conditions such as anxiety,

posttraumatic stress disorder (PTSD), chemical dependency or sleep problems. One respondent

described the interrelation of community violence with mental health disorders, and the resultant

functional challenges:

People have a hard time with attendance, because of their own because of their disabilities...mental illness, because of their anxiety or some have Post-Traumatic Stress Disorder, some have agoraphobia they're afraid to even leave the house, some are afraid to go out in the neighborhood because…there's been increased shootings the last couple years and that's made it worse…some of them have severe anxiety at night, or sleep problems for different reasons, and they might not sleep very much, or they're not used to getting up early in the morning, so they oversleep in the morning and often miss appointments… (Respondent 9, line 46).

Six respondents (60%) referred to medical issues or physical impairments that prevent clients from complying fully with employment services. One respondent described the commonality of hard-working ethic among those who are on MFIP because of physical infirmity:

[Clients] are employed and then something happens like they find out they have some sort of disease or illness and they lose that ability work, and with that goes the ability to provide for their family. And they want that back all the time. I had a handful of male clients that got injured at work or something and they couldn't go back to the same job and they never, they never didn't stop thinking about just going back and working those kind of jobs again… they still did it for like weeks at a time until something happened and…they woke up and all of a sudden they couldn't get out of bed because their back hurt so bad because they hurt it at work or just exacerbated the problem. (Respondent 2, lines 78-81)

Cognitive or learning disabilities and literacy challenges. Six respondents (60%) brought up functional challenges clients have with complying based on their level of literacy or cognitive diagnoses. One respondent described how cognitive challenges can be one of many issues clients face that contribute to non-compliance, especially surrounding paperwork:

If you don't have somebody that can kind of help you navigate through that paperwork, especially if you're a client that can't really handle filling it out on your own as much, that creates more stress. and the embarrassment of having a learning disability or mental illness or something else going on, and then never mind the other issues they're dealing with… (Respondent 9, lines 257-259)

Four of these respondents (40%) referred to clients with low IQ, learning disabilities, traumatic brain injuries or lead poisoning as facing enhanced difficulty, and two (20%) referred to the specific challenges English Language Learners face with compliance.

Homelessness or unstable housing. Six respondents (60%) spoke of housing instability

or homelessness as stressful family situations that make compliance difficult.

> *The biggest factor that I think is housing, whether they are officially homeless like they*
> *literally have nowhere to go, or they were couch hopping, they're staying with someone,*
> *and something happened and now they're not staying there. It's not stable, or it's like*
> *drama, in pertaining to housing… just not being stable and not having a stable place to*
> *live tends to be one of the biggest reasons [for non-compliance] that I see. (Respondent*
> *5, Lines 34-35)*

These six respondents (60%) referred to homelessness or housing instability in a general sense as

a factor, and three (30%) referred specifically to issues receiving mail or keeping track of county

paperwork in relation to housing instability.

Child care shortage. Five respondents (50%) identified lack of child care as a hindrance

to compliance. These five respondents (50%) spoke of general challenges accessing affordable

and dependable child care providers, while three (30%) also spoke of inefficiencies and

challenges accessing the Child Care Assistance Program designed to dovetail with MFIP and

enable participation in employment services. One respondent noted the interplay between issues

with child care providers and time delays within the Child Care Assistance Program and its

effect on their client:

> *You're talking about noncompliance, I have a client, I didn't even know this but it took*
> *him forever to get daycare authorized. I don't even know why but when I came in, I don't*
> *know what happened…I had a note that daycare still wasn't authorized after so many*
> *weeks. Finally got authorized, his kid had "behavior problems" not sure, but within a*
> *couple days, his kid is told basically that he can't come back to daycare. So he like*
> *basically shut down. Didn't call me, was MIA for two months. Finally resurfaces, tells*
> *me, and I'm just like wow, I can see why that makes him just go off the radar…*
> *(Respondent 5, line 170)*

Decisions to be Made in Response to Non-Compliance

Caseworkers were asked about the decisions that they make in their role when a client is

not in compliance with the interview questions, "What types of decisions do you have to make

when a client is not in compliance?" and "What happens when clients are not in compliance, and

what is your role in what happens?" Responses were sorted into categories of leniency-related

decisions, calendar- and timing-related decisions, and effort investiture.

Leniency-related decisions. Nine respondents (90%) spoke of decisions related to

leniency on particular cases in non-compliance. One respondent described how defining client

behavior as noncompliance is a choice:

> *Well, that's the first decision, are they actually in noncompliance? Again there's these*
> *grey areas where yes you have to report changes within 10days, and so it does say that in*
> *the employment plan, but then how you may go about sanctioning them is not as clear-cut*
> *as, they're not working the number of hours, or they didn't turn in their job logs or*
> *whatever. (Respondent 5, lines 38-39)*

Another respondent referred to leniency as a "downside:"

> *A downside of mine is that I let them slack a bit, which they kind of appreciate, because*
> *we know that they have a lot going on, so if you're a month late on your paperwork, I'm*
> *not going to penalize you on it. (Respondent 2, line 61)*

Two respondents described a decision of whether a client is to be considered "pre-FSS,"

meaning the client can be granted the flexibility associated with FSS before their FSS

documentation is received by the caseworker. A major category of leniency-related decisions

identified by respondents included good cause and pre-FSS determinations as well as

determinations about general deservedness for leniency based on the perceived chaos in a

client's life (n=6, 60%). Five respondents (50%) spoke of leniency-related decisions about

following MFIP policy guidance around NOITS, home visits, and curing sanctions. Three

respondents (30%) reported that leniency decisions are related to factors external to the client

such as the employer of the caseworker, the client's documentation on file, and perceived

immediate safety concerns.

Calendar- and timing-related decisions. Seven respondents (70%) described decisions that are based on the financial workers' calendar of sanction imposition deadlines, or on the timing of discretionary actions. Financial workers are different than caseworkers in that they are the ones who handle the monetary side of the case and frequently have hundreds of clients. One respondent referred to a "race against the clock" within their position as caseworker and explained the concept:

> *It is [a race against the clock] on adult MFIP because there are monthly lists that need to be done within the month, and benefits are issued monthly, and so we're working with the county, we're working with child care, we're working with financial workers and we're the employment counselor, and so basically with the sanction process there's cutoff dates, and so if you're not sending something in by a certain time, someone's grant will or will not be sanctioned for the next month so it could be a month out it could be two months out, depending on when you send it in. (Respondent 4, line 78)*

Four respondents (40%) referred to choices related to the Notice of Intent to Sanction (NOITS) and the request to impose a sanction, which involved cutoff dates for sanction imposition that could postpone a sanction for a month, how much of a variable amount of time to allow clients to come back into compliance, and how long to allow documentation of medical conditions to come in. Two respondents (20%) talked about choices related to rescheduling meetings clients cancel.

Effort investiture. Five respondents (50%) spoke of how the amount of effort to invest contacting and working with clients flexibly is a choice itself—ie, caseworkers can decide to invest more effort into certain clients or to ignore other clients, based on subjective and unregulated criteria. Caseworkers can decide how much work they want to put into contacting a client who is in sanction. One caseworker described how much discretion is involved with this:

> *The biggest decision at least for me is how proactive to be in trying to bring the client into compliance. So, basically how hard am I working at doing the phone call to say, "hey your job log didn't get turned in," or the email to do that kind of thing, so that would be my first decision, is how much am I going to put in here, and part of that would be an assessment too of what I think is going on. (Respondent 6, line 44)*

This caseworker stated that based on their assessment of what is "going on" with the client, they may put less effort into helping clients get sanctions cured and full cash grants restored. Four respondents (40%) referred to rapport building, contact attempts and communication strategies as choices that are in the hands of caseworkers that enhance engagement and reduce the need for sanctions. Four respondents (40%) indicated that the amount of time available to caseworkers to invest extra effort depends on bureaucratic limitations due to caseload size, program structure or agency policy.

Factors in Decision-Making

Respondents were asked several questions about factors that influenced their decision-making, including influences and factors at the micro, meso, and macro levels, as well as what they perceived as alternatives to sanctions when making a decision in a situation of noncompliance.

Personal factors. Respondents were asked about personal factors that affect their decision-making with the question: "What about you as an individual person affects your decision-making in situations of client non-compliance?" Nine of ten respondents (90%) identified themselves as generally compassionate, committed to being empathetic, or having a non-punitive orientation toward clients. One respondent identified recent shifts in policies that have enabled increased flexibility and compassion:

> *I tend to be more on a compassionate side I think than some people; some employees, some coworkers that I work with, and when [our] county gave us the OK to be lenient on things I was really glad that they did that, because when you come from a perspective of this is just another human being, not a number or a client, it really puts things into perspective of, it makes you feel pretty awful when you have to do these things that you don't really want to do. (Respondent 2, line 97)*

Seven respondents (70%) spoke of problems with the MFIP system such as the insufficiency of

cash grant size and the punitive nature of the rules as factors leading towards increased leniency.

One respondent identified reluctance to remove resources from children:

> *I don't wanna be a person who is actually stopping their benefits, cause I really know*
> *they're financially depending on it, as well not just them also their children, dependents.*
> *(Respondent 10, line 42)*

Six respondents (60%) indicated that struggles they had experienced in their personal life led to

them being more understanding, flexible or lenient with clients. Four respondents (40%)

referred to a sense of personal accountability in their own work or their professional reputation

as factors that limit the flexibility they use. Three respondents (30%) referred to their personal

values from spirituality, family of origin or current community as factors in their response to

client non-compliance.

Agency-level factors. Respondents were asked about the meso-level factors that affect

their decision-making with the question: "What factors within your agency affect the way you

make decisions—for example, supervisors, colleagues, or agency policies?" Seven respondents

(70%) referred to their ability to be flexible because of flexible supervisors or managers, or

flexible aspects of program design such as the ability to do home visits or intentionally low

caseload size. One respondent pointed out their supervisors' pursuit of meaningful services:

> *I think the program, the agency I work with is great because my supervisor, she*
> *understands the situation of the people and she, it's not only our agency, the county level,*
> *[our] county especially, trying to modify MFIP services to focus more on program*
> *participant's needs, and then trying to minimize the need of the work participation rate*
> *and work in a meaningful--and that's exactly in line with our agency and all of these*
> *employees or counselors or supervisors think the same way too, especially in my position.*
> *(Respondent 1, line 135)*

Six respondents (60%) indicated that agency policies decrease leniency and increase sanctions,

particularly in larger agencies or when incentives are not available. Five respondents (50%)

spoke of how their county policies are intentionally non-punitive, vague or flexible, or referred to

innovations their county made that reduced the need for reliance on sanctions as a tool.

        Macro-level factors. Respondents were asked about the macro-level factors that affect

their decision-making with the question: "What factors within your community affect the way

you make decisions?" Follow-up questions about discourse on welfare were asked as well. Six

respondents (60%) indicated that governmental administrations and public discourse on welfare

affect the way that the system operates and the way they talk to clients about MFIP. For

example, one respondent described how political regimes play into their approach to casework

and discussions with clients:

> *I know that the one thing that we tend to in our office kinda battle with is I guess the ideal
> that people on welfare don't want to work, and that they're lazy, and then hearing
> especially with our current presidential administration, we're all scared in the office
> cause…this is what he talks about, cutting welfare…so that as workers makes us want to
> kinda make people more accountable. And we tell them that, we're like you know we
> have this new president that their goal is to make this stuff disappear, so it really may not
> be here, like even if you had months left, it literally may not be here. And that is such a
> scary feeling, because if it does, let's say in a year, see a drastic decrease, then what is
> that gonna be when people have been just not being able to hold down steady, viable
> employment? (Respondent 5, lines 106-108)*

 Four respondents (40%) identified that welfare-critical mass media messages or political

discourse does not affect the way that they make decisions about non-compliance, even if it does

affect the way they talk to clients. Three respondents (30%) identified dysfunction within the

MFIP system, public transportation system, or police department as significant in decision-

making about non-compliance.

        Alternatives to sanctions. Respondents were asked what alternatives were available to

them if a sanction was not to be used in a situation of non-compliance with the question: "in

what situations would you use alternatives to sanctions?" Follow-up questions focused on what

the alternatives were and why they pertained to situations. Seven respondents (70%) described

offering a medical opinion form to a client to produce documentation of impairment as an

alternative to sanctions. One respondent described the way that medical opinion forms quantize

client capabilities:

> *That's when the medical documentation would come into effect and these forms that are used are for pregnancy, physical conditions, mental conditions, and so that would be you know if you are seeing a primary doctor or a therapist or a counselor then they would assess your situation and say, "I think this person can't do anything right now or I think this person can do 10 hours per week instead of 35." (Respondent 4, line 172)*

The respondent drew emphasis to the number of hours clients can participate rather than the

diagnosis or medical issue clients experience. Five respondents (50%) spoke of increasing

attempts to contact clients prior to imposing sanctions: four of these respondents (40% of the

total sample) indicated that home visits are an aspect of their program that decreases the need to

impose sanctions. Home visits are not possible for all caseworkers to conduct due to the policies

of their programs and agencies; however, those who are able to conduct them identified them as

a viable alternative to sanctions. Four respondents (40%) mentioned the use of incentives such

as gas or bus cards, clothing assistance, and connections to community resources as a non-

punitive engagement tool; two of these (20% of total sample) mentioned that incentives allow the

client to retain more dignity than a sanction does. Three respondents (30%) said that they had

not thought about whether there were alternatives to sanction, or that the only options are to give

clients more time or "wipe the slate clean."

Screening

Respondents were asked about their methods of screening in noncompliant situations

with the question: "What do you screen for when determining whether to apply a sanction?"

Followup questions were about defining good cause and how that process works if respondents

had identified that as a screening concern.

        Types of screening and frequency. Six respondents (60%) spoke about how taking the

time to be conversational and develop trust is a more accurate way to screen that results in the

issuance of less Notice of Intent to Sanction (NOITS) or sanctions (DHS, 2016b). One

respondent compared a program they work in now, which has a smaller caseload size, with the

more conventional approach to MFIP services:

> *The facetime with people, [in my current program] I find myself communicating a lot*
> *more and giving a lot more time to people if I know that they're trying, and because I've*
> *been able to build a rapport, I get to see them more, I get to know what type of person*
> *they are, and whether or not they're really working hard, or they're saying "yup, I'll turn*
> *that in, I'll turn that in," and I'm never going to see it…delving a little deeper to see is*
> *this more of an issue than you just not wanting to be somewhere. and then if it is, more of*
> *something, then that can become the cause and effect of maybe someone has had a*
> *traumatic experience has lasting effects with that or something. (Respondent 4, lines 74-*
> *75)*

Five respondents (50%) indicated that caseworkers can choose the extent to which they use

screening tools such as self-screen assessments, verbal functional assessments, and medical

opinion forms. One respondent indicated that screening tools are designed to be implemented

too early in the caseworker-client relationship, especially considering the potential history of

noncompliance or NOITS:

> *I could see how the [employability measure assessment tool] could be helpful if*
> *somebody was willing to, you know but at 90 days…I can't say that I would be*
> *comfortable answering all those questions with my case manager, who might have*
> *already sent a couple NOITS at this point. (Respondent 8, line 53)*

Four respondents (40%) indicated that the screening they perform involves querying information

systems for documentation of homelessness, impairment, or good cause.

        Good cause. Five respondents (50%) indicated either that it is the client's responsibility

to proactively demonstrate good cause, or that there is very little they can do if the client does

not communicate good cause to them. Five respondents indicated that caseworkers should be

screening for good cause, including causes such as a death in the family (n=4, 40%), previous or

potential FSS eligibility (n=3, 30%), or materially adverse situations such as homelessness or

lack of transportation (n=2, 20%).

Trauma and Stress

Respondents were asked about the impact of trauma and stress on the clients with the

question: "To what extent do stress and trauma impact your clients?"

Nine respondents (90%) mentioned specific functional difficulties related to trauma and

stress that interfere with clients' abilities to comply, such as decreased confidence or sense of

self-efficacy, difficulty concentrating or hypervigilance, or erosion of coping skills into

addiction, abuse or general disarray. One respondent indicated that clients do not always

disclose trauma, and that there can be an associated sense of hopelessness:

> *A lot of my clients have experienced trauma. Some can say it, and some we don't talk*
> *about it with them because they don't want to talk about it, but a lot of times I think a lot*
> *of our clients I think they don't believe that they can actually make it. so why try?*
> *(Respondent 5, line 226)*

Seven respondents (70%) indicated that histories of trauma were very prevalent or nearly

ubiquitous among MFIP clients. One respondent stated that "every client, all the time" is

affected by trauma; another stated "it affects most of my clients." Six respondents (60%)

identified common causes of trauma, including childhood abuse or neglect, historical trauma or

currently stressful living or parenting arrangements. One respondent underscored the impact of

growing up in intergenerational poverty:

> *There's a ton of clients who have grown up in poverty and that is traumatic in and of*
> *itself, we know what happens with cortisol levels when you're growing up and da da da,*
> *so to have that child who is now an adult trying to participate in a program that expects*

> *them to function as if that environment never existed, so I think that it's fairly rare that stress and trauma don't have a really significant impact on clients. (Respondent 6, line 101)*

Three respondents (30%) spoke of the unique issues refugees have faced in their past or the potentially retraumatizing nature of living in a completely new environment. Three respondents (30%) specifically mentioned clients having difficulty coping with the financial stress associated with being in poverty and receiving a cash grant that is insufficient for urban living.

Emergent Themes Involving Bureaucracy

Numerous themes related to the bureaucratic elements of the caseworker position and MFIP emerged across the interview questions as well as in the final, open-ended question: "Is there any other information you think would be important for inclusion in the study?"

Bureaucratic factors. Five respondents (50%) described how program rules and service structures are designed with little awareness of the MFIP client population or not designed to lift people out of poverty. One respondent described how the policies guiding MFIP services are conceived by people who have little understanding of the caseworker experience or the client experience:

> *Well I think it, if the state has that type of policies I think definitely we need a channel that we need to not really have a top-down approach, we also need to have a bottom-up approach too...decisions to understand what is going on at the ground level and then make the policy that is in line with people on the ground, and that is how the purpose of the program is going to meet the needs of the people and then eventually we really are going to achieve the goal, but it has to be a win-win situation, the program design should not really coming from focus on the numbers, focus on the hours, without realizing that the real situation and theirs is totally different. (Respondent 1, line 145)*

Five respondents (50%) spoke of a fundamental tension between leniency and punitive responses to noncompliance, or how the power dynamic involved in their employment translates to a power dynamic with their clients due to sanctions. Five respondents (50%) identified MFIP policies

and procedures as inhumane or lacking consideration for subjective human challenges and

experiences. Five respondents (50%) described adopting time-consuming practices into their

workflow to accommodate for errors or loopholes in rules, regulations or data systems. Four

respondents (40%) described a positive correlation between the size of a county or agency and

the number of rules or regulations actively enforced. Four respondents (40%) identified errors in

data tracking or case activities at the county level as a factor in client disengagement or in their

ability to do their jobs.

      Sanctions. All ten respondents (100%) made statements about their reluctance to

sanction or indicated negative feelings about the adverse material results of sanctions. One

respondent described a time-consuming succession of harms from sanctions and the associated

practice of de-authorizing child care assistance:

> *When [a] sanction is put in place, typically what follows is a snowball effect, if someone's not turned around and then try to cure their sanction with you, child care can be reduced to 0 hours, depending on the activity the client's in, typically and this is also at an employment counselor's discretion, typically if someone is working, they would choose to let this person keep their working hours of day care. Because you don't want someone to lose their job because they aren't able to have day care. If someone's job searching, and not working or going to school, typically you would reduce those hours to zero. Therefore, the person has to reapply for child care, therefore they have good cause because they have no child care, and then it's a kind of whole process, you gotta reapply, and then we get back into whatever we were doing, so I yep I would say I do see children affected, I don't always directly see the children affected, but I've worked with enough kids and I've worked in daycares to know that if a child is in daycare and they're taken out of daycare that's going to affect them probably their siblings, probably their parents. (Respondent 4, lines 145-146)*

The same respondent described the general cycle of clients re-establishing the lost income when

sanctions are applied:

> *I mean there's the fact that your grant is being cut and so you have less money to feed your family, do things with your family, that that money is used for…I think just breaking down and having to rebuild what was established, happens a lot. it's kind of a cycle. (Respondent 4, lines 147-148)*

Five respondents (50%) described using NOITS /d the pressure to value the WPR is externally

imposed from a broader regulating entity such as the county. Three respondents (30%) indicated

that the WPR has little meaning or that there is a link between WPR and sanctions.

  Family Stabilization Services. Family Stabilization Services (FSS) is the state's service

category that enables more flexibility for clients who have submitted documentation of their

medical or psychosocial challenges with compliance (DHS, 2007). Eight of ten respondents

(80%) mentioned FSS during interviews. Seven respondents (70%) highlighted the importance

of screening for FSS criteria. One respondent described screening through the documentation in

the client's paper file for FSS criteria, and resultant changes in their treatment of clients:

> *For a typical NOITS process, I would look through everything in the file, I would look through casenotes to see is there anything whatsoever going on with this client because as long as they were once FSS or once suspected FSS for something, they are always going to be treated that way. therefore, if someone is noncompliant and I find oh last year, you had this violence going on with somebody, then I'm going to treat you differently than a person who doesn't have that. (Respondent 4, line 183)*

Five respondents (50%) described the unique checklist process caseworkers are to follow before

sanctioning clients who are in FSS.   FSS eligibility was framed as something

  Paperwork. Nine respondents (90%) mentioned paperwork as an aspect of their role or

as one of the client's obligations. Six respondents (60%) described the importance of specific

pieces of paperwork such as medical opinion forms, activity logs, or household report forms.

This category was not sorted based on affect of the respondent's content (pro-paperwork or anti-

paperwork), but is notable because it underscores the role that paperwork plays in a caseworker's

position.

Discussion

Sample

The sample for this research was obtained using snowball recruitment, which was originally based off a convenience sample contacted by the researchers. Four respondents were interviewed from this convenience sample, and then six more respondents contacted the researcher based on snowball recruitment efforts and completed interviews. The snowball sampling was not random or systematic, so it is not generalizable to the broader group of caseworkers in MFIP or TANF. It is possible that those caseworkers who chose to respond to a voluntary survey request from peers or colleagues are those who have a fundamentally more proactive view of their professional lives, or those who value research and evidence-based practices more. Other reasons for respondents self-selecting their participation in the study include a dissatisfaction for MFIP policies or an acknowledgement of the type of competing priorities Lipsky identifies in street-level bureaucracies (2010). The interview data and its compilation exists as a record of individuals at particular times, who work in different contexts that share MFIP policy and MFIP clients as commonalities.

This sample may be non-representative of the average or typical caseworker population for several reasons. Seventy percent of the sample worked in specialized programs with rules designed to cater to specific populations; because of this, caseworkers in the sample may have actually had more discretion or flexibility than the average MFIP caseworker. The sample set was a highly-experienced collection of individuals, with an average MFIP work experience of 99.8 months or 8 years, 3.8 months; this may be substantially higher than the amount of work experience the average caseworker has. Additionally, the inclusion of three individuals with manager roles or hybrid manager-caseworker roles may mean that this sample on average, has

more insight into program and county operations or the systemic reasons for certain aspects of

the MFIP program.

Themes

Caseworker Role

      Caseworker Functions. One study describes how Illinois TANF recipients face distinct

deficits in human capital, including lacking skills to deal with bureaucracies and workplace

tasks, and education to read and write at a level that is functional in marketplace economies

(Lewis et al., 2006). Seven of 10 survey respondents (70%) described helping clients fill out

paperwork or resolve bureaucratic errors as a major component in their job, perhaps because

clients may display functional deficits in human capital. Clients with functional deficits may be

so overburdened with case-related paperwork that has nothing to do with employment services

that they and their caseworker do not have time to do much else. Although existing research

does recommend integrative and culturally-specific employment services that can go deeper into

client and family issues than resolving paperwork errors or tracking activity hours, it is uncertain

how much caseworkers are able to embrace these approaches (Lee & Hines, 2014). Sixty

percent of respondents indicated the centrality of paperwork-based planning methods, which may

not be culturally-specific; likewise, the education activities six of 10 respondents (60%) referred

to promoting may not be what clients need to address underlying functional issues. Community

service referral was also identified as a job function by six of ten respondents (60%), which

could help to address underlying challenges to employability.

      Caseworker Stances. Existing literature points out that the caseworker role includes

therapeutic elements, particularly in how the client conceives of the client-caseworker

relationship (Soss et al. 2011). This claim of therapeutic elements finds support in this research:

100% of respondents professed a client-considerate stance that includes client-centric and

compassionate aspects. These therapeutic elements are non-clinical and thus unbounded by the

professional ethics of social work, psychology, or clinical counseling. Caseworkers are rarely

trained in counter-transference or the maintenance of positive regard in a professional

relationship, which could explain why 60% of respondents also professed a client-suspicious

stance, and 30% of respondents commented on the prevalence of an us-vs.-them dynamic

prevalent in casework agencies. Caseworkers are put into a position involving rapid rapport-

building and assessment of deeply personal facts about clients, but frequently lack formal

training in assessment, boundaries, or mental health. As these training areas can enhance both

caseworker retention and job performance as well as client experience and growth, caseworkers

exist in a middle ground full of compromises in service quality, confusion, and forced choices.

One option for increasing caseworker expertise in rapport-building, assessment and mental

health is providing additional county- or agency-funded training series for caseworkers that go

deeper than a single session. Another option would be for the state of Minnesota to require a

proportion of caseworkers to have a degree in social work or mental health, and place those

individuals in charge of assessment and mental health work.

Expectations of Caseworker Role

Caseworkers were asked what their expectations of their role were, and how those

expectations changed based on the actual parameters of their roles. Some respondents' responses

confirmed literature about the overly bureaucratic or overwhelming nature of the job, and other

respondents identified paperwork and bureaucratic procedures as an expected part of their job.

These findings are discussed in relation to points from the literature review.

Unexpected Bureaucratic Factors. Social scientists who have applied the concept of street-level bureaucracy to TANF structures have referenced contradictory caseworker behavior as an effect of competing demands from TANF bureaucracies and TANF clients (Soss et al., 2011). Fifty percent of respondents indicated that their role involved more cases, more duties, or more responsibilities than they were expecting, indicating a mismatch between the bureaucratic demands of the position and the client-centric way caseworker positions are posted on job boards. The objective aspects of the bureaucracy are often prioritized over the subjective needs of clients, as supported by the four respondents (40%) who described how the MFIP system is more about rules, case closures or paperwork than it is about getting clients to work or impacting client lives. If the job of the caseworker is to address case closures, rule violations and paperwork demands, they may only rarely work with clients on goals that could help to lift them out of poverty (Soss et al., 2011). Program improvements addressing this issue could involve freeing more time in financial workers' schedules to address client concerns directly, changing eligibility requirements so that clients are not terminated from the program so quickly, or implementing new positions within nonprofits to more adequately help clients to plan and deal with functional tasks such as paperwork.

Expected components of role. Six respondents (60%) reported they had accurate expectations of the amount of paperwork and client tracking involved with the role; half of those respondents (30%) had personal experiences with the system as a child or an adult. Only two respondents (20%) indicated that they had as much counseling in their role as they expected, compared with the four respondents (40%) who reported that the job is more about addressing paperwork problems and case closures for clients than it is about counseling. No caseworkers indicated that there was less paperwork than they expected. These findings support the claim

that personal experience with the program contributes to understanding how routinized the job of

the caseworker is, and the claim that caseworkers may enter the job expecting a counseling role,

to be met with a paper-pushing job. Solutions to this disenchanting career revelation include

more accurately representing caseworker position descriptions or splitting the job up into a

therapeutic role and a numerical role, to be held by workers with different skills and aptitudes.

Factors in Client Non-Compliance

   Bureaucratic factors in non-compliance. Existing literature claims that TANF case

managers' conception of specific cases and clients come down to "moral assessments" of

trustworthiness and work ethic; these criteria are necessary because caseworkers do not have

time to gather clear-cut information, and their policies are not fully delineated (Soss, et al.,

2011). When moral judgments occur in the minds of caseworkers with no clinical training,

personal traits such as work ethic can appear more straightforward than they are. Sixty percent

of respondents indicated that employment plans or concern for the Work Participation Rate

guides their relationship-building and the activities of themselves and their clients; these are

areas where MFIP policy is uncommonly straightforward. The Work Participation Rate has a

discrete numerical limit, and employment plans are made in service of that goal. The focus on

work defines the activities clients can engage in to stay in compliance, which could be framed as

an imposition on the autonomy of the client. Caseworkers may perceive that clients whose

autonomy is stifled do not value the program because they do not see its purpose within the

context of their lives. If the subjective lives of clients are being regulated by objective policies

that require them to engage in a limited set of activities, it follows that 40% of respondents

indicated MFIP does not actually solve problems or does not appear to clients to solve problems.

Family or community factors in non-compliance. Literature has linked the imposition of a sanction on a case with the incidence of developmental diagnoses, including decreased cognition and behavioral issues that may be unacceptable to school authority figures, among preschool-age children (Lohman et al., 2004). The correlation between sanctions as a potential causative factor in behavioral and developmental issues is echoed by the four of 10 respondents in this study (40%) who mentioned child-related incidents at school or in the community as factors contributing to non-compliance. The correlation suggests a circular nature to problems of child development and behavior and family grant sanctions. Literature claiming DSM diagnoses are more prevalent among single mothers on TANF than they are among single mothers generally is also supported by this study's finding that two of ten caseworkers (20%) identify family issues related to single mothering as contributing to non-compliance (Jayakody & Stauffer, 2000). The fifty percent of respondents who identified family violence as having a detrimental impact on client compliance also indicate that issues involving caregiver relationships can impact child development both in the witnessing of traumatic events and in the material hardship that sanctions produce for families. Clients could benefit if caseworkers were given guidance to treat them as caregivers in a complex family unit, and to prioritize needs of children and the safety of everyone in the family over compliance or punishment for non-compliance.

Transportation barrier. Eighty percent of counselors reported low access to transportation as a barrier for clients, but only 40% of respondents reported that they can conduct home visits. The literature reviewed for this study did not discuss transportation or infrastructural barriers clients face, but the mismatch between the proportion of counselors who acknowledge that transportation is a major issue in a sprawling urban area in a Northern state and

the number of counselors who are allowed to meet clients at locations of the client's choosing is telling in itself. Caseworkers are put into a situation where even though they know clients have issues getting around, they must require them to come to their office in order to maintain compliance. This is a bind for both caseworkers and clients; both parties need the meetings to occur. Possible solutions include more phone, email, or videochat based meetings and communications, or a broadening of the practices of home visiting or meeting in the community.

Clients lacking skills. A majority (60%) of respondents referred to concrete or organizational skills required for compliance that clients commonly lack, and 40% of respondents referred to a lack of soft coping mechanisms or a generalized disempowerment as a barrier to compliance. This finding supports other literature in the field which asserts that human capital deficits present major barriers to compliance and success for clients (Lewis et al., 2006). Only 30% of respondents identified dysfunction in a major governmental system—MFIP, public transportation, or the police department—as a factor in how they think about client noncompliance. This indicates that there is an implicit assumption that the client will have to bend to the systemic status quo to maintain compliance. Recommendations include training parents in executive functioning skills that work for them, rather than simply expecting they adapt to what a respondent identified as "middle-class lifestyle" skills. Research has demonstrated that working with a family on executive functioning has positive effects for parents as well as children; family services and more environmentally-oriented interventions are recommended in conjunction with skill training (Center for the Developing Child, 2016).

Mental or chemical health challenges. Studies across the nation have supported the conclusion that mental and chemical health challenges occur at a higher rate among TANF clients than they do among the general population (Chandler et al., 2005; Danziger et al., 2000).

The 60% of study respondents who stated that mental or chemical health challenges contribute to non-compliance support similar claims nationally and in the state of Minnesota. One study from a Southwestern state found that receipt of TANF benefits among mothers was significantly related to having serious mental illness (Person chi-square [1, n=489] = 5.017; p = .019) (Stromwall, 2001, p. 132). Another study of national data from more than 116,000 individuals found that parents who have never received TANF reported a psychological distress score of .08, whereas "former TANF recipients' average score was .26, and for the parents currently receiving TANF, the average score was .39" (Cheng, 2007, p. 44). The increased incidence of psychological distress among TANF recipients matches caseworkers' observations that clients do struggle with stress and mental illness. A five-year longitudinal study of 843 MFIP recipients found that 34 percent had receive a diagnosis of a serious mental health condition, providing a local statistical benchmark to support caseworkers' observations that mental health issues present a barrier to compliance with work requirements (DHS, 2008b). Caseworkers are required to provide a referral to mental health services if clients indicate mental health challenges on the Self-Screen tool, but have no requirement to provide a referral to mental health services if mental illness is simply suspected or hinted at conversationally (DHS, 2015). There are no instructions from DHS on how to discuss mental health diagnoses with clients or to work with clients on issues related to stigma, readiness to engage in mental health services, or comorbidity of diagnoses. Caseworkers working with FSS clients periodically ask clients to update their medical opinion forms to re-verify their mental illness, which can include encouragement to engage in lasting therapeutic services, but do not have to. The result is an incomplete set of directives for caseworkers to follow to address complex psychosocial challenges in clients' lives, and a re-emphasis on paper documentation rather than meaningful engagement in services that

can help clients enhance functionality and move forward. Cross-training between employment

services and mental health providers could help to provide caseworkers with better

understandings of the functional ramifications of mental illness, and a more relational toolset to

work with clients on meaningfully addressing psychological challenges.

Cognitive or learning disabilities and literacy challenges. Six respondents (60%)

brought up functional challenges clients have with complying based on their level of literacy or

cognitive diagnoses. In addition to the harmful and potentially circular logic of removing funds

from a family whose parent may have developmental delays related to the lack of funds available

during their own childhood, only 20% of respondents acknowledged that English language

learners face specific challenges with compliance. The lack of recognition of clients' congenital

or situational inability to complete bureaucratic procedures, read and understand program

materials, and meet deadlines can impact the types of "moral assessments" that are conducted to

save caseworkers time and fill in missing information (Soss et al., 2011). Enhancing screening

protocol for literacy and cognitive challenges, training caseworkers to go through paperwork and

complex procedures in greater detail, and encouraging referrals to disability and literacy services

could help caseworkers help clients who are experiencing these issues.

Homelessness or unstable housing. 60% of respondents defined housing instability or

homelessness as a barrier to compliance, and 30% referred specifically to difficulty receiving or

keeping track of paperwork in those situations. The stress and trauma frequently associated with

homelessness in constellation is very difficult to quantify or define; combined with the focus on

paperwork and deadlines that defines MFIP bureaucracy, even clinically significant conditions

may be harder for caseworkers to screen for when clients are in the midst of noncompliance.

More could be done at state and county levels to bring together MFIP with housing assistance systems such as subsidized housing, public housing, and emergency shelter referral services.

Child care shortage. The need for dependable child care is likely at the top of the list of needs for single parents who have requirements to engage in activities without their children throughout the day. Accessing child care can be a blanket prerequisite to engaging in other activities, which could explain why 50% of study respondents identified it as a barrier to compliance. Thirty percent of respondents also brought up problems within the Child Care Assistance Program as being specific barriers to client compliance, suggesting that on top of monitoring the quality and consistency of potentially subpar childcare providers, clients have to deal with an unpredictable and ineffective bureaucratic program that may stop their supports at any point. Further integration of social services with financial services in counties and among subcontractors could help address both child care issues and homelessness issues. Collaboration between MFIP agencies, child care providers, and housing agencies could be facilitated by the county to bring the most benefit to clients' lives.

Decisions to be Made in Response to Non-Compliance

Leniency-related decisions. Good cause and the FSS category enable caseworkers to provide flexibility to clients when they need it. Sixty percent of caseworkers in this study identified determinations of good cause, pre-FSS status, or general deservedness for leniency as choices caseworkers make based on personal assessments of clients. When taken in a context of literature that describes constrained decision-making in bureaucracies due to workload size and over-regulation, these personal and often undocumented assessments made about clients can have harmful material effects on the lives of clients who may need the leniency to access

services or recover from episodes of mental illness, trauma, abuse or chaos (Lipsky, 2010; Soss

et al., 2011). If caseworkers do not have the time to develop relationships with clients—because

their paperwork takes up a lot of time, because their caseload size is too large, or because they do

not engage with clients conversationally—these leniency decisions are made while in a stressed

frame of mind, with limited information about client situations. The risk of incorrectly assessing

a client's capability to comply or their work ethic could be the risk of applying a crisis-inducing

sanction to a family that is already in crisis. The fifty percent of respondents who identified

decisions about leniency in Notice of Intent to Sanction (NOITS), home visits and curing

sanctions also underscore the fact that making punishment discretionary can be detrimental to

clients who have yet to present their legitimate impairments to their caseworkers.

Calendar and timing decisions. Bureaucracies are defined by routinized structures

(Lipsky, 2010). MFIP's routinization is based around the calendar: compliance is tracked

monthly, benefits are issued monthly, and requests to impose sanctions are due monthly (DHS,

2015). Seven respondents (70%) described how their decisions about discretionary actions are

based on bureaucratic timing. The timing mechanisms embedded in the bureaucracy are

indifferent to when or how clients or their families are embroiled in crises, and equally

indifferent to how caseworkers decide to build relationships with clients. To emphasize an

arbitrary calendar in the midst of subjective, meaningful, lived experience can be a constraint on

caseworkers' ability to think concretely and accurately about their clients' lives. Lipsky asserts

that clients are required to bend to the routinized requirements of the bureaucracy, and that

workers often defer to deadlines when the subjective needs of their clients conflict with the

requirements of the bureaucracy (2010).

Effort investiture. Half of the survey respondents (50%) described effort investiture as a choice. With caseworker decision-making being constrained by numerous factors involved in street-level bureaucracy such as high caseloads, arbitrary calendar systems and numerical service outcomes, and with decisions to sanction having materially adverse consequences on families, the choice of whether to invest extra effort in each choice has significant ethical implications. Caseworkers internally resolve any qualms about constrained decision-making by assessing the client and referencing the less-ambiguous assessment they have made of the client as if it is accurate (Soss et al., 2011). Forty percent of study respondents indicated their investment in processes of rapport building and outreach to noncompliant clients is discretionary as well; if a caseworker's initial assessment of a client is not accurate, they may put less effort in to developing a rapport that could make the assessment more accurate. Caseworkers may also put less effort into resolving sanctions with clients whom they assume to be responsible for the initial noncompliance.

Recommendations include further systematizing the caseworker response to noncompliance to make it more equal across different clients, or doing away with punitive sanctions in general in favor of incentive-based casework or another model that is less susceptible to the subjective judgments caseworkers can make. A solution that does not involve changing the MFIP system would be changing caseworker hiring practices to include more social workers or other professionals qualified to make psychosocial assessments of clients, effectively build rapport, and work processes of change with clients. Existing caseworkers may benefit from more extensive case consultation with colleagues, discussion groups and education around engagement with individuals in poverty, internal incentives for high rates of client engagement, or more support from their agencies and supervisors around issues of burnout and fatigue.

Factors in Decision-Making

Decision-making in street-level bureaucracies is complex because it is personal, but the personal interpretation of factors at both the agency (meso) level and the broader community level (macro) define the terms in which individuals make decisions (Lipsky, 2010). For discussion, personal factors identified by respondents have been analyzed in conjunction with meso and macro level factors also identified by respondents.

Personal factors and agency factors. This section will contrast personal factors identified by respondents with agency factors identified by respondents. Ninety percent of respondents referred to themselves as non-punitive, empathetic, or compassionate towards clients; 70% of respondents referred to flexibility in casework due to supervisor discretion or program design, and 50% of respondents indicated that county policies are increasingly non-punitive, vague or flexible regarding sanctions. This is in contrast with 60% of clients who also identified that policies at their agency or at large agencies in general decrease leniency and increase the pressure on caseworkers to impose sanctions. Six respondents (60%) also described a punitive orientation or an attitude of blame or distrust toward clients. The contradictions between these assessments is not erroneous, it is constitutive of the cognitive dissonance that complicates decision-making in street-level bureaucracies (Soss et al., 2011). Caseworkers may at times conceive of themselves as compassionate, responsive providers, and recall specific clients mentally to support that self-identity; these specific anecdotes may strongly support this self-concept, but may not actually represent the way the caseworker behaves toward the majority of clients. In other words, caseworkers may think they are being attentive to all their clients, when in fact they have segmented their caseload and are only giving that treatment to a select few of their clients. This mental segmentation can be one way to cope with the pressure

caseworkers are under due to high caseload size, and to bolster their energy levels and the sense

that they are doing the good work they entered the field to do (Soss et al., 2011). This type of

cognitive segmentation may be part of the experience of being a caseworker, but the underlying

cognitive dissonance is also part and parcel of the ways that agencies and counties train

caseworkers and monitor their activities. Client requests and situations aside, contradictory

messages from counties and employers result in confusion about job activities and complicate

the ways that caseworkers think about situations and define themselves as either compassionate

or punitive; this may be part of why some respondents identified themselves as both lenient and

harsh.

Personal identities of compassion and quality service provision can conflict with

limitations on caseworker choice imposed by agencies. Likewise, agencies can, within their

scope and realm of control, counteract the flexibility counties impart on caseworkers. Even the

overlap between the 60% of respondents who identified that agencies constrain leniency and the

70% who indicated supervisors and agencies support it makes sense in the context of street-level

bureaucracy: rules and guidance can be as vague and contradictory as real life. For many

caseworkers, it is fundamentally a job at the end of the day—even ethical caseworkers may seek

to preserve their employment if it comes down to a choice between granting leniency and

following a rule. Although many caseworkers enter the field of public service because they are

called to make a difference in society, this dilemma may result in reduced job satisfaction and

burnout.

Personal factors and community factors. This section will contrast personal factors

identified by respondents with community factors identified by respondents. Caseworkers are

not ignorant of the system in which they operate. Seventy percent of respondents indicated they

hold a personal belief that cash grants are too low and punishment is not an effective motivator

for clients on MFIP, and 60% indicated that political and public discourse on the welfare system

impacts the punitive and insufficient nature of the program. The 60% of caseworkers who

indicated that they talk to their clients about the dubious future of the program in relation to the

current political climate, or who coach clients on how to advocate politically for themselves,

support the notion that caseworkers will do what they can within their positions to help clients

understand and pursue self-sufficiency. This is congruent with Lipsky's description of

caseworkers maintaining a self-image of a proactive professional, and making choices within

their constraints to help clients when they can (2010).

      Alternatives to sanctions. Alternatives to sanctions are included in the category of

factors in decision-making because caseworkers can only choose to do things that they perceive

as an option. As opposed to consulting a list of every possible alternative to a sanction, asking

the question verbally is likely to limit the responses to those options that caseworkers

consistently perceive as viable and accessible. In effect, other options may as well not exist for

caseworkers, if they do not think of them.

      The top alternative to sanctions, mentioned by 70% of respondents, was offering a

medical form to a client or working with clients to get medical documentation of legitimate

impairment. This has the potential to put the client into the FSS category, which is much more

flexible for clients and frequently involves less paperwork management on the part of the

caseworker. In this light, FSS may be perceived as an easy solution for caseworkers with clients

who do not consistently hand in paperwork: everyone has less requirements when someone gets

coded FSS. The medical form was focused on almost exclusively as a piece of documentation

that legitimizes client non-compliance; this is notable because decision trees in the MFIP

employment service manual first make mention of another piece of paperwork, the MFIP self-screen (ES manual Appendix G-1). This is a screening tool for chemical and mental health conditions that is to be used at certain junctures of noncompliance to see whether a client should be referred for a formal assessment. Depending on the client's score on the MFIP self-screen, the caseworker may be required to set up a psychological or chemical health assessment for a client, and continue to work with the client to gather documentation of their diagnoses. A medical opinion form has the effect of freezing requirements for activity documentation from a client, whereas a self-screen increases the caseworker's responsibilities to coordinate with a client and ensure they attend an assessment. It is difficult to ascertain from the interviews in this study why caseworkers did not identify a self-screen as an alternative to a sanction; perhaps caseworkers have a disincentive to use the screening tool because of the interpretive work involved, or perhaps they do not see validity in self-reported mental or chemical health behaviors. The self-screen can start a conversation about good cause, but it can also provide an opportunity for the caseworker to issue a medical opinion form; perhaps it is simply more efficient to give the medical opinion form to the client without even performing the self-screen.

Five respondents (50%) brought up increasing contact attempts prior to sanctioning clients, which is more work for them; this is an action that is in alignment with the 90% who professed a compassionate perspective on clients, but it is a compassionate and discretionary action that requires investing only minutes of time. Forty percent spoke of completing a home visit, which is a time-consuming and frequently mandatory aspect of job performance; however, one person spoke about performing an extra home visit, which is not mandatory. The thirty percent of respondents who indicated they either had not thought about alternatives to sanction, or that the only alternatives were to dismiss activity requirements retroactively or provide more

time to submit documentation, have some overlap with the 90% of respondents who professed a compassionate view toward clients. Caseworkers are frequently so overloaded with processing requirements and meeting deadlines that they don't have time to think critically about options in a situation. The 40% of respondents who spoke of offering incentives as an alternative to sanctioning have the luxury of working for an agency that makes incentives such as clothing assistance or bus cards available; nonetheless, they are respondents who can mediate some of the conflicting demands to harvest documentation and to be kind and flexible with clients in a way that, as one respondent put it, "allows clients to keep their dignity."

Screening: types and frequency

Existing literature supports the use of conversational or rapport-based screening as well as the use of clinically validated screening tools (East & Bussey, 2007; Lee & Hines, 2014; Lee, 2005). Respondents (60%, n=6) did validate that although it is time consuming, relationship-based screening is more effective than paper-based screening. Caseworkers referred to relationship-based screening as being deeper and involving more frequent meetings and a higher level of trust. Paper-based screening refers to the use of screening tools such as the self-screen or the medical opinion form. Half of respondents (50%, n=5) indicated that the use of screening tools is discretionary itself. It is possible that caseworkers who do not engage extensively in rapport-building also use screening tools minimally. It is also possible that caseworkers who notice that clients talk more to them when they take time to develop the relationship may be less apt to use formal screening tools which have clinical validity. Although clinically valid screening tools exist, and MFIP guidance to caseworkers does specify that conversational screening is also valid, when caseworkers perceive both as discretionary, there is no guarantee of uniformity of screening. In an environment where client disclosure of mental illness, substance

use or family violence is frequently hesitant at best, uniformity of screening takes on greater

importance (Evans-Lacko, Henderson & Thornicroft, 2013; Larson, Vogel & Wester, 2007).

Recommendations include standardizing screening measures across agencies, changing hiring

practices to bring more professionals with more qualifications in screening into the field, or

integrating mental health and family services with employment services for every client.

Screening: good cause

Good cause is a viable way for caseworkers to avoid sanction and grant leniency in a

situation of noncompliance. Good cause is documented in casenote form and is left largely to

the worker's discretion. One respondent described a list of good cause reasons provided by their

agency but maintained that granting good cause is the choice of the caseworker and a "grey area"

(respondent 4, line 67). Fifty percent of the respondents indicated that part or all of the burden

for demonstrating good cause is on the client proactively demonstrating it. This means that if the

caseworker is not screening for good cause, or if the client has symptomatic reticence or poor

rapport with the caseworker, good cause could go unrecognized.

Fifty percent of respondents stressed the importance of screening for good cause.

Statistics on the number of caseworkers more broadly within the Twin Cities metro area or state

of Minnesota who actively screen for good cause are not available. This information would be

self-reported and subjective by nature, but if good cause screening and caseworker thought

processes were to be the subject of further research, it would serve to expand upon research into

decision-making and street-level bureaucracy within TANF. Caseworkers recognize that good

causes such as death in the family, homelessness or lack of transportation should be screened for.

That some caseworkers also state that the burden for demonstrating good cause rests on the client

illustrates the variance in screening attempts employed by caseworkers. One caseworker

emphasized that their agency issues good cause notices at multiple junctures, so felt that their

clients were adequately informed of their role in bringing it up to their caseworker (respondent 8,

line 165). Other caseworkers from specialized programs with lower caseloads spoke as though

the rapport they held with their clients allowed good cause to emerge organically as part of the

trusting caseworker-client relationship.

Trauma and Stress

Research has demonstrated correlations between clients being on TANF and experiencing

psychological distress and resultant physical and occupational difficulties (Cheng, 2007). This

research is supported by the 90% of study respondents who spoke of the functional difficulties

MFIP clients face with compliance. Respondents conveyed understandings that self-image and

self-efficacy are affected by trauma, and that cognitive symptoms such as brain fog and

hypervigilance can be present. Respondents demonstrated understanding of the connections

between trauma, coping skills, and life crises. Seventy percent of respondents spoke about the

ubiquity of present or past trauma among clients, showing an understanding that literature on

TANF clients, mental distress, and functional impairments has also validated (Barusch & Taylor,

2004; Cain & Hill, 2012). These high rates of recognition of trauma's impact (90%) and its

prevalence (70%) stand in contrast to the lower rates of caseworkers who indicate that screening

for good cause is important (50%) and those who believe that mental health conditions are a

contributing factor in non-compliance (60%). Trauma-informed care, a framework that has been

implemented in mental health and health care settings, is a systems-wide commitment to working

more effectively and compassionately with survivors of trauma (SAMHSA, 2015). Principles of

trauma-informed care, particularly the idea of universal precautions and being aware of the

prevalence of trauma, could be implemented within MFIP services contexts with minimal

adaptation. This could enhance client engagement and boost outcome measures if the

effectiveness of service delivery is monitored and maintained.

Bureaucratic Factors

Respondents' comments addressed service compromises or incompatibilities due to

bureaucracy. Half of respondents (50%) indicated that the MFIP bureaucracy does not recognize

specific aspects of MFIP clients' lives, or that the program is set up so that it doesn't provide

long-term benefit to clients or families. Clients may have less incentive to develop a relationship

with their caseworker or meet employment service requirements if they do not perceive that their

strengths and needs are recognized or that the program will actually help to address their

situation. In this way, program design may contribute to client disinvestment or noncompliance.

Punitive aspects of program design may compound this effect; half of respondents (50%)

identified MFIP rules as inhumane or as failing to reckon and respond to the complex challenges

in clients' lives. Research in the field indicates that caseworker flexibility and the coordination

of services beyond those specified in TANF requirements is more realistic and appealing for

clients; non-punitive, client-based activity engagement is an opportunity for programs to meet

deeper needs of clients (Bussey & East, 2007; Cheng, 2007). If caseworkers are accurate in their

appraisals, MFIP misses opportunities to be more helpful to clients and families by failing to

adequately reckon client needs, and incorporating unnecessary cruelty in its punitive aspects. In

addition to minimizing or eliminating the punitive aspects of MFIP, another recommendation

could be to utilize a mobile caseworker model similar to targeted case management, which

would enable caseworkers to better follow through on resources with and on behalf of clients,

and could aid in rapport-building, engagement and goal-following.

Some respondents also identified inefficiencies and ineptitudes inherent in the MFIP bureaucracy. An inherent tension exists between maintaining the WPR (and the assumed necessity to impose sanctions) and giving clients more time to amass documentation or deal with life challenges. This tension was identified by half of respondents (50%) as a factor that makes decision-making less straightforward or more time-consuming. Problems with paperwork or policies also reportedly consume caseworkers' time, as half of respondents (50%) described using time to deal with paperwork errors or loopholes in the system. Forty percent of respondents also reported that dealing with eligibility errors, disqualifications, or problems with data systems specifically takes up their time. These reportings support Lipsky's contention that street level bureaucrats must spend so much time resolving issues stemming from the complexity of the system that they are unable to render effective services for the public (2010). The net result may contribute to a waste in time and resources for agencies and counties already pushing the limits of their budgetary constraints on human services.

Sanctions

Every respondent (100%) referred to a reluctance to impose sanctions on clients or recognized the harms of financial sanctions on poor families. This includes the three respondents (30%) who also did not identify alternatives to sanction besides granting more time to clients; some respondents recognize the harm of sanctions, but do not have opportunities within their roles to come up with alternatives. Caseworkers mentioning harms of sanctions display an understanding that corroborates social science literature describing material hardship sanction brings to families in terms of hunger, homelessness, housing instability and poor health (Casey, 2010; Lindhorst & Mancoske, 2006; Reichman et al., 2005). Sanction notices were spoken about by caseworkers differently than the sanctions themselves; half of respondents

(50%) described using NOITS as a discretionary engagement tool, while 30% indicated they

include threatening language in NOITS or letters to clients. Although caseworkers may

recognize the harms of sanction, not all caseworkers seek to avoid the perception of danger

associated with the NOITS. Three respondents pointed out that elements of the MFIP system

lead to imposing sanctions with less consideration, supporting literature that indicates sanctions

are imposed erroneously or for minor violations (Casey, 2010). The imposition of erroneous

sanctions or sanctions that were applied without careful consideration indicates a human rights

calamity that would be solved by doing away with the punitive apparatus of sanctioning all

together. Instituting a more regular case recertification meeting would maintain some

nonvoluntary aspects to the programming but remove the choice of whether to inflict financial

punishment on clients.

Researcher Reaction

As a former caseworker, I have my experience to inform my understanding of what

clients go through and how the system works. I was caught on the inconsistencies in the

bureaucracy while I was a part of it, and aware of the absurdity of the activity data we kept on

clients. I have convictions about the punitive ideology of the Personal Responsibility and Work

Opportunity Reconciliation Act that created TANF, and its inherent devaluing of caregiving

work. I have seen how MFIP's low cash grant fails to support families adequately, and how the

program functions to maintain a disposable workforce for businesses to exploit. I've also

worked with some of the most compassionate colleagues I have ever met, and been continually

impressed by the generosity, intelligence, resilience and good character among MFIP clients. I

wanted to do a project that brought me outside of my own experiences on the program, and

outside of the realm of my own directed reading on government cash assistance.

I sought to discard all of that and approach as a researcher who knew the questions to ask based on knowledge of clients and the system, rather than convictions about them. Through the IRB process I shed the leading questions in my interview and as a result, the project became more exploratory. The interviews themselves rarely dipped into conversationality and I sought to maintain fidelity to the spirit of the interview schedule with any elaborative questions. I did not expect as many people to express detailed understandings of trauma and community factors. I did not expect people to have as much to say as they did—interviews that lasted more than an hour were allowed, but unexpected. I was also surprised that I received contact from an additional respondent after I had cut off the recruitment period.

The process of project development and implementation was more cumbersome than I anticipated, and I had expectations of putting in a lot of work. At the point at which I had interviewed ten people, the project had momentum and it had gained a significance in my conception of it just because it was ten different voices added together. I put together perspectives from caseworkers at two different counties and six different agencies, which felt significant. Transcription was a chore and I put in large pieces of time on it. With the use of a piece of software called MAX-QDA, I placed 1046 codes on my ten interview transcripts, and eventually sorted the codes into 31 categories. One thing I learned is that there is no limit to the amount of comparison that can occur with this much data; to treat each interview as a case study and compare the intricacies of each could result in endless analysis. I am also surprised by the connection I have to the data and my readiness to imagine other contexts for it.

Service Recommendations

Recommendations, based on comments from respondents, are made for change at the levels of caseworker behavior and decision-making, agency and county policies and procedures, and state- or national-level policy guidance.

Recommendations at the micro level of caseworker behavior and decision-making.

- Treat clients as caregivers in a complex family unit, and prioritize the needs of children and the safety of everyone in the family over emphasizing compliance or punishment for non-compliance.

- Discuss how clients make plans in their own life, investigate stages of change for clients, and engage in co-planning for family changes on clients' terms, beyond the creation of an employment plan.

- Implement creative solutions to transportation barriers such as increased phone, email or videochat meetings with clients.

- Approach rapport-building and relational casework with a consistent acknowledgement that MFIP clients are likely to have experienced trauma or have received a mental health diagnosis, and apply leniency consistently in any situations where there is an indication of this history with clients.

- Use both rapport-based screening measures such as exploring challenges with clients in trusted conversation, and paper-based screening tools such as the Self-Screen.

- Before applying sanctions, review case files, casenotes, and anecdotal information provided by the client for any evidence of good cause for noncompliance.

Recommendations at the meso level of agencies and counties.

- Offer trainings for caseworkers in counter-transference, universal positive regard in professional relationships, and boundaries. This may help to reduce unnecessary imposition of sanctions and enhance caseworker retention and job satisfaction.

- Offer more rigorous and longer-lasting trainings in rapport-building and assessment of clients and their psychosocial environments. This could enhance non-paper screening for real barriers to self-sufficiency in client's lives, and cue caseworkers more appropriately on when referrals to mental health or community services could be beneficial.

- Employ a larger workforce of financial workers in order to decrease caseload size and enable financial workers to handle issues related to case closures successfully and completely, which would increase time employment service caseworkers have to work with clients on goals and barriers.

- Implement new positions within agencies and counties that focus on handling paperwork, eligibility and documentation needs, to free up time in caseworkers' schedules to develop rapport, assess needs and work on goals. Screen applicants for specialized positions based on skills and aptitudes to prevent burnout and increase productivity.

- Make policy or program changes to enable caseworkers to work creatively with clients on transportation barriers, including using phone or electronic meetings and conducting home visits or meetings in community spaces.

- Establish cross-trainng between employment services caseworkers and mental health professionals to provide caseworkers with better understandings of the prevalence of and functional ramifications of mental health conditions.

- Establish a system for coordination between mental health providers or case managers and employment service caseworkers.

- Create a more rigorous follow-up process for caseworkers after issuing a Medical Opinion Form to ensure that clients know about services available and engage in those that suit them.

- Institute more rigorous screening protocol for literacy and cognitive challenges; train caseworkers to go through paperwork and complex procedures in greater detail with all clients

- Create a mechanism to make referrals to disability or literacy services more streamlined for caseworkers.

- Establish more extensive case consultation in agencies, as well as discussion groups and education around engagement with individuals in poverty and individuals who have been through trauma.

- Create internal incentives for clients with high rates of client engagement.

- Create supportive feedback loops with caseworkers in agencies around issues of burnout and fatigue.

- Re-allocate employment services funds in budgets exclusively to employment services program employees rather than splitting job duties and funds across programs in order to employ more staff and decrease caseload sizes.

Recommendations at the macro level, for policies and discourse.

- Abolish punitive financial sanctions and institute incentive-based compliance systems to encourage clients to work more closely with caseworkers on family goals.

- Align services for "normal" MFIP clients and those on the FSS program more closely to eliminate a dichotomy between the two service structures.

- Create a state-level requirement that a proportion of caseworkers per county or per agency have a degree in social work or mental health, and place those individuals in positions involving assessment and mental health-related casework.

- Change eligibility requirements and paperwork-related program cutoff schedules so that clients are not terminated from the program so quickly and they can engage more deeply with employment service caseworkers on longer-term goals related to psychosocial functionality and self-sufficiency.

- Expand the set of approved activities for all clients and modify the employment plan creation process to prioritize client autonomy and choice, while supporting non-work-related activities that enhance family stability such as family education, soft skills training, or therapeutic services for children, clients or their family units.

- Conduct a survey of clients about what they need from the program and from their caseworkers. Create a workgroup involving caseworkers and clients and follow suggestions from this group for modifying the program at the state level. These efforts could help clients to perceive that the program can help them and may increase rates of compliance.

- Track outcomes involving children and family units in the short-term as well as the long-term, rather than using the engagement of adult clients in particular activities or the rate of program exit as the measure of program success.

- Establish systems-level coordination and information sharing between MFIP services and housing assistance systems such as subsidized housing, public housing, and emergency shelter services.

- Eliminate or postpone child care assistance cutoff during periods of noncompliance.

Limitations/Recommendations for Further Research

This research has inherent limitations because it is qualitative, exploratory, and self-reported. The fact that respondents self-selected into the study means that they may not be representative of the typical caseworker. The idea of the research was that self-reported explanations from self-selected caseworker respondents have validity as they show how caseworkers think, but more than that they show how caseworkers speak about thinking. This is a critical difference because the presence of a researcher who is a social work student and who has worked in a similar role may come with pressures to appear or speak in a different way than they may if it was a systems analyst, or a completely impartial community member who was not conducting research. Furthermore, there was no checking on any of the practices caseworkers self-reported. Caseloads were not checked to verify whether rates respondents claimed they applied sanctions or good cause at were accurate, and casenotes were not consulted to verify claims of leniency. Educational level and training type varied among the respondents; caseworker responses could be affected by these factors. The sample had a high amount of professional experience in the field, which is not necessarily reflective of the caseworker workforce in general; in fact, two respondents (20%) noted that there is typically high turnover for caseworker positions.

These limitations mean that further research, even among MFIP providers in the Twin Cities, could be conducted to expand the body of knowledge and diversify the interviewer effect.

More in-depth case studies of how caseworkers think and operate could include information about their caseloads over time, to highlight accuracies, trends, or inconsistencies. A broader range of less experiential data could be collected by a more widely distributed survey of caseworkers. If counties or agencies wanted to see the effects of caseworker thought processes on caseworker performance or behavior, research could involve multiple interviews and longitudinal data and could contribute to better training, recruitment, and supervision practices.

More research on power dynamics in TANF programs could further explore caseworker decision-making by involving concepts of compassionate regard and punitive action. One study on perceptions of people with mental illness and resultant behaviors including avoidance and coercion could inform further research on caseworker responses to client behavior (Corrigan, et al., 2003). The extent that trauma and mental illness affects MFIP and TANF clients is an area that can still be explored by researchers, as is the perception county workers or subcontractors have of clients. When caseworkers perceive symptoms of trauma or mental illness as valid reasons for noncompliance, and when they are perceived as noncompliance punishable by sanctions, is a critical question to social workers who are concerned with equity in human services and the preservation of human rights for poor families. If some clients are receiving discretionary lenience while others are not, the reasons for these differences can be explored and addressed. Lipsky's model of street-level bureaucracy provides a useful framework for county program analysts or social work researchers to examine caseworker decision-making in, and applying the model to noncompliance and mental health can yield more fully operationalized ideas and solutions.

Implications for Social Work

Social work training or education is not often a requirement for caseworker positions, and only one of the ten respondents (10%) had a license in social work. Nonetheless, social workers come into contact with MFIP clients and awareness of the issues within the MFIP system that can contribute to or alleviate difficulties in client's lives can contribute to services social workers are providing for clients. Service is a core value in social work as defined by the National Association of Social Workers (1999). Social workers in Minnesota can help families in need by addressing problems in the MFIP system, which categorically supports families in need. Problems with MFIP services involve clients, the components and rules in the system, and the decisions of people such as caseworkers. Street-level bureaucracy asserts that the decisions caseworkers make are just as important as the letter of the law, which means in order to understand the policies as they are being enacted, social workers have to understand the way that caseworkers make decisions (Lipsky, 2010).

Social workers making recommendations on service implementation or policy changes can use the values of dignity and worth of the person and importance of human relationships. Caseworker discretion is a hallmark of street-level bureaucracy, but caseworkers within this study were empowered with different amounts of discretion, leeway and flexibility. For example, caseworkers who worked within flexible programs or systems that incorporate home visits and allowed for smaller caseloads and greater rapport-building reported that these were valid alternatives to sanction that they employed to help people actually address problems. Social workers can be involved with advocating for obvious system change such as increasing cash grant amounts, but also changes to service structures that would solidify the importance of relationships as change agents. As advocates, social workers can be involved with displaying the

connections between research and the recommendations listed in the Service Recommendations

section. MFIP clients should be able to retain dignity by avoiding punitive measures altogether;

steps toward that goal include instituting better screening measures for mental illness, trauma,

medical issues, literacy and cognitive factors, homelessness, and other factors. Caseworkers

could have more time to screen if the bureaucracy was simplified.

As leaders and stakeholders in agencies that may also have employment service

divisions, social workers can push for the integration of service structures based on client benefit.

Social workers have the expertise to know when psychosocial issues may be unseen factors in

client behavior, and can engage in outreach and cross-training with caseworkers and county staff.

Clinical, mental health-focused social workers can fill niches within their service areas by

developing relationships with caseworkers, receiving referrals from employment service

agencies, and working with referred clients to address issues rather than simply providing a

diagnosis to re-verify FSS eligibility. Broadly, social workers can use their privilege, expertise

and influence to advocate for the abolition of punitive financial sanctions based on child welfare,

developmental outcomes, or any outcome measure that takes a longer view of the fight against

poverty. It is incumbent upon ethical social workers to point out the ways that punitive sanctions

serve to sustain intergenerational poverty rather than alleviate it, and to interrogate service

structures for small changes that may counteract ineffective policies and measures.

Conclusion

The purpose of this study was to explore the ways that MFIP caseworkers make decisions in situations of client noncompliance. Although the literature review focused on the harms of sanctions, the prevalence of mental illness among TANF populations, and the ways that street-level bureaucracies affect caseworkers and clients, the exploratory research touched many more areas that impact caseworker decision-making. This study helps to fill a gap in literature on TANF programs and on MFIP specifically, which is the link between factors at the micro, meso, and macro levels, and caseworker decision-making. Caseworkers identified that client noncompliance can be caused by mental illness, environmental factors in clients' lives such as lack of community capital and transportation infrastructure or domestic violence, but also that client noncompliance is frequently caused by factors internal to the MFIP bureaucracy, which clients have little influence on. Although some caseworkers indicated clients can be to blame for noncompliance, caseworkers also referred to numerous ways that the structure of the MFIP system itself contributes to client noncompliance. One respondent described how the system does not acknowledge challenges the clients are facing individually:

> *We need to get certain things done regardless of what's happening on a client level. hich is why the good cause and medical forms are in place, so that we can help with that, but as far as time is concerned, if we don't have someone engaged then we need to just keep going through the process to either follow through with non-compliance and a sanction, or grant good cause and have the person not count towards our WPR, if they're coded with a form or something like that. Either way, they can't just drop off the report. There has to be something showing this person is able to do this or they're needing. (Respondent 4, line 83)*

Deference to reports over complex factors in the lives of clients impairs the efficacy of a program that is supposed to instill and support self-sufficiency. The pressure caseworkers feel surrounding reports and numerical outcomes undermines their ability to engage with clients and detect and respond to serious impairments and challenges in their lives. Recommendations

include cross-training caseworkers with social workers and mental health providers, increasing

service coordination and collaboration, and abolishing punitive financial sanctions in the MFIP

program in order to establish incentive-based casework methods. Ethical social workers can

contribute to program improvements through advocacy, service coordination, cross-training and

targeted mental health work within the MFIP population.

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Appendix A: Interview schedule

Decision-making around Noncompliance in the Minnesota Family Investment Program

Interview Schedule

1. What is your role in your position?
2. Is your role different than the role you thought you would have when you took the position?
   - (If yes, how so?)
3. What are the factors that lead to clients not complying with Employment Services?
4. What types of decisions do you have to make when a client is not in compliance?
5. What factors affect the way you make decisions in situations of client noncompliance?
   - What about you as an individual person affects your decision-making in situations of client noncompliance?
   - What factors within your agency affect the way you make decisions—for example, supervisors, colleagues or agency policies?
   - What factors within your community affect the way you make decisions?
6. Have you noticed any themes that are common to families with caregivers who are not in compliance with Employment Services?
7. What happens when clients are not in compliance, and what is your role in what happens?
8. In what situations would you use alternatives to sanctions?
9. What do you screen for when determining whether to apply a sanction?
10. To what extent do stress and trauma impact your clients?
11. Is there any other information you think would be important for inclusion in the study?

Thank you very much for your time.

Appendix B: Informed Consent

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study

Study Title: Decision-making around Noncompliance in the Minnesota Family Investment Program

Researcher: Andrew Kishel

You are invited to participate in a research study. This study is called MFIP Caseworker Responses to Client Noncompliance. The study is being done by Andrew Kishel, a student in the Master of Social Work program at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Michael Chovanec, Associate Professor at St. Catherine University.

The purpose of this study is to examine the decision-making process of MFIP Employment Counselors when working with clients who are not in compliance with their employment plan. I plan to examine what Employment Counselors can do to help participants who tell them they are having mental health problems. I am also looking at how and when sanctions are used in Employment Services.

Approximately eight people are expected to participate in this research. Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

Why have I been asked to be in this study?

You were asked because you have at least six months of experience as an employment services professional and you work directly with clients. You are familiar with agency rules and client requests. Your experience with client situations and challenges makes your viewpoint important for this study.

If I decide to participate, what will I be asked to do?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Speak with me, one-on-one, in an interview format for 45-60 minutes, while being recorded digitally on my smartphone. This will take place at a mutually agreed upon location including nonprofit office buildings or public library meeting rooms.
- Take up to 5 minutes after the interview to discuss how it went and address any concerns you may have.
- Allow me to transcribe the interview for analysis.

What if I decide I don't want to be in this study?

Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so, and do not sign this form. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify me and you will be removed immediately. You can also choose not to answer specific questions in the interview.

Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, nor with any of the students or faculty involved in the research. Your employer will not be informed about your choice of whether to participate in this study or not, and the researcher will initiate no contact with your employer.

What are the risks (dangers or harms) to me if I am in this study?

I anticipate few risks because you are a professional and I will be asking professional questions. I will not ask for any sensitive or private information about you or your clients. To limit your risk, I will be using an alternate name when transcribing. My final analysis will be written so that a reader cannot connect your answers to you. I will not specifically identify your agency or connect any demographic information to any responses. Your job title, professional certifications, and any other potentially identifying characteristics will be described using general terms. Demographic information will be presented in mean or amalgamated format to limit risk. As a participant in the interview, you can also limit your own risk by skipping any questions, ending the interview, or requesting that data not be included in the study. These precautions are being taken to limit the possibility that somehow information on your decision-making reaches your supervisor or members of the public. Confidentiality is a priority in the way that I will store and transcribe the interview and data, and because information will be de-identified and analyzed along with that of other respondents, the risk of personal information or professional practices becoming public is minimal.

What are the benefits (good things) that may happen if I am in this study?

I do not anticipate that you will directly benefit from participating in this study. However, the study will contribute to the fields of social work and social sciences in general. Examinations of caseworker decision-making contribute to a body of knowledge and research that can lead to advocacy efforts, policy reform and the application of more functional practices in employment services and case management. Studying the ways that Minnesota Family Investment Progam (MFIP) policies are implemented is important because families on MFIP are especially vulnerable and financially unstable. Social workers in Minnesota and nationally will have more information on the human operations of welfare case management and will be better equipped to understand client situations and act on them.

Will I receive any compensation for participating in this study?

No.

What will you do with the information you get from me and how will you protect my privacy?

The information that you provide in this study will be recorded as digital audio on my password-protected smartphone. The audio will be transferred to my computer by USB cable the same day as the interview and at that point deleted from my phone. The audio will then be transcribed into a word file identified only by its date. In the transcript I will use initials that are not the same as your personal initials to differentiate between people. I will keep the research results in my

computer and only I and the research advisor will have access to the records while I work on this project. I will delete all audio recordings at that point. By May 20, 2017, I will destroy all transcripts and any records with identifying information that can be linked back to you.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

How can I get more information?

If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at Andrew.kishel@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Mike Chovanec at mgchovanec@stkate.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

I consent to participate in the study and agree to be audiotaped.

My signature indicates that I have read this information and my questions have been answered. I also know that even after signing this form, I may withdraw from the study by informing the researcher(s).

_____

Signature of Participant   Date

_____

Signature of Researcher   Date

Appendix C: Demographics Sheet

Demographics [printed]

Thank you for participating in this research study on <u>Decision-making around Noncompliance in the Minnesota Family Investment Program</u>.

Please circle an answer or fill in for all questions that you are comfortable answering.

1. Gender: _____

2. Job Title: _____

3. Amount of experience in current position: _____years _____months

4. Educational background: bachelor's   master's   other: _____

    - Field of study: _____

5. Other certifications: _____

6. Do you work with a specific population within MFIP? Yes, No

    - If so, fill in that population: _____
      (ie Family Stabilization Services, Family Violence Waiver, refugee
      population, etc.)'

Appendix D: Recruitment Protocol

You are invited to participate in a research study on decision-making in employment services. The study is being conducted by Andrew Kishel, an MSW student from the St Catherine/St Thomas social work program. Part of the MSW program is to conduct an original research project that examines local issues, practices or policies. Andrew is conducting research on factors that affect decision making in situations of participant noncompliance. He would like to interview you and other employment service professionals 1:1, for 45-60 minutes, and then debrief for 5 minutes. The research is entirely voluntary and you will be able to withdraw at any point; when it is completed, it may contribute to a body of literature on MFIP practices and policies.

If you are interested in participating in this research and completing an interview, please contact me to authorize passing your information along, or contact Andrew Kishel directly by text, phone or email at 651-470-8342 (Andrew.kishel@stthomas.edu).