

# WorkFirst Sanctions: Client Survey Findings

## Recent Findings

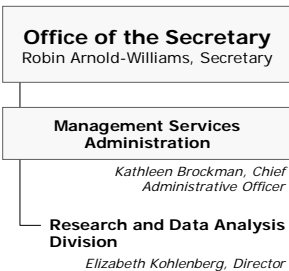
February 24, 2006  
Report 11.129



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## Information About this Publication

**Title:** WorkFirst Sanctions: Client Survey Findings

**Abstract:** In Fall of 2005, the DSHS Economic Services Administration carried out interviews with 429 parents who were under sanction (involving a partial reduction in their grant) for choosing not to participate in the Washington State's WorkFirst (TANF) program. Over nine out of ten clients surveyed agreed that they were not participating in required activities, and knew that was why they were being sanctioned. Personal and family barriers to participation were not evenly spread across these clients: one quarter reported no major barriers, one quarter reported one, one quarter reported two, and the last quarter reported three or more. The most frequently reported barriers across all the clients included transportation (43%), work clothing (23%), childcare (22%), personal (22%) or family (12%) medical needs, and personal mental health needs (12%, mostly depression, anxiety and bi-polar disorders). Sanctioned clients made many open-ended recommendations for program changes: 26% suggested more flexibility in casework and requirements to accommodate family needs and transportation problems; 22% more practical help with such needs as childcare, transportation and work clothing; 13% asked for more help with family and personal health and behavioral health issues; and 10% suggested changes in the job search and education components of the program. When asked, 38% of the clients requested more contact with social workers. Policy recommendations from this survey include more transportation assistance, and the development of more intensive and coordinated services across DSHS for families with complex social, medical and behavioral health problems. The appendix at the back of this report contains the original survey questions.

**Keywords:** Temporary Aid to Needy Families, TANF, WorkFirst, sanctions, survey, barriers to participation, service needs, service integration, transportation, multi-problem clients, mental health, physical health, family problems

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DSHS . . . Improves the quality of life  
for individuals and families in need in  
Washington State

DSHS currently serves  
**one in four** state  
residents



RDA . . . Brings data and analysis  
to the decision making agenda:

- Better work process
- Better decisions
- Better outcomes

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Elizabeth Kohlenberg, Ph.D., Director, DSHS Research and Data Analysis Division  
in cooperation with the DSHS Economic Services Administration

## EXECUTIVE SUMMARY



**THIS REPORT** has been prepared in response to a request by the DSHS Economic Services Administration (ESA) for additional analysis of the barriers, problems, and services needs reported by clients currently under “sanction” for not fully participating in the WorkFirst program. The findings are drawn from a two-month survey of 429 sanction clients carried out by ESA Quality Assurance staff in Fall of 2005.



In the survey, clients were asked about the problems they were having with WorkFirst participation, why they were being sanctioned, their plans for getting off sanction, and what sorts of help from WorkFirst they needed. A preliminary survey analysis provided summary tables of information. This report adds explanatory material from many open-ended questions and interviewer comments to the material presented in that report. New material on clients who reported several barriers to WorkFirst participation is added. This report also summarizes ESA policy and practice, where needed to provide program context around client comments.



## Key Findings

### One in four had three or more big barriers to WorkFirst participation (pages 13-17)

- About one in four sanctioned clients (103 or 24%) reported **no** “big” barriers to WorkFirst participation.
- About one in four sanctioned clients (114 or 27%) reported **one** “big” barrier to WorkFirst participation.
- About one in four sanctioned clients (100 or 23%) reported **two** “big” barriers to WorkFirst participation.
- About one in four sanctioned clients (112 or 26%) reported **three or more** “big” barriers to WorkFirst participation. These clients were much more likely than the other groups to have mental health, medical and legal problems, including family violence.

### Most frequently reported barriers to WorkFirst participation were: (pages 5-12)

- **Transportation** – A problem for 62% of sanctioned clients; a big problem for 43%.
- **Work clothing** – A problem for 41% of sanctioned clients; a big problem for 23%.
- **Childcare** – A problem for 34% of sanctioned clients, a big problem for 23%.
- **Personal physical or medical problems** – A problem for 31% of sanctioned clients, a big problem for 22%. Health problems reported by these clients include back pain or back surgery; mood disorders; joint or tendon problems or arthritis; current pregnancy or newborn; work disability or health care issue.
- **Family physical or medical problems** – A problem for 18% of sanctioned clients; a big problem for 12%.
- **Personal mental health issues** – A problem for 17% of sanctioned clients, a big problem for 12%. Most problems listed were mood disorders such as depression, anxiety, or bipolar disorder.

### **Most (93%) of the sanctioned clients knew why they were in sanction** (pages 18-20)

- Three out of four said they were not participating in WorkFirst.
- One out of three said they had missed caseworker appointments.
- Less than one out of ten didn't want to participate (8%), didn't know why they were in sanction (7%), or were attending an unapproved school program (7%).

### **Sanctioned clients are happy with some aspects of ESA service** (page 21)

- Eight out of ten liked the CSO hours.
- Seven out of ten reported that their benefits arrived on time.
- Six out of ten reported their Work First case manager or social worker treated them with courtesy and respect, explained things clearly, and listened to them.

### **Sanctioned clients have some problems with their WorkFirst case managers or social workers** (page 21)

Only four out of ten said these workers:

- Understand their needs.
- Were there when needed.
- Involved them in choices about services.

### **Sanctioned clients asked for more help with program flexibility, practical needs, job search and classes, and family physical and behavioral health issues** (pages 22-25)

- About one in two (224 out of 429, or 52%) had no suggestions.
- Over one in four (110 out of 429, or 26%) discussed changes in the WorkFirst program like more flexible hours, explanation of the reasons behind sanctioning, more understanding from caseworkers, or changes in caseworkers.
- Over two in ten (95 out of 429, or 22%) asked for practical help like assistance with childcare, transportation and clothing.
- Over one in ten (57 out of 429, or 13%) asked for help with health and family issues such as medical needs, mental health, and domestic violence.
- About one in ten (40 out of 429, or 9%) asked for changes to the classes, education and job search parts of the WorkFirst program.

## **Policy and Practice Recommendations from the Survey**

The findings strongly suggest two possible areas for program improvement: (pages 26-27)

- **Increase transportation help:** This was a big problem for 43% of the sanctioned clients. Particularly for those clients who live in areas where public transportation is thin or non-existent, more support would be likely to lead to better participation.
- **Better serve clients with multiple behavioral health and family problems.** About one client in four reported three or more barriers to WorkFirst participation; many of them had behavioral health issues or multiple family problems. Only about four out of ten clients felt their workers understood their needs. Five out of ten multi-problem clients asked for more access to social workers. It seems likely that social and behavioral health services more targeted to these family needs might improve participation by the parents.

For example, cross-DSHS teams could be added to the sanction case staffings and reviews that are occurring. It also might be useful to work with the DSHS Health and Recovery Services Administration to develop "disease management" services or group support around clients with mental and behavioral health problems that do not meet the severity or acuity requirements for Mental Health Division services but do impede client participation.

## PART I: INTRODUCTION AND CONTEXT

### Current WorkFirst Sanction Policies

In the State of Washington's WorkFirst program, sanction is a penalty that applies to families where the parents are able but refuse to participate in WorkFirst activities without good cause. Examples of "good cause" include dealing with emergencies such as a sudden medical problem, family violence, or legal problems, or a lack of affordable childcare within a reasonable distance of home.

If good cause for non-participation does not exist, the grant is reduced by the share due to the non-participating individuals or 40%, whichever is more. The reduced grant is sent to a protective payee. To remove the sanction and restore the grant, the non-participating individual must participate in WorkFirst for four consecutive weeks. The grant will be restored the first of the month following the completion of the fourth week of participation.

### Characteristics of Sanctioned Adults

In July of 2005, 5,816 adult WorkFirst clients were in sanction status statewide. They represented 14% of all adult WorkFirst clients.

Sanctioned clients are not dramatically different from the overall WorkFirst population. As the table below shows, sanctioned clients are a little more likely than all WorkFirst clients to be male, American citizens, and American Indian or African American. They are a little less likely to have an unknown race or to be married.

#### Demographic and Family Characteristics of WorkFirst Sanctioned Adults

	All WorkFirst Adults		Sanctioned WorkFirst Adults	
	Number	Percent	Number	Percent
<b>Race/Ethnicity *</b>				
White, non-Hispanic	24,465	62%	3,514	60%
Hispanic, all races	4,295	11%	634	10%
African-American	5,147	13%	816	16%
Asian or Pacific Islander	1,426	3.6%	177	3.4%
American Indian	1,703	4.3%	370	6.2%
Unknown race or ethnicity	2,557	6.5%	307	4.6%
<b>Gender</b>				
Female	32,348	81%	4,454	77%
<b>Marital Status</b>				
Married	8,442	21%	1,019	17%
<b>Age</b>				
Median age		29		28
<b>Citizenship Status</b>				
United States citizen	35,406	89%	5,601	96%
<b>TOTAL</b>				
All clients	39,590	100%	5,816	100%

\* July 2005 TANF clients, drawn in September 2005.

## WorkFirst Sanction Survey and Report Purpose

During October and November of 2005, the DSHS Economic Services Administration conducted a telephone and face-to-face survey of 429 WorkFirst sanctioned clients. Their goal was to learn more about the sanctioned client's experiences and point of view towards participation barriers, problems and service needs. In the survey, clients were asked about the problems they were having with WorkFirst participation, why they were being sanctioned, their plans for getting off sanction, and what sorts of help from WorkFirst they needed. A preliminary survey analysis provided summary tables of information in late November.

In December, the Economic Services Administration asked the DSHS Division of Research and Data Analysis (which is a centrally located Division serving the entire agency) to undertake additional analyses of the survey data. This report is the result of that request. It adds explanatory material from many open-ended questions and interviewer comments to the material presented in the prior report.

This report also adds new analyses of clients who reported several barriers to WorkFirst participation. Summaries of WorkFirst policy and practice have also been inserted into the report, to put some context around the client comments.

## Sanction Survey Methods

Researchers from the Research and Data Analysis Division selected a random sample from all clients in sanction status. From October 3 to November 11, 2005, Quality Assurance staff from the Economic Services Administration completed interviews with 429 of those sampled clients. Survey respondents were asked if they wanted to participate in a drawing to receive a \$25 gift certificate for groceries from a local store. Additionally, respondents were offered follow-up with their case manager around issues raised in the interview. 379 interviews were completed by telephone; 50 were home visits made to persons who had no telephone.

The survey response rate among those eligible was 39% (the denominator includes those with disconnected telephones and those who were never reached). The cooperation rate among those reached was 95% (only 22 clients refused to complete the survey). Because the time frame for this survey was short, the staff doing the interviews did not have time to find many of the people whose telephone numbers had changed or whose phones had been disconnected, or who didn't answer after three callbacks. Therefore, this survey is probably biased in its overall estimates towards people who were easier to reach.

The clients reached in this survey sample are likely to be somewhat more stable than those clients with disconnected telephones. If the interviewers had been able to take the time to find those clients, the percentages of "multi-problem" clients discussed in this report might be higher. However, the general policy recommendations from this survey are based on strong findings, and would not be likely to change even if more of the hard-to-reach clients had been located.

The survey respondents are a little more likely than the overall group of sanctioned adults to be White or of unknown race, and a little less likely to be American Indian or Hispanic. (See Technical Notes on the last page of this report for a comparison of survey respondents to all WorkFirst adults in sanction).



## PART II: BARRIERS TO PARTICIPATION

The survey was designed with a list of questions about possible barriers to WorkFirst participation. Clients were asked 17 questions, each about one possible type of barrier. For each barrier, clients were asked if that type was a “big problem”, a “little problem” or “not a problem.” People who said the barrier was a big problem were asked open-ended questions about the nature of that problem.

The barrier types were:

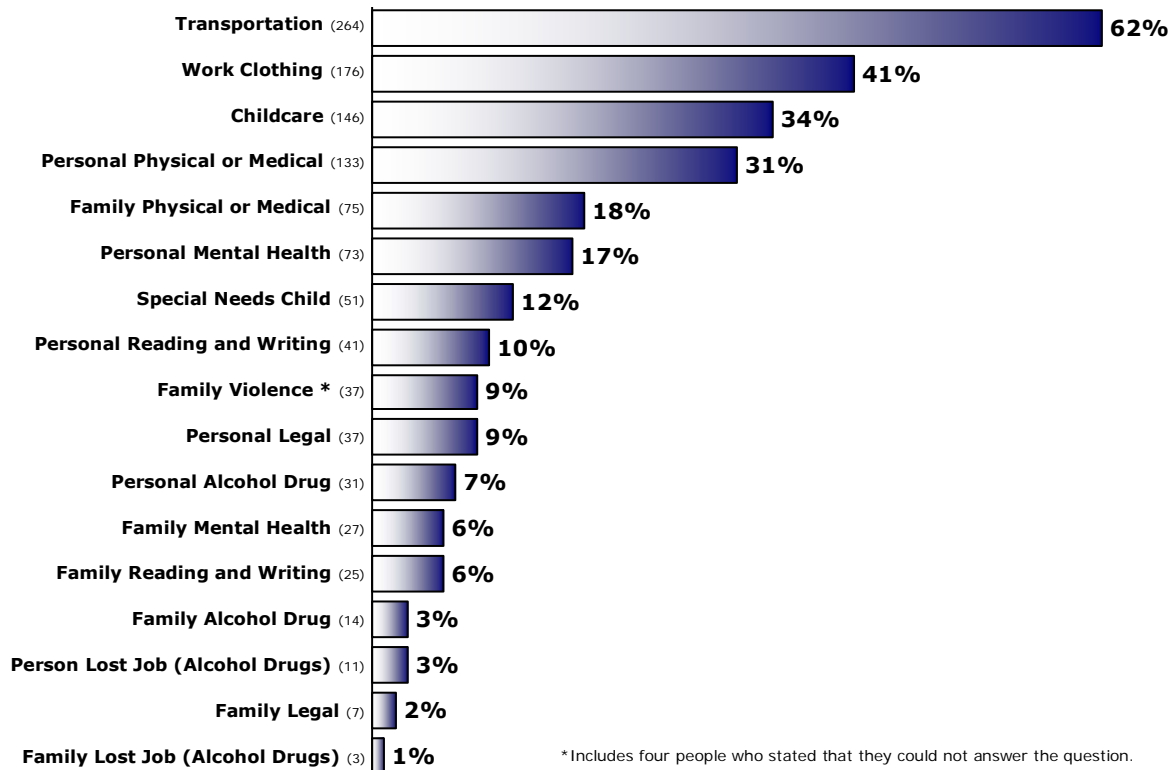
- Transportation
- Childcare
- Children with special needs
- Personal alcohol or other drug problem
- Family alcohol or other drug problem
- Person lost job because of drugs or alcohol
- Family member lost job because of drugs or alcohol
- Family violence
- Personal physical or medical
- Family physical or medical
- Personal mental health
- Family mental health
- Personal legal
- Family legal
- Personal reading and writing
- Family reading and writing
- Personal work clothing

**WorkFirst Practice on Help with Employment Barriers.** WorkFirst is designed to help parents overcome barriers that make it difficult for them to participate in job search or to accept, keep or advance in their job. Support services such as help with transportation and clothing are limited overall to \$3000 per person per year, and each service provided has its own limits. WAC 388-310-0800

Most frequently cited barriers were transportation, lack of appropriate work clothing, difficulties with childcare, health or mental health problems for the client, and family health problems.

### Percent of WorkFirst Sanction Clients Reporting Each Issue as a Barrier to WorkFirst

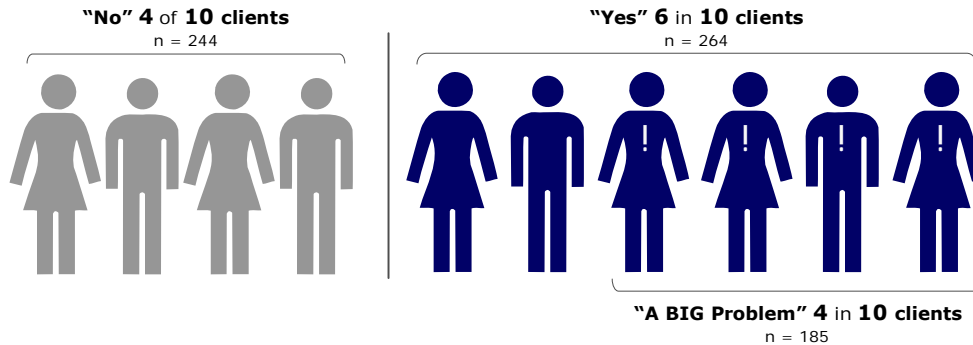
TOTAL = 429\*



## Reason #1: Transportation

Over six out of ten sanctioned clients (264) agreed that transportation was a problem for their WorkFirst participation. Over four out of ten (185) of these said it was a big problem.

### Is transportation a barrier to WorkFirst?



**Without any car or license:** of those 185 people, **37%** said they had no car, and an additional **13%** said they had no driver's license. At least half of the clients with big transportation problems were dependent on public transportation or other transportation arrangements, such as arranging rides with others. Respondents in this group said:

- *No car*
- *No license, relies on buses*
- *No license*

**Have car and license, but can't afford to operate it. 21%** more said they had a car but couldn't use it, because the car needed repairs or insurance. An added **10%** said had a car but needed gas money. For example, respondents said:

- *Need car repair – new flywheel*
- *Car was totaled in an accident*
- *Vehicle broken and no money to fix*
- *Gas expenses*
- *Only one vehicle, needs major work, no money for gas*
- *No insurance and no money for gas or upkeep*

**Public Transportation Problems: 16%** said they couldn't afford bus fares or a bus pass. **16%** said they lived too far from a bus to use one; **9%** said the existing buses were too slow or infrequent to support their travel needs; **5%** said they couldn't get their kids to childcare or school and themselves to work in time using the bus. For example, respondents said:

- *No license, no public bus, lives in remote area*
- *Lives in remote location 13 miles from closest bus*
- *No car, and the bus doesn't come every day*
- *Relies on bus, was not offered bus voucher*
- *Can't afford bus, needs bus pass*
- *Need bus money*
- *To take child to childcare and go to class is two hours on bus each way*

**WorkFirst Practice on Transportation Help:** WorkFirst can pay up to \$250 per program year to repair a client's car. For licenses and fees, the limits are \$130 per program year. Mileage, transportation, and public transportation can be subsidized at the rates established by OFM for state employees, or Employment Security can pay up to \$120 a month. WAC 388-310-0800

## Where Are the Transportation Problems?

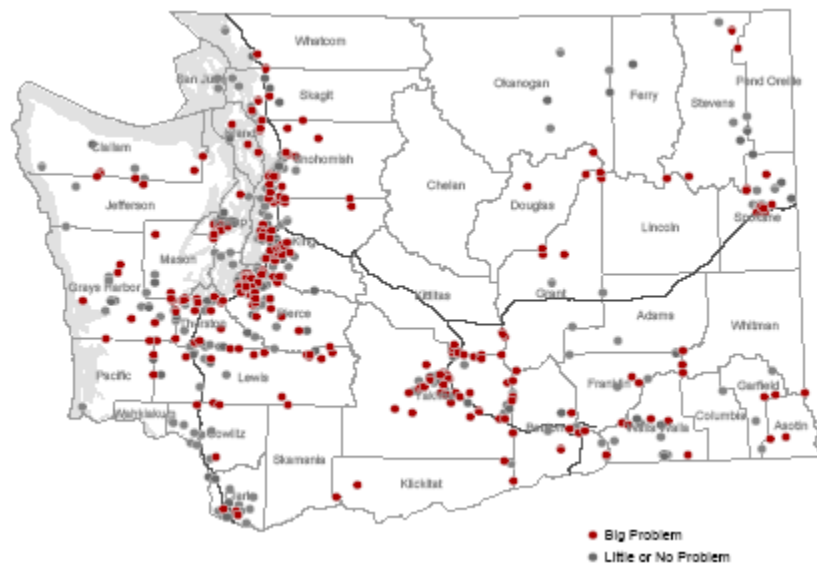
Transportation problems for clients are more likely in Eastern Washington. Over half (66 or 55%) of the 119 Eastern Washington sanction clients have a big transportation problem; in Western Washington the numbers are higher (119) but the share is lower (39% out of 306).

Geographic Location of Clients Reporting Transportation Problems				
Level of Problem	Eastern Washington	Western Washington	Unknown	Total
<b>Big</b> (186)	<b>55%</b> (66)	<b>39%</b> (119)	(1)	<b>43%</b>
<b>Little</b> (79)	<b>17%</b> (20)	<b>19%</b> (59)	(0)	<b>18%</b>
<b>Not</b> (164)	<b>28%</b> (33)	<b>42%</b> (128)	(2)	<b>38%</b>
<b>TOTALS</b> (429)	<b>28%</b> (119)	<b>71%</b> (306)	(3)	<b>100%</b>

The map below shows the distribution of big client transportation problems across the state. Clearly, urban locations as well as rural locations contain clients with transportation problems. On this map, "little" transportation problems have been merged with "no" transportation problems to preserve focus on those clients with big problems.

### Where Do WorkFirst Sanction Clients Reporting Transportation Problems Live?

TOTAL = 429



## Reason #2: Work Clothing

Four out of ten clients (176) agreed that putting together appropriate outfits for job interviews and jobs was a barrier to their program participation; 98 felt it was a big problem. Some of those 91 obtained clothing vouchers to thrift stores. Others simply pointed out that they needed money to buy clothes.

### Are work clothes a barrier to WorkFirst?



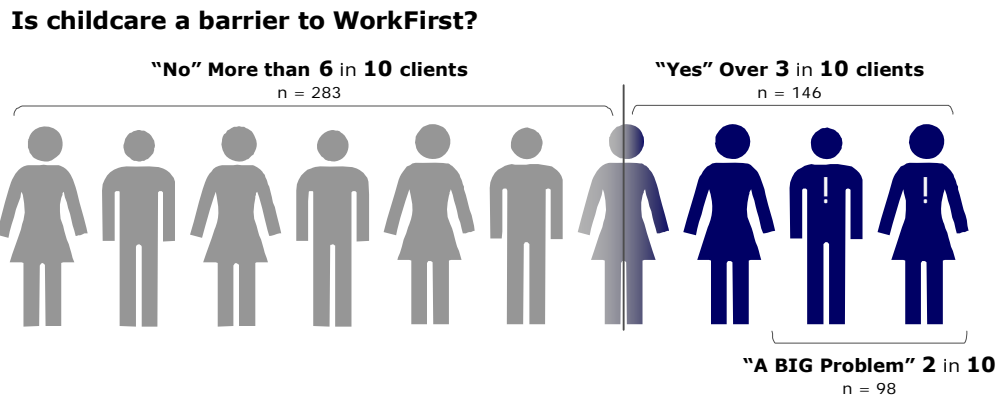
**Work and Special Clothes:** Of the 98 clients who said clothing was a big problem, some simply said they needed clothes generally, and some reported that they needed to solve special clothing problems such as large sizes or special sorts of work clothing. For example, respondents said:

- *After last baby I have had no new clothes*
- *No funds – clothes are "ghetto" style now*
- *Need professional clothes to do job search*
- *Clothes stolen*
- *Need casino dealer's uniform*
- *Need larger sizes – has no suitable clothes for work*
- *Recently started working, need outdoor gear*
- *Vouchers to Salvation Army; they didn't have sizes needed*

**WorkFirst Practice on Clothing Help.** WorkFirst support services can pay up to \$75 per program year to assist clients with clothing expenses related to work, work search or community jobs. If a person needs work clothes, they ask their DSHS or ESD worker. The worker will try to find another local resource; if not, they can authorize these funds. WAC 388-310-0800

### Reason #3: Childcare

About one in three clients surveyed (146) stated that childcare was a problem for their program participation; 98 of these felt it was a big problem.



**When childcare is a big problem.** Of that 98 who reported childcare was a big problem:

- 23% said they couldn't find childcare (n=22)
- 13% said they had children with special needs or disabilities (n=12)
- 10% said DSHS won't pay childcare while the adult is in sanction status (n=9)
- 12% said they didn't want to leave their kids to the care of outsiders (n=11)
- 9% said their child was too young (n=8)
- 5% had three, four or five kids and couldn't afford or find childcare for all of them (n=5)

**WorkFirst Practice on Childcare Help.** If a parent does not have adequate childcare to support their employment or other individual plan activities, they are referred to the Working Connections Childcare caseworker, who will tell parents what types of providers DSHS can pay, and what community resources they can use to help them select a childcare provider. Childcare is subsidized for up to 16 hours a day for approved activities defined in the client's individual plan, except for a co-payment which is typically \$15. However, WorkFirst grants do not support parents to stay home and care for their own children unless they are under 4 months of age. WAC 388-310-300 and 350

## Reason #4: Personal Physical or Medical Problem

Three in ten sanctioned clients (133) reported that their own medical and physical problems were problems for program participation; 96 felt these were big problems.

### Is your medical or physical health a barrier to WorkFirst?

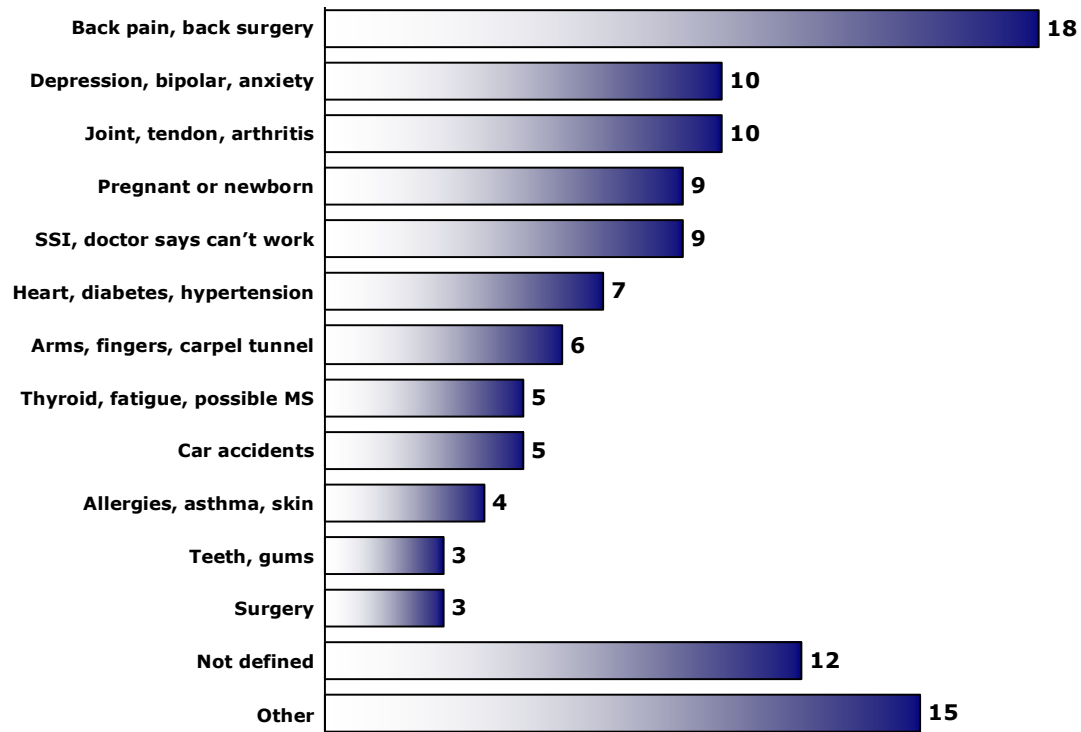


The health problems reported by these 96 clients are identified below. The problems reported by at least 10% of these 96 clients were back pain, mood problems, joint problems, late-term pregnancy or recent newborn, and doctor's orders not to work.

Some clients reported more than one type of problem. If so, they are counted more than once.

### Medical and Physical Problems Reported as Big Barriers to WorkFirst Participation by WORKFIRST Sanction Clients

TOTAL = 96



**Some conditions suggest difficulty but not impossible barriers.** Some of the medical and physical problems reported do not sound as if they would present big barriers to participation – but that is how the clients reported them. For example:

- *Low self esteem*
- *Depression but okay with medication*

**Some conditions are more serious or involve multiple health problems.** If these problems are truly present, they suggest that these clients may have difficulty finding appropriate work or participating fully in other WorkFirst activities. For example:

- *Have Hepatitis B, unable to work at this time*
- *Was being tested for M.S.*
- *Grand mal seizures*
- *Doctor's statement – not to work or drive distance*
- *Diabetic, gout, body falling me – and only 26 years old*
- *Stress, nerves, diabetic, high blood pressure*
- *Have asthma, back and foot pain*
- *Seizures, short-term memory loss*

**Work First Practice on Help with Personal Health Issues.** If a WorkFirst parent claims to have a severe, chronic and persistent disability or medical issue that prevents employment, the parent is given up to 30 days to gather initial documentation written by a medical professional to support the parent's claim. Then that documentation is reviewed at a WorkFirst case staffing which includes the parent. If questions arise, the parent is given up to 60 days to work with the health professional to answer them. WorkFirst does not sanction clients while they are gathering proof of disability. Clients who start off in sanction, however, remain in sanction until the program has documentation that the parent cannot participate. WAC 388-310-0350 and 1600

## Reason #5: Family Medical Problems

The health problems of family members present problems for almost one in five sanctioned clients (75). For 50 of them, these are big problems.

### Is a family member's health status a barrier to WorkFirst?



The reported health care problems in the families of those 50 people are highly varied, as identified below.

**Sometimes the reported family health problems sound as if they might require continuing intense caregiving by family members.** Some of these family problems are quite serious and sound as if they would require continuing intense care giving by family members. For example:

- *Son had surgery recently*
- *Younger adult brother on SSI who needs my care*
- *Caring for terminally ill grandmother*
- *Husband is disabled*
- *16 year-old son is autistic SSI recipient*
- *Wife is disabled*
- *Disabled child needs her care*
- *When son is ill can go into asthma attack any time*

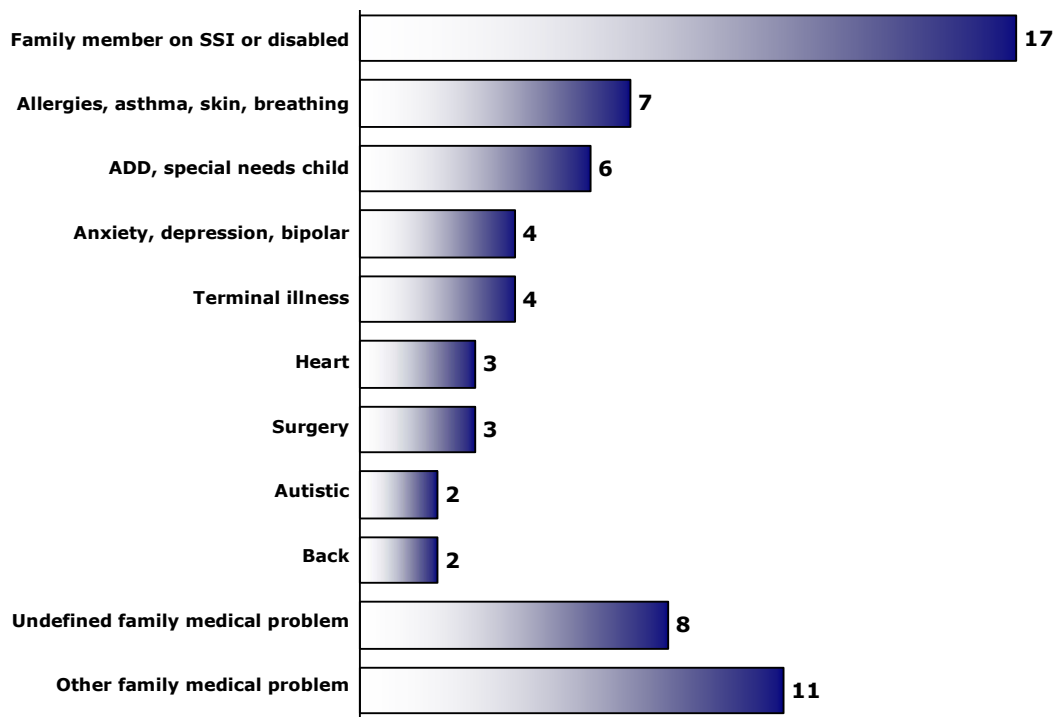
**Some sanctioned clients reported that more than one family member had health problems, or that a family member had multiple problems.** This situation again increases the likelihood of care-giving responsibilities for the respondent. For example:

- *One child is autistic, one child has ADHD*
- *Wife is seriously ill due to a staph infection and recent surgery*
- *Son has asthma, she lives with mother who has cancer*

**WorkFirst Practice on Help with Family Health Care Needs.** A parent will not be sanctioned for lack of participation in employment or other WorkFirst activities if they are needed to stay home and provide family care for disabled or special needs family members. This applies to a parent who is either (1) the only person who is able and available to stay home with an adult, homebound relative with a verified disability; or (2) caring for a child with special needs. The child or other family member must have a verified medical, developmental, mental, or behavioral issue that requires daily care and significantly interferes with the parent’s ability to work or participate. (WAC 388-310-0350)

**Family Medical Problems Reported as Big Barriers to WorkFirst Participation**

TOTAL = 50



## Reason #6: Mental Health Problems of Respondents

73 clients reported that their own mental health problems were a barrier to WorkFirst participation; 51 said it was a big problem for them.

### Do you have a mental health problem that causes a barrier to WorkFirst?



**Mood Disorders:** Almost eight out of ten of these 51 clients reported that they were experiencing or being treated for mood problems: depression, anxiety, phobias, or bipolar (sometimes with attention or cognitive components like Attention Deficit Disorder or dyslexia). These mental health problems are treatable with medication and counseling. However, the effectiveness of the treatment and its impact on the program participation of the client will vary with both client and treatment provider. Also, psychiatric providers who will see Medicaid clients may be scarce in parts of the state.

Examples of these problem descriptions as presented by the clients include:

- *Depression and anxiety*
- *Panic*
- *Severe depression – sees doctor twice a month*
- *Depression – on medication*
- *Bipolar*
- *Grief and sadness*
- *Agoraphobia*
- *Treated for mood swings (bipolar)*
- *ADD, depression, dyslexia*

**Unspecified Problems:** The remaining group did not specify the nature of their problems, but simply reported that they were under mental health care or needed care:

- *Client going to Highline Mental Health*
- *Mental breakdown and needs medication*
- *Need for mental health counseling*
- *Currently on medication*

**WorkFirst Practice on Help with Personal Mental Health.** Parents should not be sanctioned if they are pursuing mental health treatment or following a course of treatment that would interfere with their ability to participate in WorkFirst activities. WorkFirst parents are supposed to be referred to a WorkFirst social worker if the caseworker suspects that mental or emotional illness is interfering with their participation. Parents with depression, anxiety or other mood disorders are referred to their doctors, to find out if the mental disorder is treatable by medication or other services covered by health insurance or medical coupons. The doctors are asked for medical information and to document the need for treatment. This doctor's statement may help the parent get access to a psychiatrist or other mental health professional. WAC 388-310-0350



## PART III: HOW MANY CLIENTS REPORT MULTIPLE SERVICE BARRIERS?

### Some Clients Reported Several Different Types of Participation Barriers

The survey was designed so that clients could report that they were encountering no barriers, one barrier, or several barriers to WorkFirst participation.

The illustration to the right shows the percentage of clients reporting none, one, or multiple numbers of barriers.

- 24% of sanctioned clients reported that none of these barriers was a big barrier to their WorkFirst participation. (103)
- 27% reported that one of these barriers was a big problem. (114)
- 23% reported that two of these barriers were big problems. (100)
- 14% reported three big barriers. (59)
- 7% reported four big barriers. (29)
- 6% reported five or more big barriers. (24)

Have a "Big" barrier to WorkFirst?

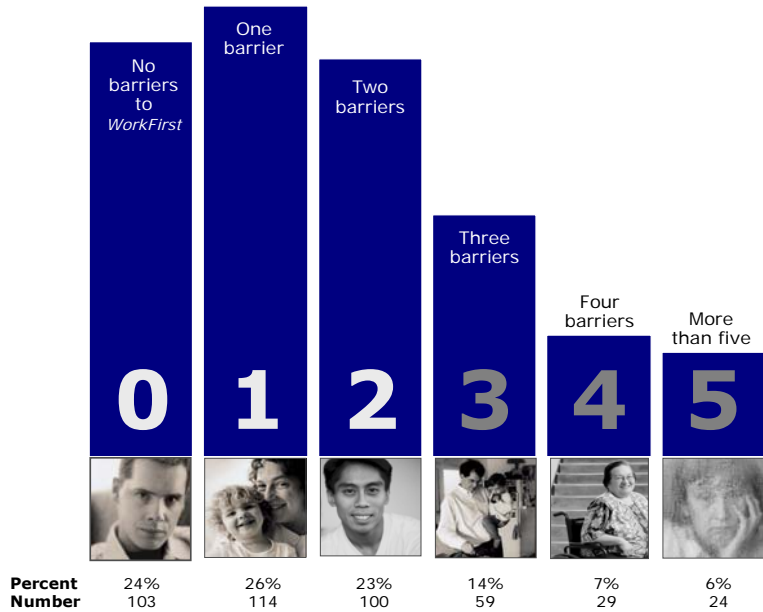


Chart Reads: 100 clients or 23% of those surveyed reported two "big" barriers to WorkFirst.

### Some Sanctioned Clients Report Multiple, Severe Problems

The table below shows what percent of the clients in each "number of problems" group report having each type of presenting problem. Contrasting the extremes – the 24 clients with five or more big problems with the 114 clients with one problem – helps to characterize these groups.

In parentheses below, the percentage of clients who reported five or more big problems are compared to the percentage of clients who reported one big problem:

#### Personal health and mental health problems

- Personal physical health problems: reported by 75% of the 5+ big problem group & 19% of the 1-big problem group)
- Personal mental health problems: reported by 50% of the 5+ problem group & 4% for the 1-problem group

#### Family problems

- Family violence: reported by 33% of the 5+ problem group and none of the one-problem group
- Special needs children: reported by 50% of the 5+ problem group and 1% of the one-problem group
- Family mental health problems: reported by 25% of the 5+ problem group & none of the one-problem group
- Family physical health problems: reported by 29% of the 5+ problem group and 4% of the 1-problem group

#### Personal legal, alcohol/drug, and literacy problems

- Personal legal problems: reported by 21% for 5+ problem group and 1% for the one-problem group
- Personal alcohol-drug problems: reported by 21% for 5+ problem group and 2% for the one-problem group
- Personal literacy problems: reported by 21% for 5+ problem group and 2% for the one-problem group

## Percent Clients Reporting Each Type of Problem, by Number of Big Problems Reported

Problem Type	Number of Big Problems				
	1 (n=114)	2 (n=100)	3 (n=59)	4 (n=29)	5+ (n=24)
Physical Health (Self)	19%	20%	37%	48%	75%
Mental Health (Self)	4%	14%	17%	38%	50%
Special Need Child	1%	3%	19%	17%	50%
Family Violence	0%	2%	8%	21%	33%
Physical Health (Family)	4%	15%	8%	31%	29%
Mental Health (Family)	0%	3%	8%	10%	25%
Alcohol Drug Problem (Self)	2%	3%	3%	14%	21%
Legal (Self)	1%	5%	10%	17%	21%
Literacy (Self)	2%	4%	8%	14%	21%
Literacy (Family)	1%	2%	2%	10%	17%
Alcohol Drug Problem (Family)	0%	0%	5%	3%	13%
Legal (Family)	1%	0%	3%	3%	8%
Transportation	37%	60%	69%	69%	92%
Childcare	20%	33%	39%	31%	42%
Work Clothes	9%	32%	41%	59%	58%

NOTE: Clients could select multiple problems.

## Multi-problem Clients are not More Likely to be Minorities

Overall, the clients of minority race or ethnicity were no more likely than non-Hispanic Caucasians to report multiple problems.

The table below shows that non-Hispanic Whites are 64% of the total clients surveyed; they are 67% of the clients presenting 5 or more problems, and 66% of the clients presenting four problems. While the minority ethnic groups are represented by small numbers, and hence a relationship between a single race/ethnicity and multiple problems cannot be completely ruled out, the data do not suggest any pattern of ethnic over-representation in the multi-problem clients.

Number of Big Problems	Race/Ethnicity of Clients Reporting Numbers of Big Problems						
	White, not Hispanic (n=274)	African American (n=60)	Hispanic (n=36)	American Indian (n=21)	Asian Pacific Islander (n=12)	Unknown (n=26)	TOTAL (n=429)
5+ (n=24)	67%	13%	8%	4%	4%	4%	100%
4 (n=29)	66%	14%	10%	3%	3%	3%	100%
3 (n=59)	58%	15%	10%	7%	8%	2%	100%
2 (n=100)	65%	11%	10%	7%	0%	7%	100%
1 (n=114)	67%	16%	4%	2%	3%	9%	100%
0 (n=103)	62%	15%	10%	6%	2%	6%	100%
<b>TOTALS</b>	<b>64%</b>	<b>14%</b>	<b>8%</b>	<b>5%</b>	<b>3%</b>	<b>6%</b>	<b>100%</b>

## Multi-problem Clients are More Likely to Live in Eastern Washington

Geography, however, does seem to make some difference. Clients from Eastern Washington represent 28% of the surveyed clients. However, they represent 50% of the clients reporting five or more problems, and 34% of the clients reporting four problems.

Geographic Location of Clients Reporting Numbers of Big Problems				
Number of Problems	Eastern Washington	Western Washington	Unknown	Total
5+ (n=24)	50%	50%	0%	100%
4 (n=29)	34%	66%	0%	100%
3 (n=59)	22%	78%	0%	100%
2 (n=100)	33%	67%	0%	100%
1 (n=114)	26%	73%	1%	100%
0 (n=103)	22%	77%	1%	100%
<b>TOTALS</b>	<b>28%</b>	<b>71%</b>	<b>0%</b>	<b>100%</b>

**WorkFirst Practice on Social Worker Help.** WorkFirst case managers should refer parents to a WorkFirst social worker when it appears they need additional help to progress, such as if:

- Mental or emotional illnesses are suspected in a parent or family member
- Family is not progressing as expected
- Alcohol or other drug issues are suspected
- There are hints of family violence or child abuse issues
- A non-relative caretaker applies to care for a child
- Help is needed to deal with learning disabilities or literacy problems
- Parent is pregnant or has an infant at home
- Parent should be encouraged to pursue SSI
- A family member is in sanction
- A minor parent is not living at home
- A parent has limited English
- Disability accommodations are needed to help parent get and keep a job

## Case Histories

This report is focused on client reports of their problems, barriers and wishes (augmented somewhat by interviewer perceptions, since the interviewers were ESA Quality Assurance workers). The small number of clients with multiple problems “present” themselves as facing very difficult situations in their lives, which make it difficult for them to participate in WorkFirst programs. The clients reporting no big barriers present themselves very differently.

To get a better flavor for these groups of clients, we constructed two sets of “case studies” from the survey data and interviewer assessments. Four cases were randomly chosen from each of the following two groups.

- The 24 clients reporting five or more big problems. These are 6% of the sanctioned clients, but they presented 18% of the reported big problems.
- The 103 clients reporting no big problems. These represent 24% of the sanctioned clients and none of the reported big problems.

## Clients Reporting Five or More big Participation Barriers

### CASE STUDY 1

**DESCRIPTION:** White woman, 39, Western Washington, lives in subsidized housing with her two children and father of her youngest child. Client has grand mal seizures. Her 17 year old has Attention Deficit Hyperactivity Disorder, is in special education, and struggles with school. She has past legal issues – a restraining order which would show up with a background check prevents some jobs.

**WHAT DOES SHE THINK WILL HELP HER PARTICIPATE?** *Client knew why she was in sanction and took responsibility for not following through with her Individual Responsibility Plan. Client states she would like to get out of sanction in the next 6 months. Client would like practical help, including: transportation (help with car repair) and help finding reliable childcare.*

**INTERVIEWER COMMENT ON NEEDS:** *I feel this client has other barriers to employment that she didn't mention and would benefit from having an assessment by a WorkFirst Social Worker. I will recommend that to the CSOA.*

### CASE STUDY 2

**DESCRIPTION:** Hispanic woman, early 30s, from Central Washington. She is under a doctor's care for major depression. She has a developmentally delayed son on Social Security Income who has trouble reading and writing.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *She feels very intimidated by her worker, and she needs more understanding in her dealings with her disabled child. Practical help with transportation and clothing would be useful. The client feels an evening job would be the best because of less problem getting childcare, if she had transportation.*

### CASE STUDY 3

**DESCRIPTION:** American Indian woman, early 30's, from Eastern Washington, who has lost her brother to causes related to alcohol. She and her family are grieving, and are also dealing with other American Indian issues. And, she needs surgery.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *With the native ways they get "rid" of all belongings after a death. She will not have any clothes. She also needs help with passing the GED. Studying alone will probably not help her. She wants to start again and get out of sanction.*

**INTERVIEWER COMMENT ON NEEDS:** *This client needs more work with a social worker.*

### CASE STUDY 4

**DESCRIPTION:** White woman, early 30s, from Central Washington. This client gave her baby up for adoption, but the child has now been returned to her from the adoptive parent. She has a history of abuse from a recent roommate. She has Hepatitis C and has been informed her liver is very bad. She is currently being treated for bipolar disorder.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *This client declares her worker hung up on her and when she cries the worker has no tolerance and is very cruel. She would like a different caseworker. She would also like help with transportation and clothing; her clothes were stolen by the abusive roommate.*

**INTERVIEWER COMMENT ON NEEDS:** *This client needs to be referred for disability assessment. The client declares she will get statements from her doctor and contact her worker.*

## Clients Reporting no big Participation Barriers

Below, for contrast, are four case studies drawn randomly from the 103 people who reported “no big barriers” to participation. Note that these are not people without problems: two have children on SSI, and one woman stated she is going to work with DVR, which suggests that she is disabled. However, by and large these are people who themselves say they are choosing not to participate in WorkFirst.

### CASE STUDY 1

**DESCRIPTION:** White woman, 23, from Western Washington. She is attending an unapproved school, and her husband has been working all summer. She agrees they are not participating, have missed appointments, and don't want to participate. She reports no problems with the caseworkers or program.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *Nothing.*

### CASE STUDY 2

**DESCRIPTION:** White woman, early 30's, from Eastern Washington. She lives in subsidized housing, is attending school and has financial aid, and agrees she is not participating in WorkFirst activities. She says transportation is a “little” problem for her.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *This client says she has no intention of going back to participating in WorkFirst, given the rules and the inflexibility of her caseworker. However, she'd like her telephone calls returned, and she'd like to see a social worker when needed.*

### CASE STUDY 3

**DESCRIPTION:** Hispanic woman, early 30s, from Central Washington. Eight-year-old son is on Social Security Income. She lives with her family. Transportation and her child's disabilities are “little” problems for her.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *This client plans to work with the Division of Vocational Rehabilitation to get off sanction (though she did not say she had a mental or physical health problem when asked about barriers). She says the Work Source classes are too repetitive; new information should be presented to keep people involved. She would like her phone calls returned and she does not have good feelings about her caseworker.*

### CASE STUDY 4

**DESCRIPTION:** White woman, mid 20s, from Eastern Washington in a rural county. Lives with family. Her son is on Social Security Income. Transportation is a “little” problem for her; she can't afford the buses, and finding childcare is hard.

**WHAT DOES SHE THINK WOULD HELP HER PARTICIPATE?** *Plans to contact her worker to get back soon. She would like help with transportation (bus passes) and childcare search.*

## PART IV: CLIENT PERSPECTIVES AND PLANS ABOUT SANCTION

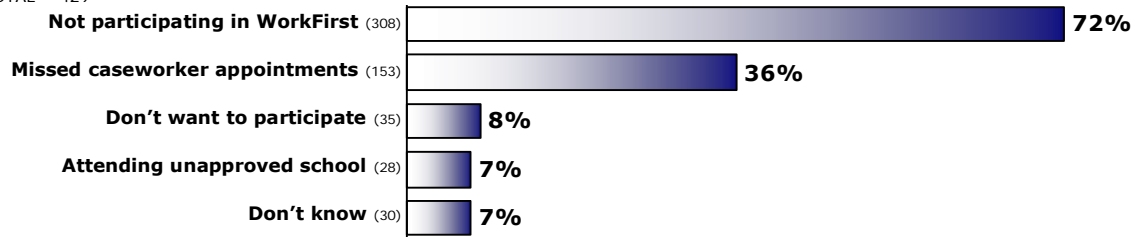
### Why I think I've been placed on sanction

Clients were asked several questions about why their WorkFirst benefits were reduced. Only 7% didn't know why they were in sanction.

- Almost three out of four clients (72%) agreed that they were not participating in WorkFirst activities.
- Over one out of three (36%) agreed they had missed caseworker appointments.
- The remainder didn't want to participate (8%), didn't know why they were in sanction (7%) or were attending an unapproved school program (7%).

### Client Reasons for Sanction Status

TOTAL = 429



**WorkFirst Practice on Approved Schools.** WorkFirst supports schooling that is very closely linked with employment. The following rules apply:

- For most vocational programs, part-time work or work experience are also required.
- Fulltime training without associated employment is approved only in specific circumstances.
- General Education Degrees, high school diplomas, and English as a Second Language or Adult Basic Education classes are approved and in some cases required, particularly if lack of such training is determined to be a job market obstacle.
- Four-year college or university programs are not approved.
- After parents are enrolled in vocational education for more than 12 months, WorkFirst no longer provides supports like gas or childcare.

WAC 388-310-0900-Basic Education and 388-310-1050-Job Skills Training

**Other Problems:** 115 clients added “other problems” and were then probed for open-ended detail on their reasons. Almost one in four (27 out of 115) mentioned their physical and mental health. Other topics were endorsed by fewer than 10%.

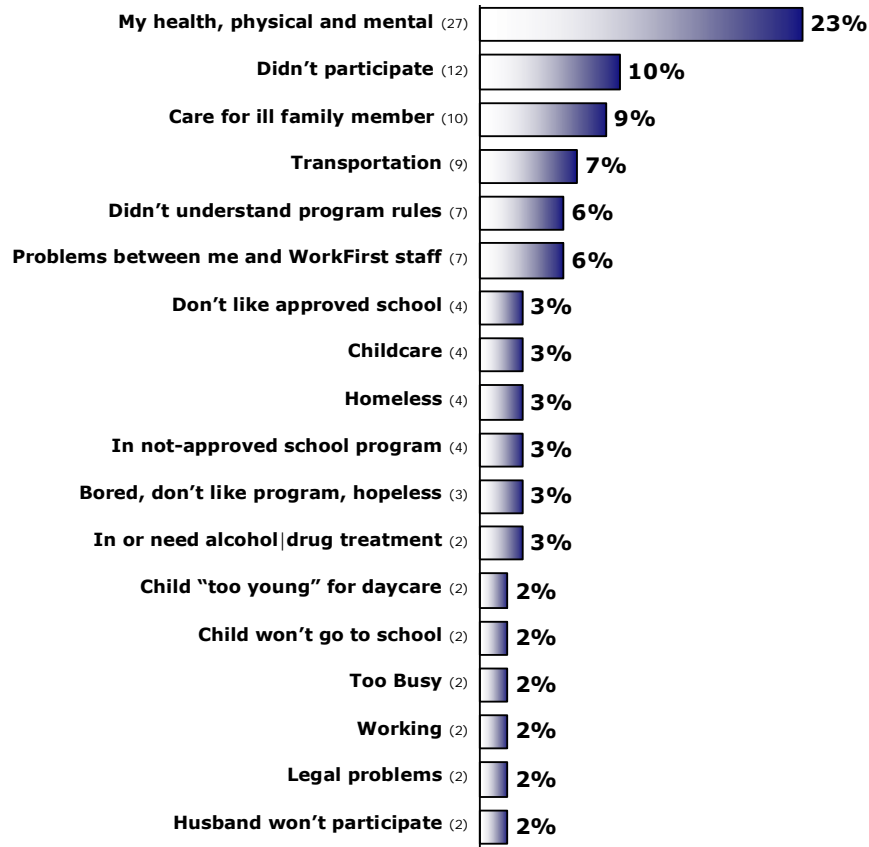
More important than the numbers mentioning any one group of problems is that many of the same problems discussed in more detail under “barriers” are revealed in these comments. The physical and mental health needs of the client, the need to care for ill family members, transportation, and childcare issues all come up spontaneously. School problems with children also emerged for a few people.

A reader of this report might suspect that the correspondence between these questions and the participation barriers discussed earlier is based upon client recall from that barrier list. However, in the actual interview, this open-ended question was asked before presenting the list of participation barriers discussed earlier in this paper – so recall is not an issue.

Clients also commented in their answers on problems with the program – boredom with the program, dislike of the required classes, interpersonal clashes with their caseworkers or the Work Source staff, and problems understanding the rules. A few clients commented that they were working sporadically and that this employment interfered with their program participation.

## “Other” Reasons for Not Participating in WorkFirst Program

TOTAL = 115



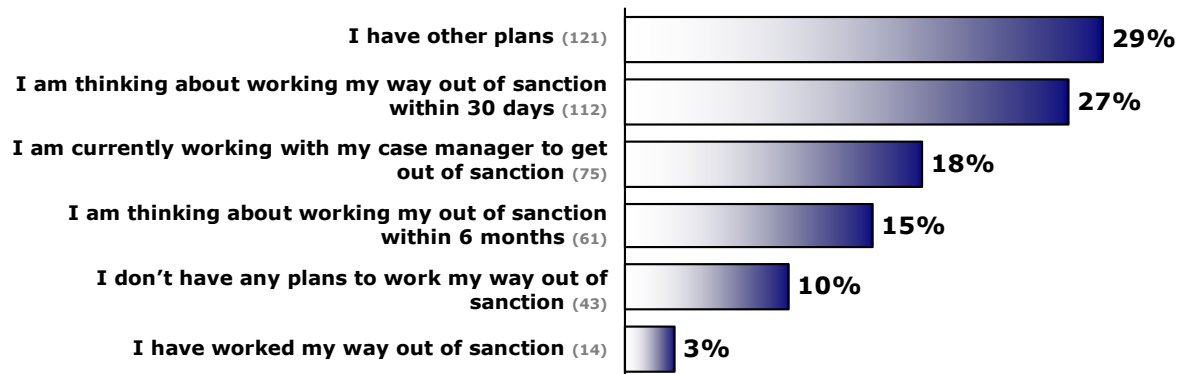
## How do I plan to get out of sanction?

Clients were asked to endorse one statement about their future plans among the following, and 426 of the 429 did so. Of these clients:

- One in four (21%) had worked themselves out of sanction or were currently working with their case manager to get out of sanction.
- One in four (27%) were thinking about getting out of sanction within the next month.
- One in four (25%) either had no plans to get out of sanction, or were thinking about getting out of sanction six months down the road.
- The remaining group – over one in four – (29%) had other plans.

## Getting Out of Sanction

TOTAL = 429



Clients who said "I have other plans" were asked to specify those plans. Their answers are shown below. Of course, those open-ended answers were determined partly by what the client perceived as the most pressing problem. They represent familiar themes.

Almost four out of ten answers involved **employment**:

- 30% (34) simply said "get a job"
- 10% (13) said they had a job already and they were going to work more at that job

Another 17% involved **personal disability or health**:

- 10% (12) said they were going to apply for SSI
- 4% (5) said they would get a letter from their doctor about their inability to work
- 3% (4) said they would get needed medical care

About 14% dealt with changing their **WorkFirst status**:

- 7% (8) were going to get off WorkFirst
- 7% (8) were going to make an appointment to restart WorkFirst

About 10% dealt with finishing **education** and related funding possibilities:

- 7% (8) said they would finish school
- 3% (3) said they would apply for financial aid for school

About 6% dealt with changes in **location and transportation**:

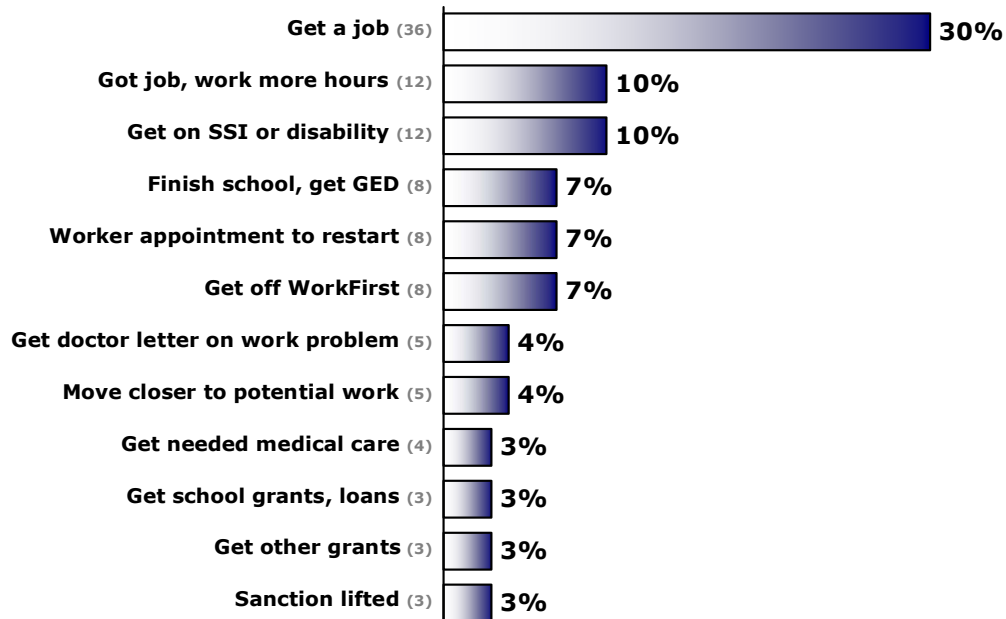
- 6% (7) were planning to move, get a license, get a car

Smaller numbers of clients were planning other activities. For example, they said:

- *Finish alcohol and drug treatment*
- *Get vocational rehabilitation*
- *Comply with court orders first, then reapply to WorkFirst*
- *Have a baby*
- *Get married*
- *Reconcile with spouse*
- *Get their child support money*
- *Get into permanent housing*
- *Kick my 17 year-old out of the house when his 18th birthday rolls around*

### Client Open Ended Answers to Question About Next Steps

TOTAL = 121





## PART V: WHAT HELP DO SANCTIONED CLIENTS WANT FROM WORKFIRST?

### How am I treated by ESA and WorkFirst?

Clients were told that they were going to be asked questions about the quality of services they received at Economic Services. They were asked to rate how they were treated by their WorkFirst case manager or social worker. They were also asked about the hours their CSO is open, and whether their benefits arrive on time. Their answers are summarized below.

Where the answers of the WorkFirst sanction clients can be compared with the average answers for ESA clients overall, taken from the 2005 DSHS Client Survey, satisfaction with ESA customer service is lower among sanction clients. For example:

- WorkFirst case manager or social worker treated me with courtesy and respect. (ESA 79%, Sanction Clients 62%)
- WorkFirst case manager or social worker listened to what I had to say. (ESA 80%, Sanction Clients 55%)
- WorkFirst case manager or social worker understood my needs. (ESA 77%, Sanction Clients 38%)
- We were asked to be involved in making choices about our services. (ESA 56%, Sanction Clients 38%)

### Percent WorkFirst Sanction Clients Agreeing with Customer Service Statements

TOTAL = 429



Clients were also asked three closed-ended questions about where WorkFirst could do better. The more big participation barriers, the more improvement desired from WorkFirst. Overall:

- Six in ten (269, or 63%) wanted their phone calls returned faster.
- Four in ten (171, or 40%) wanted more chance to meet with a social worker.
- Only one quarter (111, or 26%) wanted to spend more time with their caseworker.

Number of Problems	Help Needed by Number of Big Problems		
	Phone Calls Returned Faster	More Chance to Meet with Social Worker	More Time Spent with My Caseworker
5+ (n=24)	79%	46%	25%
4 (n=29)	76%	52%	34%
3 (n=59)	78%	54%	32%
2 (n=100)	60%	47%	35%
1 (n=114)	61%	34%	20%
0 (n=103)	53%	26%	17%
<b>TOTAL (n=429)</b>	<b>63%</b>	<b>40%</b>	<b>26%</b>

## What kind of WorkFirst help is most important to me?

Toward the end of the survey, clients were asked two open-ended questions.

- *“Are there any other things we could do to help?”*
- *“Would you like us to follow up on any of the issues raised today?”*

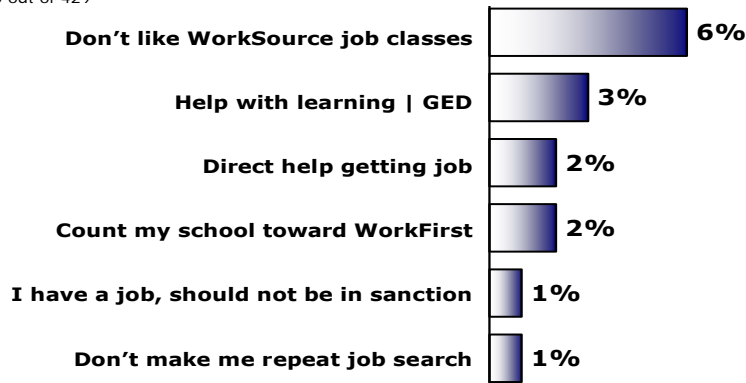
The combined answers to those two questions are presented on four charts below, by topic.

- About one in two (224 out of 429, or 52%) did not answer these questions.
- Over one in four (110 out of 429, or 26%) discussed changes in the WorkFirst program like more flexible hours, explanation of the reasons behind sanctioning, more understanding from caseworkers, or changes in caseworkers.
- Over two in ten (95 out of 429, or 22%) asked for practical help like assistance with childcare, transportation and clothing.
- Over one in ten (57 out of 429, or 13%) asked for help with medical and behavioral health and family issues such as medical needs, mental health, and domestic violence.
- About one in ten (40 out of 429, or 9%) asked for changes to the classes, education and job search parts of the WorkFirst program.

Because the questions were open-ended, each client responded with their own situation in mind. Hence the answers are varied and the number of clients endorsing any particular answer is low. Example comments are included after each chart, and the number of big participation barriers reported by that client is included after each comment.

### Change the WorkFirst Classes, Count My School, Help Me with Jobs (9%)

TOTAL = 40 out of 429

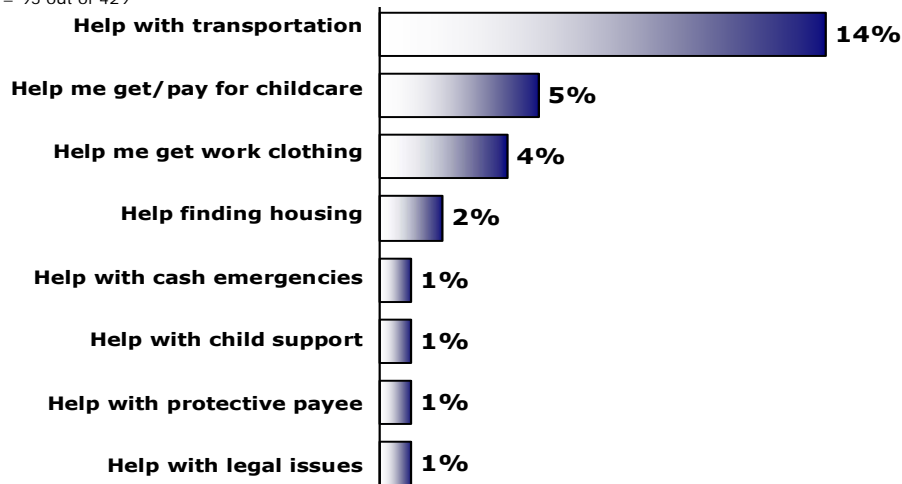


Some of these clients said:

- *Once you have done the job search and training, you should not have to do the class over and over and over. (4 big problems)*
- *Start classes and job search later than 8:00 a.m. as transporting small children is hard. Classes at Work Source are bad. Let her use that time hunting for jobs! (2 big problems)*
- *Provide more assistance at Work Source. (2 big problems)*
- *Employer referrals. WorkFirst classroom, not just 15 minute session. Have employers attend and interview clients. On-site day care during the classes. (2 big problems)*
- *Evaluate how Employment Security Staff treat WorkFirst clients. She stated she was not treated very well while attending Employment Security meetings. (1 big problem)*
- *The client stated she wants to get her GED. She has had several jobs which don't seem to last more than six months. She is unable to study for her GED because she is required to attend job-finding workshops from 9:00 to 4:00 daily. (No big problems)*
- *The head of household stated he was asked to repeat the 'orientation' three times. He was asked to double his job search efforts. He felt harassed and 'bullied' and chose to drop out of WorkFirst. He stated he has no interest in removing the sanction. (No big problems)*

## Help Us with Housing, Transport, Childcare, Work Clothing, and Emergencies (22%)

TOTAL = 95 out of 429

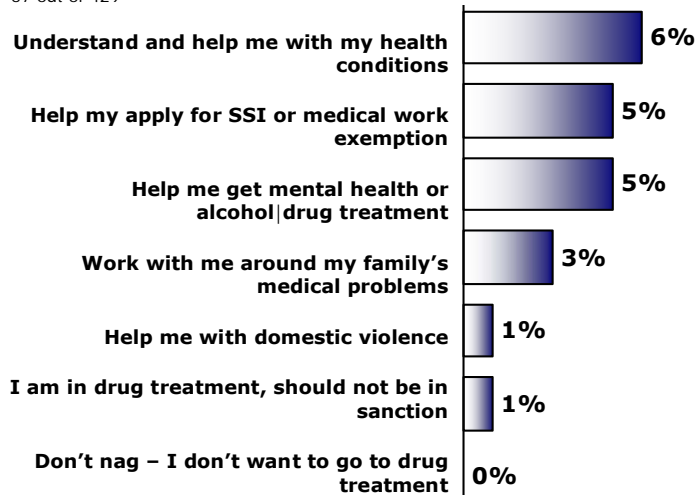


Some of these clients said:

- *She stated she is in sanction because she has no transportation to get to WorkFirst. If she had access to car she'd have no gas money for car as she only gets \$264 from the state and gives to mom for rent and utilities. (5 or more big problems)*
- *She has office skills, access to computer to look for jobs, knows how to write a resume and thinks WorkFirst is a waste of time. Wants help with place to live, transportation, mental health (as husband was abusive for years), and clothes. (5 or more big problems)*
- *Help them get into housing; they are homeless. Need help with housing, medical conditions, transportation and a new WorkFirst worker! (4 big problems)*
- *This household recently had a house fire at 1:30 am. They are all in need of counseling to resolve that issue, they also lost everything and need to get established; i.e., home, clothes, belongings. Children were traumatized by having to rush out of the house. (3 big problems)*
- *The client lives one hour each way from the WorkFirst training. The client declares she was given a \$35.00 voucher for a 15-day period but it only lasted a couple of days. Besides the gas problem the client car is in need of repairs. The client has started school closer to her home and wanted to cooperate with WorkFirst but it would cost her more in gas to go to the WorkFirst classes than what her sanction is. (2 big problems)*
- *Help paying for his car insurance so he can drive and get a job in construction. (2 big problems)*
- *The client reported that payments from protective payee are consistently late. (2 big problems)*
- *Get daycare for twin girls that are 4 years old. Need daycare in the morning. (2 big problems)*
- *Help with bus pass and suitable clothes. (2 big problems)*
- *Transportation is main issue due to getting children to different day cares, schools and no vehicle. (1 big problem)*
- *Provide transportation for remote areas, i.e. bus to pick up clients in remote areas. Allow clients to do WorkFirst program on home computers. (1 big problem)*
- *Needs help to pay for 12 hours left on his training so he can get his license renewed in the field he has worked in for 12 years. He then needs help paying the license fees. (1 big problem)*
- *Approve child care so I can request more work hours from my employer. (1 big problem)*
- *Client's heat and lights have been disconnected since May 2005. She is overwhelmed keeping household running; paying rent, utilities, keeping food in the house, doing laundry. (1 big problem)*
- *Client states she has a job moving cars at an in-town auto detailing shop if the department paid \$50 for her to get her driver's license reissued. (No big problems)*
- *I have only tennis shoes so I need appropriate shoes for work. (No big problems)*

## Help Us with Medical, Mental, Alcohol|Drug and Family Violence (13%)

TOTAL = 57 out of 429

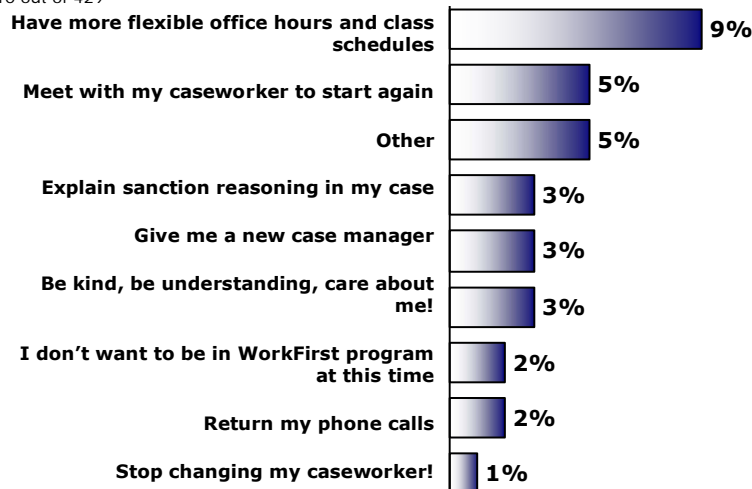


Some of these clients said:

- *She has to maintain the treatment schedule or she goes to jail. She tried to do WorkFirst, but they could not work with the treatment schedule. (5 or more big problems)*
- *Client's teeth are so bad they are causing her health issues and she cannot find a dentist. She needs help to locate a dentist. She is currently seeing a doctor and has mental health issues. WorkFirst has not been flexible for those needs. (4 big problems)*
- *Client's father passed away and the aunt she is living with had to have surgery. The client must help her aunt and they tried to get COPEs (state chore services) but the aunt did not qualify. The client feels it is her duty to help her aunt and of course WorkFirst does not grant family leave. The client also suffers from depression and anxiety and is under a doctor's care but the worker never asked the client any questions regarding her mental health. The client also has two sons with mental health problems. The worker has never addressed these problems with the client or given advice on what path to go. (4 big problems)*
- *Client declared that she has a physical disability that should exempt her from work but this information wasn't looked at. (3 big problems)*
- *Easier phone access to WorkFirst Case Manager. Communicating and understanding my medical needs (not getting barrier through to WorkFirst Manager). (3 big problems)*
- *Client has provided a doctor's statement around work exemptions but the WorkFirst caseworker wanted her to see another doctor and her medical coupons are not working. She needs help or information to apply for disability and assistance to find a doctor. (3 big problems)*
- *She cannot work because her knees are bad and she is in physical therapy; needs to be exempt now. She does not understand well because her English is not good. (2 big problems)*
- *Client declares she would attend classes and could not hear the instructor. The problem was the client's hearing. She finally contacted a doctor with no help from her worker and found out why she could not hear was because she was in need of hearing aids. The client is also under doctor's care for depression. Client now has two good workers she wants to keep -- declares Lisa and Sharon are really working with her and she hopes to get out of sanction very soon. (2 big problems)*
- *Unable to read or write; needs assistance on completing the SSI application. (2 big problems)*
- *Doctor doesn't know outcome yet – no diagnosis or treatment plan. Doctor doesn't want her to work or drive any distances. Cannot work, shouldn't be in sanction. (1 big problem)*
- *Give me a choice to do outpatient treatment rather than doing four months inpatient only, or have me do anything else. (1 big problem)*
- *He has difficulty being in the mandatory WorkFirst class 40 hours per weeks the mother of his children who is very ill and has to work around doctor appointments. (1 big problem)*

## Change the WorkFirst Program! (26%)

Total = 110 out of 429



Some of these clients said:

- *Son has lots of doctor appointments with chronic health problems, and she needs flexibility to go to those appointments. (4 big problems)*
- *Her worker changes all the time and this is not good – her current worker has a “don’t care attitude.” Client feels that because the office is small and workers know the clients the clients they know they give special treatment to. (4 big problems)*
- *The office never returns her calls and when she goes in the office she has to sit and wait forever. (4 big problems)*
- *He has 3 children and lives way out in the country. They are ages 8, 7, 6 and he needs to see them on the bus and be there when they get home. He doesn’t have a car at this time. He states he can’t make the early morning class schedules. (3 big problems)*
- *Client feels her case manager is rude and she cannot work with her and wants a new case manager. Client has to do community service and health issues that her current case manager is not willing to address. (3 big problems)*
- *Need to know and remain with whoever is the assigned case manager and social worker. Have case manager/social workers come out to the home to assist with Work First requirements. (2 big problems)*
- *The client declares because of lack of transportation that the community service office should be more flexible and not force a client to search out of area when it is hard enough to go in the area. The worker should not have an attitude that this is only her job and that she really does not care what happens to the clients and if there are budget cuts, oh well, the worker will still have a job. Washington State needs to look at what the State of Oregon is doing. (2 big problems)*
- *Give credit for looking for work on her own. More flexible hours later in evening. (1 big problem)*
- *Work it so client and girlfriend could meet WorkFirst requirements by scheduling appointments at different times so one of them is there to watch their infant. (1 big problem)*
- *Phone call reminders a day ahead of time to confirm appointments. (No big problems)*
- *Client stated she does not know why she is still in sanction. She stated the last time she spoke with her WorkFirst worker she was told she did not have to participate since she was going to Cosmetology School and working 20 hours per week. She would like the WorkFirst worker to review her situation and let her know what she needs to do to get out of sanction. The client stated she would be contacting her WorkFirst worker about this. (No big problems)*
- *I have participated with job search and go to school so should be out of sanction. (No big problems)*
- *Please return client’s calls. Help her understand. (No big problems)*

## **PART VI: POLICY AND PRACTICE IMPLICATIONS**

### **Anticipated Changes in the WorkFirst Sanction Policies**

The current WorkFirst sanction policy reduces (but does not eliminate) the cash grant when the parent fails to participate in the program for six months in a row. This policy is called “partial family sanction.”

Most states practice “full family sanction”, in which the cash grant to the family is eliminated after the parent stops participating for some period of time. The Governor is proposing to change the WorkFirst sanction program, in June, to full family sanction. After June 1, DSHS will close cash assistance after a parent fails to participate in the programs for six months in a row.

As part of that change, the DSHS Economic Services Administration has directed each Community Service Office to review all their sanctioned cases by June 2006, to make sure that the family knew what was required, that the program looked for and addressed barriers to participation, and that all possible attempts have been made to re-engage the parent(s).

The findings presented here suggest that review should also generate consistent information on the childcare problems, the transportation problems, and the health and family problems the sanctioned clients are experiencing. It might be useful to include information drawn from cross-agency databases maintained centrally (the Client Services Data Base and the Client Registry) in that review, to be sure that all relevant issues have surfaced.

The impacts that the altered sanction policy changes have on client participation and outcomes will be evaluated and monitored by an independent research organization, outside of DSHS.

### **Future Sanction Research**

The effect of the altered sanction policy and practices on client participation and outcomes will be evaluated and monitored by the University of Washington School of Social Work. During the next eighteen months, they will produce the following independent reports for the WorkFirst Subcabinet:

- A review and discussion of the proposed new sanction policies (due February 15, 2006).
- A literature review on TANF sanction practices and impacts (due April 15, 2006).
- A design for the sanction evaluation and monitoring research (Due May 15, 2006).
- Three evaluation and monitoring reports on the initial implementation of the new policies (Due January 15, March 15 and June 15, 2007).

If funds permit, the following analyses and reports might complement the research work already being carried out:

- Further analysis of transportation problems for WorkFirst families, paying closer attention to the geographic context of those problems. It also might be useful to understand how some WorkFirst families in those areas are managing their transportation problems.
- A caseworker and social worker staff survey might be a useful counter-balance to this client-centered survey, asking some questions about their perceptions around the needs for more transportation assistance and other ways to work with multi-problem clients.
- It also might be useful to follow up specifically with the case notes or caseworker interviews on the clients surveyed for this report, to get a sense of the caseworker’s perspective on the difficulties those clients face.
- Finally, it might be useful to provide data reports aggregated by community service office on service use across DSHS by WorkFirst clients, both before and after the new sanction policies are in effect. These might show where and how the multi-problem clients are being seen within the agency, and show changes in agency practice if it occurs.

## Changes in WorkFirst Practice and Policy Suggested by Survey

This survey clearly shows that WorkFirst sanctioned clients are not a homogenous group. The sanctioned clients differed in their family and personal problems, in their barriers to participation, in their needs for care, and in their plans.

Fully one quarter of the clients reported no big barriers to WorkFirst participation. Another quarter reported only one big barrier – usually transportation. Some clients say they are employed already. Some clients say they do not want to send their children to childcare.

The new sanction policy raises the cost of non-participation. That probably makes it more likely that these sorts of clients will participate, just based on the new rules.

### Increase Transportation Help

The strongest suggestion from this survey is that for 43% of the sanctioned clients, the transportation help that is available is not sufficient. Added help with transportation might make WorkFirst participation much easier for clients who are willing to participate. It might also be useful to provide assistance with moving expenses if a client is willing to move closer to public transportation. It is possible that effective added help would vary by geographic area; that question may require further analysis.

### Better Serve Clients with Multiple Behavioral Health and Family Problems

This survey also raises some questions about the way multiple family and personal barriers to WorkFirst participation are being addressed in offices and regions across the state. It is probably important to realize that the size of this problem may be understated in this report, since many of the clients who were most difficult to reach were not surveyed.

- The group of multi-problem clients is troubling. Is sanction really a good administrative response to their circumstances?
- Should clients be removed from sanction while ESA is reviewing the doctor's statement that the client cannot be employed?
- Should there be more program flexibility with regard to clients who are caregivers for family members?
- Is referring clients with mood disorders to their doctor an adequate program response, given the problems even middle-class people have finding effective psychiatric help?

One way to address these issues involves more use of the WorkFirst social workers. Perhaps all clients should see a social worker before sanction or periodically during sanction. About half of the multi-problem clients wanted "more chance to meet with a social worker." It might be a good idea, particularly as the new policies are implemented, to make access to social workers easier.

A second policy approach to the multi-problem client might be to develop integrated, cross-DSHS and cross-community teams for families being served by multiple providers, and involve those teams in case reviews that are part of the sanction process.

A third possibility would be targeted work with the DSHS Health and Recovery Services Administration around clients with mood and personality disorders and co-occurring alcohol and drug problems. Often these "behavioral health" problems do not meet the severity and acuity thresholds for Mental Health Division services, but they do impact the client's ability to participate in WorkFirst. These clients are being served within the general medical sector, probably with varying levels of effectiveness. Perhaps some of these disorders could be the focus of disease-specific case management, or group care, or other behavior-change, health-focused intervention strategies.



## TECHNICAL NOTES

**Response and Cooperation Rates:** RDA researchers selected a random sample from all clients in sanction status. The survey sample was stratified by race/ethnicity and region, but not over-sampled. The stratifications were designed to ensure that the final survey database would be “self-weighted” to the correct regional and ethnic proportions.

From October 3 to November 11, 2005, ESA Quality Assurance staff completed interviews with 429 of those sampled clients. Survey respondents were asked if they wanted to participate in a drawing to receive a \$25 gift certificate for groceries from a local store. Additionally, respondents were offered follow-up with their case manager around issues raised in the interview. 379 interviews were completed by telephone; 50 were home visits, carried out with respondents who could not be reached by telephone.

The survey response rate among those eligible was 39% (including in the “denominator” all clients with disconnected telephones). The cooperation rate among those reached was 95% (only 22 clients refused to complete the survey). Because the time frame for this survey was short, the staff doing the interviews did not have time to find many of the people whose telephone numbers had changed or whose phones had been disconnected, or who didn’t answer after three callbacks. Therefore, this survey is probably biased towards people who were easier to reach and perhaps somewhat more stable than those who were not reached.

However, the policy recommendations from this survey probably would not change even if more of the hard-to-reach clients had been located. It seems quite likely that more of those families would have been in the “multi-problem” group, so that group might be even more important in the overall than in this sample.

**Sample:** The survey respondents are a little more likely than the sanctioned clients to be White or of unknown race, and a little less likely to be American Indian or Hispanic.

	TANF Adults	TANF Sanction Adults	Sanction Survey Respondents
White, not Hispanic	61.8%	60.4%	63.9%
Hispanic, all races	10.8%	10.9%	8.4%
African-American	13.0%	14.0%	14.0%
Asian/Pacific Islander	3.6%	3.0%	2.8%
American Indian	4.3%	6.4%	4.9%
Unknown	6.5%	5.3%	6.1%

Additional copies of this paper may be obtained from: <http://www1.dshs.wa.gov/RDA/>.





## APPENDIX A: Survey of TANF Clients Currently in Sanction

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PLEASE COMPLETE BEFORE YOU START THE SURVEY:

1. **Client's Name:** \_\_\_\_\_
  2. **Client's AU ID:** \_\_\_\_\_
  3. **Your Unit:**
    - Northwest
    - Southwest
    - Eastern
  4. **About this survey:**
    - Home Visit
    - Phone Survey
    - Case Closed (Please select another case)
    - No Longer in Sanction (Please select another case)
- 

**\*\*START THE SURVEY\*\***

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**READ:** My name is \_\_\_\_\_, and I work for the Department of Social and Health Services. We are talking to people who receive TANF from us, and whose TANF amount has been reduced because they are in sanction. This survey is completely voluntary and should take no more than 20 minutes. If you want to participate in this survey, your name will be entered in a drawing for a gift certificate to a grocery store in your area. Would you like to participate in the survey?

**IF YES:** Please be assured that your answers are confidential. We want to learn more about our clients and their experiences with the WorkFirst program.

5. **My first question is about your current circumstances. Tell me if any of these statements apply to you (check all that apply):**
  - I use resources in my area for help (food bank, clothing bank, rent/utility help, Helping Hands, etc)
  - I have subsidized housing, such as a housing voucher through Section 8
  - I live with family or friends and don't have to pay full rent
  - I was evicted recently because my reduced TANF grant left me without enough money
  - Other ways of making ends meet (Please Specify)
6. **I am going to ask you some questions about why your TANF benefits were reduced because of a sanction. Please tell me if any of these are reasons you are in sanction (check all that apply):**
  - I am not participating in WorkFirst activities like job search, employment and training
  - I have missed appointments with my caseworker
  - I am attending school (like an unapproved vocation program or a 4-year college)
  - I don't know why I am in sanction
  - I don't want to participate
  - Are there other reasons you are in sanction?



## Survey of TANF Clients Currently in Sanction

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I am going to read you a list of issues that might cause you to not participate in WorkFirst. Please let me know if each issue is a big problem that keeps you from WorkFirst, a little problem, or if it doesn't keep you from WorkFirst. We will also be asking about family members and if that creates a little or big problem to participation in WorkFirst.

**7. I have a TRANSPORTATION problem that keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**8. I have CHILD CARE problems that keep me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**9. My family has a CHILD/CHILDREN WITH SPECIAL NEEDS, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**10. I have been in treatment for DRUGS OR ALCOHOL or have a problem with drugs or alcohol that keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**11. Someone in my household has been in treatment for DRUGS OR ALCOHOL or has a problem with drugs or alcohol that keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**12. I have lost a job because of DRUGS OR ALCOHOL, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**13. Someone in my household has lost a job because of DRUGS OR ALCOHOL, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**14. There is VIOLENCE in my family life - including emotional, verbal or physical violence that keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**15. I have physical or MEDICAL PROBLEMS which keep me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**16. Someone else in my family has physical or MEDICAL PROBLEMS which keep me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**17. I have been in MENTAL HEALTH treatment or have taken prescriptions for depression or anxiety, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**18. Someone else in my household has been in MENTAL HEALTH treatment or has taken prescriptions for depression or anxiety, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**19. I have been in TROUBLE WITH THE LAW, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**20. Someone else in my family has been in TROUBLE WITH THE LAW, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**21. I have TROUBLE READING OR WRITING, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**22. Someone else in my family has TROUBLE READING OR WRITING, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_

**23. I don't have the CLOTHING I need to look for work, which keeps me from participating in WorkFirst.**

- Big problem - keeps me from WorkFirst
- Little problem - may keep me from WorkFirst
- Not a problem that keeps me from WorkFirst
- If Big Problem, please specify why? \_\_\_\_\_



## Survey of TANF Clients Currently in Sanction

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**24. Now, I am going to read you a list of things that might help you get out of sanction. For each one, please tell me if you think it would help you get out of sanction (check all that apply).**

- Help with transportation
- More time spent working with your case manager or social worker
- Go to job search and/or training
- Follow up with doctor or treatment appointments
- More flexible schedule to meet WorkFirst requirements
- I'm not interested in getting out of sanction
- What else might help (please specify) \_\_\_\_\_

**25. Now I'm going to read you several statements about your plans. After I've read all of them, please let me know which ONE applies best to you.**

- I don't have any plans to work my way out of sanction

- I am currently working with my case manager to get out of sanction
- I have worked my way out of sanction
- I am thinking about working my way out of sanction within 30 days
- I am thinking about working my way out of sanction within 6 months
- I have other plans (specify) \_\_\_\_\_

**26. Are there any other things we could do to help?**

- (Identify) \_\_\_\_\_

**27. Would you like us to follow up on any of the issues raised today?**

- Yes
- No
- If so, what? \_\_\_\_\_



## Survey of TANF Clients Currently in Sanction

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**28. Now I am going to ask you some questions about the quality of services you receive at Economic Services. Please let me know if you disagree or agree or are neutral about each statement.**

- Disagree                                       Neutral                                       Agree

**My WorkFirst Case Manager or Social Worker explained things clearly.**

- Disagree                                       Neutral                                       Agree

**My WorkFirst Case Manager or Social Worker treated me (us) with courtesy and respect.**

- Disagree                                       Neutral                                       Agree

**WorkFirst Case Manager or Social Worker listened to what I had to say.**

- Disagree                                       Neutral                                       Agree

**WorkFirst Case Manager or Social Worker understood my (our) needs.**

- Disagree                                       Neutral                                       Agree

**We were asked to be involved in making choices about services.**

- Disagree                                       Neutral                                       Agree

**The community Services Office has good business hours.**

- Disagree                                       Neutral                                       Agree

**My Case Manager or Social Worker is there when I need them.**

- Disagree                                       Neutral                                       Agree

**I get my benefits on time.**

- Disagree                                       Neutral                                       Agree

**29. Can you tell us what we can do better? You can choose more than one.**

- Return calls more quickly
- Let me spend more time with my worker
- Make it easier for me to meet with a social worker
- Are there other things we can do better? \_\_\_\_\_

**30. That's all. Thank you very much for participating. Do you want to be entered in the gift certificate drawing?**

- Yes
- No



## Survey of TANF Clients Currently in Sanction

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FOR THE INTERVIEWER ONLY:

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**31. AUDITORS NOTES (such as, information to share with this client's case worker, etc):**

**32. Reviewer Number:** \_\_\_\_\_





## WorkFirst Sanctions: Client Survey Findings



In Fall of 2005, the DSHS Economic Services Administration carried out interviews with 429 parents who were under sanction for not participating in WorkFirst.

- 93% of the clients agreed that they were not participating in required activities.
- Personal and family barriers to participation were not evenly spread: 24% reported no major barriers, 27% reported one, 24% reported two, and 23% reported three or more.
- The six most frequently reported big barriers included transportation (43%), work clothing (23%), childcare (22%), personal (22%) or family (12%) medical needs, and personal mental health needs (12%, mostly depression, anxiety and bipolar disorders).
- Sanctioned clients suggested many program and policy changes that would help them participate.
- Policy recommendations include more transportation assistance, and more intensive and coordinated services families with complex social, medical and behavioral health needs.

