**Two-Parent TANF Client Focus Group Discussion Guide**

*[Discussion group participants will be recruited with the assistance of local TANF agency and community-based organization staff. Participants will be at least 18 years of age and will be either 1) individuals likely eligible but not enrolled in TANF, or 2) current or former participants in the TANF (or complementary SSF) program. Staff will be asked to recruit 12 adult heads-of-households to ensure between four and eight actual participants per group. Two discussion groups will be held across the 5 study sites – one each for individuals likely eligible but not enrolled and another session for current or former participants.]*

[*NOTE: WHEREVER “TANF” APPEARS IN THIS GUIDE, THE MODERATOR SHOULD USE THE STATE-SPECIFIC TANF/SSF PROGRAM’S NAME, IF APPLICABLE*.]

**Introduction and Consent for Two-Parent Families Not Receiving TANF [FOR TWO-PARENT FAMILIES RECEIVING TANF, SKIP TO PAGE 9]**

Thank you for coming and agreeing to participate in this group discussion today.

**Who are we?** I’m [name]; I will be your moderator for the session. I’m a researcher from the Urban Institute, a non-profit research organization located in Washington, DC. With me today is [name].

**Why am I here?** The Urban Institute asked [local TANF program or community-based organization] to invite people to participate in this group. The Institute, on behalf of the U.S. Department of Health and Human Services (HHS), is studying two-parent TANF programs and the characteristics of families on or eligible for benefits. We hope that this study will be useful for sharing information about the strengths of the TANF programs and identifying lessons to share with other states and the federal government. You have been invited to join this group because we want to learn from you why families might not participate in the [TANF program].

We are visiting five communities and will be speaking with local TANF staff, leaders from community groups, and you to better understand the issues in the study sites. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for the described information collection is 0970-XXXX and it expires XX/XX/XXXX.

**What is a discussion group?** Discussion groups are a way to find out what people think about an issue through group discussion. We are interested in learning about your ideas, feelings, and opinions about TANF in [community]. There are no right or wrong answers. We want to know what you think. You should feel free to disagree with each other; we hope to hear as many points of view as possible in response to the questions I’ll ask. Your participation is very important to the success of this study.

**What happens with the information shared during the group?** We will use what we learn today and from other interviews and discussion groups to contribute to a report describing the five TANF programs we visit. This report will be submitted to HHS to inform the federal government about the strengths and challenges of states’ programs and also provide information about the diverse characteristics of recipients.

**How does this work?** The session today should last about 90 minutes. At the end of this session, we will ask you to complete a short, anonymous background information form. We will also give you $40 as a token of appreciation

I may remind you occasionally to speak one at a time so that we can hear your comments. I am your guide, but this is a group discussion; everyone should feel free to speak. To keep us on schedule, I may change the subject or move ahead. Please stop me if you have something to add.

Are there any questions before we begin? We’ll start by going over the consent to participate.

**Privacy Statement** *[Interviewer must read this]:*

Participation in this discussion group is voluntary, which means that you don’t have to participate and you can decide not to answer any specific questions. There are no consequences for choosing not to participate or not to answer any question. You can also leave the group at any point. You will receive a [CASH GIFT/ GIFT CARD/VOUCHER of $40] as a token of appreciation for participating.

We will keep the information you provide private and will not be share it with anyone except for research staff working on the study. This includes anything that can identify you such as your name, address, or telephone number. Information is never repeated with the name of a participant in any reports or in any discussions with program staff or HHS. When we write our reports and discuss our findings, information from all the people we speak with is compiled and presented so that no one person can be identified. Everyone who works on this survey has signed a legal document stating they will not reveal any of your personal information and can be severely penalized if they do. We cannot guarantee that what you say will not be repeated by others in this discussion group but we strongly urge each of you to respect the privacy of others in the group and not repeat anything you hear in this discussion outside the group.

We value the information you will share with us today and want to make sure we capture all of it. So, with your permission, we will be recording the session and/or [name of person] will be taking notes on a laptop computer. However, we destroy the recordings as soon as we have made complete notes of the meeting, and those notes will not use your names. Also, as we said, we will not use your names in preparing any reports and will disguise your comments so that no one can identify who made specific comments. Does anyone have an objection to recording this group?

Do you have any questions before we begin?

**DISCUSSION GROUP TOPICS**

**Icebreaker:** Please tell us your first name and the ages of your children.

Perception of TANF and TANF Services

1. **What have you heard about the TANF program, in terms of the benefits and services it offers?**

*Probes:*

* *Typical amount of cash assistance available*
* *Services offered, e.g.:*
  + *Outreach/information*
  + *Assessments*
  + *Case management*
  + *Help addressing challenges you face*
  + *Employment services (training, job search, etc.)*
  + *Child care*
  + *Transportation*
  + *Referrals to other services*
  + *Post-employment services*
  + *Transitional assistance*

1. How have your learned or heard about the types of services or benefits offered through TANF?

*(Probe: specific outreach and recruitment efforts by the state human services department, community service organizations, and peer networks.)*

1. **What do you know about the work requirements for receiving TANF?**
   * **Are you employed now?**
2. **I would like to hear now about the other public supports you might have received in the past or are receiving now.**
3. Have you received TANF (or its predecessor, AFDC) in the past?

(*Probe, IF YES: For how long?)*

1. Do you receive other public supports, such as Medicaid, SNAP, or child care subsidies?
2. Do you use any other services offered by the social service office or employment office? [*Note: if applicable, name TANF-funded services offered to families not receiving cash assistance.]*

Reasons for Not Participating

1. **What are some of the reasons why your family is not currently receiving TANF cash benefits or support services?**

*Possible answers [explore, as necessary]:*

* *No current financial need for cash assistance [e.g., current employment, current and sustained child support collection]*
* *Services offered don’t meet my current needs*
* *Pride or stigma of receipt*
* *Too difficult to apply [explore specifics in next section]*
* *Participation is too much of a hassle [e.g., complying with required work activities, child support requirements]*
* *Saving “time clock” on assistance until benefits are more needed*
* *Receipt of previous sanctions [e.g. for noncompliance with work activities]*
* *[If applicable for STATE] Family caps*

*Probes:*

1. If you were found eligible, how interested would you be in the following services for you and your family:

* *Cash assistance*
* *Assessment/screening/case management*
* *Employment counseling*
* *Training/education*
* *Social services*

1. How easy or difficult is it to understand the range of benefits and services offered to you?(For example, working with staff at the local TANF office)
2. What would it take for you to want to apply and pursue getting TANF benefits?

How Program and Policies Help or Hinder Participation

1. **What are some of the issues that make it hard to get or keep a job that pays enough to make ends meet?**

*Probes: Mismatched skills; child care needs; transportation; immigration status; criminal record; drug tests?*

1. **How does the [human services office] make it easier or harder for you to get the supports and services you need?**

*Probes:*

1. Have you experienced any difficulties in getting cash assistance?
2. Do you know how to apply for benefits, such as where to go and what you needed to bring with you? How easy or hard is it to figure out what you need to do to get benefits? (e.g. getting to the TANF office, understanding the program, working with people at the TANF office)
3. How easy or difficult is it to know how long you are able to receive assistance? (What is the time limit for receiving TANF benefits? Are there exceptions to the rule? Do you think this requirement is fair?)
4. What about the process is most confusing? (range of benefits, applying for benefits, receive employment counseling, meeting work requirements, recertifying/reapplying, understanding time limits)
5. For those of you have been to the [human services office], what is it like for you to go to the office?
   * How long do you have to wait?
   * Is it a comfortable and safe place to be?
   * How is it to bring children with you?
   * Are the staff friendly and polite?
   * Are they able to answer your questions and give you the help you need?
6. Is there anything else that has helped or made it harder for you to apply or participate?

Perceptions of TANF and Other Assistance

1. **When you hear “cash assistance” or [name of TANF program], what comes to mind?**

*Probes:*

1. What do people in your community think about the [human services office] or public assistance generally?
2. Sometimes people feel outside pressures not to apply for or receive benefits. Have you ever felt that way?
3. Do people tend to think of cash assistance in the same way as Medicaid, SNAP, or child care subsidies, or is there something different about receiving cash assistance?
4. When you need help getting by, where do you turn? (e.g. food bank, church, nonprofit, social services office). Why is that they place you choose?

Characteristics that Help or Hinder Participation

1. **Is it easier or harder for some families to participate than others?**

*Probes:*

1. Are there some family circumstances or characteristics that make it easier or harder for them to get by without assistance? (e.g. living together/married; single; needing child care; employed/employment history)
2. Are there some family circumstances or characteristics that make it easier or harder for them to receive services, even if they need them?
3. If there were different TANF rules depending on whether you were married or single, would that influence your decision about whether to marry your partner or live together?
4. Do TANF policies influence your behavior or personal decisions in other ways?

*(For example:)*

* *Employment-related decisions such as whether to work, which types of jobs to pursue, and how many hours to work*
* *Whether to go back to school or seek new types of training*
* *Whether to seek childcare outside of your home*
* *Whether to delay or encourage having children*

Wrap-up

1. **Finally, before we finish, we’d like to ask about your recommendations for ways to improve services and the TANF program.**
2. What services not offered by the state/county do you feel you and your family would benefit from most?
3. If you could change the TANF program to better meet your needs, how would you change it?
4. Do you have a feeling if the TANF program could make a difference for you and your family?
   * + If so, what part of the TANF program could be the biggest help?
     + If you could alter the TANF program to better meet your needs, how would you do this?
5. In your view, what would you most want the world – either other people or recipients, federal policymakers, state administrators, or whomever – to know about your experiences receiving TANF as a member of a two-parent family?
6. Is there anything you may immediately think of that you would most like to learn from this study when it is finished?

(Probe: What is the best format for sharing that information?)

That concludes the discussion. Thank you for participating. We really appreciate you taking the time to speak with us!

*Ask participants to sign a stipend receipt and, in the remaining time, complete the background information form [****SEE PAGE 16****].*

**Introduction and Consent for Two-Parent Families Receiving TANF**

Thank you for coming and agreeing to participate in this group discussion today.

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Do you have any questions before we begin?

**DISCUSSION GROUP TOPICS**

**Icebreaker:** Please tell us your first name and the ages of your children.

TANF Services

1. **Tell us about the benefits and services you receive and what you are required to do to participate in the program?**

*Probes:*

* *Cash assistance*
* *Outreach/information*
* *Assessments*
* *Case management*
* *Help addressing challenges you face*
* *Employment services (training, job search, etc.)*
* *Child care*
* *Transportation*
* *Referrals to other services*
* *Post-employment services*
* *Transitional assistance*

1. How helpful are these benefits and services? Which have been the most helpful? The least helpful?
2. How have your learned or heard about the types of services or benefits you’ve received through TANF?

*(Probe: specific outreach and recruitment efforts by the state human services department, community service organizations, and peer networks.)*

1. How long have you received these services?
2. Have there been interruptions in the services you receive? For what reasons?

Other Benefits and Services

1. **Tell us about any other services or supports you receive, such as Medicaid, SNAP, child care subsidies, or other services or supports?**

*Probes:*

1. How did you learn about these supports and services?
2. How long have you received them?
3. Have there been interruptions in the services? For what reasons?

How Program and Policies Help or Hinder Participation

1. **How does the [human services office] make it easier or harder for you to get the supports and services you need?**

*Probes:*

1. How important would you say the following services are to you and your family:

* *Cash assistance*
* *Assessment/screening/case management*
* *Employment counseling*
* *Training/education*
* *Social services*

1. What are some of the difficulties you’ve experienced in getting cash assistance?
2. How easy or difficult is it to understand the range of benefits and services offered to you?*(For example, working with staff at the local TANF office)*
3. How did you know how to apply for benefits, such as where to go and what you needed to bring with you? How easy or hard was it to figure out what you needed to do to get benefits? *(e.g. getting to the TANF office, understanding the program, working with people at the TANF office)*
4. How many times did you need to connect to the office before you received the benefits? *Did you tend to come in person, call on the phone...?*
5. How easy or difficult is it to receive employment counseling/services? *(Does the office that helps you with TANF also help you get other supports?)*
6. How easy or difficult is it to meet work requirements? *(What are the work participation requirements of the TANF program? Are there exceptions to the rule? Do you think this is fair? What happens if a household does not meet its work requirements?)*
7. What about the process is most confusing? *(range of benefits, applying for benefits, receive employment counseling, meeting work requirements, recertifying/reapplying, understanding time limits)*
8. Is there anything else that has helped or made it harder for you to participate?

Perceptions of TANF and Other Assistance

1. **What is it like when you come in to the office?**

*Probes:*

1. How long do you have to wait? Is it a comfortable and safe place to be? How is it to bring children with you?
2. Tell us about your interactions with staff. (Are the friendly and polite? Are they able to answer your questions and give you the help you need?)
3. What do people in your community think about the [human services office] or public assistance generally?
4. Sometimes people feel outside pressures not to apply for or receive benefits. Have you ever felt that way?

Characteristics that Help or Hinder Participation

1. **What are some of the issues that make it hard to get or keep a job that pays enough to make ends meet?**

*Probes: Mismatched skills; child care needs; transportation; immigration status; criminal record; drug tests?*

1. **Is it easier or harder for some families to participate in TANF than others?**

*Probes:*

1. Are there some family circumstances or characteristics that make it easier or harder for them to get by without assistance? (e.g. living together/married; single; needing child care; employed/employment history)
2. Are there some family circumstances or characteristics that make it easier or harder for them to get the services they need?
3. If there were different TANF rules depending on whether you were married or single, would that influence your decision about whether to marry your partner or live together?
4. Do TANF policies influence your behavior or personal decisions in other ways?

*(For example:)*

* *Employment-related decisions such as whether to work, which types of jobs to pursue, and how many hours to work*
* *Whether to go back to school or seek new types of training*
* *Whether to seek childcare outside of your home*
* *Whether to delay or encourage having children*

Wrap-up

1. **Finally, before we finish, we’d like to ask about your recommendations for ways to improve services and the TANF program.**
2. What services not offered by the state/county do you feel you and your family would benefit from most?
3. If you could change the TANF program to better meet your needs, how would you change it?
4. Has the TANF program made a difference for your and your family?
   * + If so, what part of the TANF program has been the biggest help?
5. In your view, what would you most want the world – either other people or recipients, federal policymakers, state administrators, or whomever – to know about your experiences receiving TANF as a member of a two-parent family?
6. Is there anything you may immediately think of that you would most like to learn from this study when it is finished?

(Probe: What is the best format for sharing that information?)

That concludes the discussion. Thank you for participating. We really appreciate you taking the time to speak with us!

*Ask participants to sign a stipend receipt and, in the remaining time, complete the background information form [****SEE PAGE 16****].*

**INFORMATION FORM FOR FAMILIES ON OR ELIGIBLE FOR TANF**

Please complete this form. The information will be used only to summarize participant information at this meeting. Please DO NOT write your name or address on this form.

LOCATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **First Household Member** | **Second Household Member (if present)** |
| 1. I am: | 1. I am: |
| \_\_\_ Male | \_\_\_ Male |
| \_\_\_ Female | \_\_\_ Female |
|  |  |
| 2. My age is: | 2. My age is: |
| \_\_ 17 years or less | \_\_ 17 years or less |
| \_\_ 18-25 years | \_\_ 18-25 years |
| \_\_ 25-29 years | \_\_ 25-29 years |
| \_\_ 30-39 years | \_\_ 30-39 years |
| \_\_ 40-49 years | \_\_ 40-49 years |
| \_\_ 50-59 years | \_\_ 50-59 years |
| \_\_ 60 or above | \_\_ 60 or above |
| 1. I identify my race as (check all that apply):   \_\_ white  \_\_ black or African American  \_\_ American Indian/Alaska native  \_\_ Asian  \_\_ Hawaiian native/other Pacific Islander  \_\_ other; please list:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I am of Hispanic, Latino, or Spanish origin:   \_\_ yes  \_\_ no | 1. I identify my race as (check all that apply):   \_\_ white  \_\_ black or African American  \_\_ American Indian/Alaska native  \_\_ Asian  \_\_ Hawaiian native/other Pacific Islander  \_\_ other; please list:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. I am of Hispanic, Latino, or Spanish origin:   \_\_ yes  \_\_ no |
| 1. I am: | 1. I am: |
| \_\_\_ Married | \_\_\_ Married |
| \_\_\_ Living with my partner | \_\_\_ Living with my partner |
|  |  |
| 1. Number of children (under age 18) living with me:\_\_\_\_\_\_\_\_\_ | 1. Number of children (under age 18) living with me:\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  |  |
| 1. Which category best describes your highest grade completed (check one)   \_\_ less than high school  \_\_ high school/GED  \_\_ some college  \_\_ completed college   1. I am currently: | 1. Which category best describes your highest grade completed (check one)   \_\_ less than high school  \_\_ high school/GED  \_\_ some college  \_\_ completed college   1. I am currently: |
| \_\_ not employed | \_\_ not employed |
| \_\_ working less than 20 hours a week | \_\_ working less than 20 hours a week |
| \_\_ working 20 or more hours a week | \_\_ working 20 or more hours a week |
|  |  |
| 1. Between both my partner and me, we currently are:   \_\_ working less than 35 hours a week  \_\_ working between 35 and 55 hours a week  \_\_ working more than 55 hours a week   1. I currently participate in the following programs [**Form should be customized to use local names for programs]** | 1. Between both my partner and me, we currently are:   \_\_ working less than 35 hours a week  \_\_ working between 35 and 55 hours a week  \_\_ working more than 55 hours a week   1. I currently participate in the following programs [**Form should be customized to use local names for programs]** |
| \_\_ Child care subsidies (*Local name*) | \_\_ Child care subsidies (*Local name*) |
| \_\_ Medicaid | \_\_ Medicaid |
| \_\_ TANF (*Local name*) | \_\_ TANF (*Local name*) |
| \_\_ SNAP (*Local name*) | \_\_ SNAP (*Local name*) |
| \_\_ Other programs; please list:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_ Other programs; please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. I currently participate in an employment or skills training program. | 1. I currently participate in an employment or skills training program. |
| \_\_ Yes | \_\_ Yes |
| \_\_ No | \_\_ No |

**THANK YOU FOR YOUR HELP!**