



DC Family Policy Seminar

A community service project of Georgetown University

Building the Future: Strategies to Serve Immigrant Families in the District



BACKGROUND BRIEFING REPORT

The DC Family Policy Seminar provides District policy-makers with accurate, relevant, non-partisan, timely information and policy options concerning issues affecting children and families.

The DC Family Policy Seminar is part of the National Network of State Family Policy Seminars, a project of the Family Impact Seminars, a nonpartisan public policy institute in Washington, DC.

A collaborative project of the Georgetown Public Policy Institute (GPPI) and its affiliate, the National Center for Education in Maternal and Child Health (NCEMCH).

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Abstract

Recent public policy debates have focused largely on the negative effects of immigration on society and particularly on the use of public benefits by immigrant families. While the debate remains open concerning immigrants' contribution to society and their relative use of public benefits, the laws affecting immigrants have changed substantially over the past year. In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act. Despite the restoration of Supplemental Security Income (SSI) and Medicaid benefits for legal immigrants (through the Balanced Budget Act of 1997), many immigrant families remain vulnerable to the effects of reform.

The recent changes in the immigration laws are both substantial and complex. Immigration proponents argue that these changes have had a chilling effect on immigrant families seeking care from social services agencies. The result, they argue, is that families have turned increasingly to nonprofit organizations to serve their needs. This in turn has placed a great strain upon the ability of nonprofit agencies to provide effective service.

This seminar, the 17th in a series, sponsored by the DC Family Policy Seminars at Georgetown University, will focus on the opportunities for service providers to meet the needs of immigrant families in the District. The goal is to bring different views to the table and to discuss tools that service providers and their agencies need to serve families through information, education, and outreach. The policy objectives of this seminar are to emphasize (1) the importance of recognizing cultural diversity within the immigrant population of the District of Columbia, (2) the necessity of a coordinated effort and response to the needs of immigrant families, and (3) the need to design appropriate outreach efforts, using nonprofit service providers, that will overcome barriers to access (such as language and culture).

If agencies and service providers are successful in their efforts, they will have the ability to empower immigrant families to adjust to the climate of reform.

This report provides a brief introduction to the issues addressed by the DC Family Policy Seminar on October 28, 1997. The authors thank the numerous individuals in the District of Columbia government and in local and national organizations for contributing their time and efforts to this seminar. Special thanks are given to Hilary Kao, Vince Hutchins, Donna Ruane Morrison, Mark Rom, and the staff of the National Center for Education in Maternal and Child Health for hosting this seminar, and to Richard Murphy and the staff of the Academy for Educational Development for providing space and technical assistance.

Building the Future: Strategies to Serve Immigrant Families in the District

This seminar is the 17th in a series designed to bring a family focus to policymaking. The panel features the following speakers:

- **Wendy Zimmermann**, Research Associate, Immigrant Policy Program, The Urban Institute
- **Josh Bernstein**, Policy Analyst, National Immigration Law Center
- **Catherine Crystal Foster**, Counsel to the Welfare Task Force, Office of the Corporation Counsel
- **Arnoldo Ramos**, Executive Director, D.C. Immigrant Coalition

This seminar focuses on immigration issues in the District of Columbia and aims to provide research and program information on how service delivery can be strengthened in the wake of welfare and immigration reform. The organizers of this seminar hope to encourage increased collaboration among community, government, and business members to ensure a coordinated effort and response to the needs of immigrant families in the District. This background report summarizes the essentials on several topics. It discusses the unique and diverse needs of immigrant families; provides an overview of the immigrant provisions in the welfare and immigration laws; presents the type of services available to immigrant families in the District; and explains some of the barriers to access that immigrant families experience. The contents of this briefing report are as follows:

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Introduction

Immigration to the United States has stirred numerous public policy debates in recent years. Central to the debate are fiscal issues regarding the numbers of immigrants entering the country and their proportionate use of public benefits. While the debate remains open concerning immigrants' contribution to society and their relative use of public benefits, the laws changed substantially last year. In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act and the Illegal Immigration Reform and Immigrant Responsibility Act. These new laws severely curtailed eligibility criteria for federal programs, effectively limiting benefits to immigrant populations. In effect, the changes transferred much of the service responsibility to states and nonprofit organizations. The sustainability of these services is of great concern, because states and nonprofit organizations have not been able to increase their resources to meet the increased demand.

The District of Columbia is faced with the challenge of implementing these federal mandates and responding efficiently to the needs of its immigrant population. The challenge of providing effective service is compounded by the complexity of the new legislation, which has left providers unclear about the provisions of benefit eligibility for their clients. Anecdotally, governmental and nonprofit agencies have reported two extreme responses to the new legislation, showing both a dramatic decrease in client participation in federal means-tested programs and a tremendous increase in the utilization of nonprofit organizations. According to the U.S. Department of Health and Human Services, the number of District recipients receiving Aid to Families with Dependent Children/Temporary Assistance for Needy Families (AFDC/TANF) totaled 70,082 in January 1996, but that number dropped to 65,342 in May 1997 (U.S. Department of Health and Human Services, 1997). Many immigrant families are fearful of using any

services, despite their eligibility. Their fear of the government places extreme hardships on the ability of many individuals to provide a nurturing and safe environment for their families. Moreover, immigrants' failure to seek assistance presents multiple risks to society at large. Unintended consequences include increased poverty, homelessness, and hunger, as well as public health risks such as untreated communicable diseases.

Undoubtedly, in a nation hailed as the "great melting pot," immigrants play important roles and contribute significantly to society. While most people embrace the idea of immigration, distinctions are drawn to delineate who the needy are. This is further complicated by the diminishing of resources, adding to the difficulty of meeting the needs of these vulnerable populations. This reality presents enormous challenges to the District. However, the District is also in a position to tailor its responses in an efficient and culturally appropriate manner. The challenge lies in coordinating a response that educates and integrates all members of society.

Demographic Profile

The growing ethnic and cultural diversity of the United States is reflected in recent immigration patterns. Over 90 percent of the immigrants arriving today come from non-European countries; the top five countries of origin are Mexico, the Philippines, China, Korea, and Vietnam (Martin and Midgley, 1994).

Following nationwide trends, the District of Columbia's population continues to experience changes in its demographic profile. The resident population of the District in 1990 was nearly 607,000, representing a 4.9 percent reduction in the resident population since 1980 (Government of the District of Columbia, 1994-96). Two significant shifts were seen in this time period: (1) shifts in the number of children and young adults, and (2) shifts in racial/ethnic composition. In 1990, the

percentage of children and young adults (ages 17 years and younger) was approximately 19 percent, compared with 23 percent in 1980; this decline represents a population loss of 26,400 children and young adults in the District during that time period. In terms of racial/ethnic composition more than 49,000 African Americans left the District between 1980 and 1990, while the white population and those of other races increased (Government of the District of Columbia, 1994–96): the percentage of African Americans in the District decreased by 11 percent; whites increased by 5 percent; American Indian, Eskimo, and Aleut populations increased by 42 percent; Asian and Pacific Islanders increased by 69 percent; and the percentage of other races increased by nearly 50 percent. The most significant growth was among populations of Hispanic origin, with an 85 percent increase from 1980 to 1990 (Government of the District of Columbia).

Growing Ethnic Populations

These changes in the demographic profile reflect, in large part, increased immigration into the District. During the 1980s, a substantial number of undocumented immigrants settled in the District (Government of the District of Columbia, 1994–96). Immigrants also represent growing communities of color, with many families emigrating from Central American and Southeast Asian countries. The largest number emigrated from El Salvador, accounting for up to 34 percent of the city's Hispanic population (Government of the District of Columbia). Other large groups included Mexicans (10 percent), Puerto Ricans (6 percent), Dominicans (5 percent), and Cubans, Guatemalans, and Nicaraguans (4 percent each), according to the statistical indices (Government of the District of Columbia). The median age for Hispanics was nearly 29, almost five years younger than the median age for the total population (33.6). Approximately 41 percent of Hispanics were under 25, compared with 32 percent of the total population.

Asian and Pacific Islanders constitute another growing population in the District of Columbia. Approximately 15,000 residents in the District are of Asian and Pacific Islander descent, representing over 25 countries and speaking an estimated 50 languages, including dialects (Government of the District of Columbia, 1994–96). Major groups include Chinese, Filipinos, Vietnamese, Asian Indians, Pakistanis, and Pacific Islanders.

Refugees

Persons immigrating under refugee status have fled their country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a particular social group (State and Local Coalition on Immigration, 1997). The number of immigrants with official refugee status in the District has grown from 2,500 people in 1990 to 3,300 in 1994 (Government of the District of Columbia, 1994–96). The number of immigrants entering under this status peaked in 1991, with 5,269 persons identified. In 1994, a decrease was seen in the number of official refugees receiving assistance in the District, resulting from the stabilization of Vietnam and other war-torn countries, as well as the reparation efforts being promoted by the Department of State (Government of the District of Columbia). The largest influx of immigrants under this status originated from Southeast Asia and Africa (6,846 and 4,782 respectively, from 1990 to 1994), followed by Near East Asia, Eastern Europe and the Soviet Union, Central America, Latin America, the Caribbean, Cuba, and other countries (Government of the District of Columbia).

Public Assistance

According to information produced in a report by the Mayor's Interagency Policy Council and Citizens Welfare Transformation Committee (1997), over 600 AFDC recipients were immigrants, receiving benefits totaling approximately \$1 million dollars annually. Public assistance benefits to

legal immigrants in the District were reported at approximately \$14 million annually, of which just over \$4 million came from District funds (Mayor's Interagency Policy Council and Citizens Welfare Transformation Committee). This figure includes federal and District outlays for AFDC, Food Stamps, and Medicaid for immigrants, plus an estimate of Supplemental Security Income (SSI) for immigrants who were unable to become naturalized citizens.

Differences in the immigration status of members of the same household contribute to the complexity in program administration. For example, children born in this country to noncitizen parents are considered U.S. citizens; however, in some families, one parent may have lawful permanent residence status, but the other parent or the children may be refugees (Mayor's Interagency Policy Council and Citizens Welfare Transformation Committee, 1997). The incongruity in immigration status presents formidable challenges to providers and may lead to consequences that are particularly harsh for families.

Needs of Immigrant Families

Immigrant families vastly enrich the economic and social fabric of the District. Whether as workers, students, or entrepreneurs, immigrants play vital roles in the District's growth and stability. However, the implications of cultural, racial, and linguistic differences often result in numerous barriers that hinder service delivery to immigrant families. The challenge for many service providers lies in recognizing and understanding the differences brought about by diversity and responding in a respectful and culturally appropriate manner. While culture is not limited to specific racial groups, geographic areas, or socioeconomic status, it does consist of the shared patterns, knowledge, meaning, and behavior of a social group (Fisher, 1996). Certain classifications are made to serve as general indicators of certain group beliefs; however, not everyone in a particular group or culture thinks or behaves the same way.

Language is critical to the understanding of culture (Fisher, 1996). Language not only involves oral and written communication, but also incorporates the use of hand gestures and other nonverbal cues. Among the challenges faced by service providers is the ability to communicate effectively with their clients. Part of the difficulty lies not only in the inability to communicate in the client's native language, but also the miscommunication that may result even within the same language. For example, many Latinos speak Spanish, but accents and "regionalisms" vary from country to country (Fisher). Interpreters familiar with cultural distinctions therefore play important roles in service delivery, as many families are able to communicate their needs better in their native language. A study of more than 2,000 Latinos ages 18 and older living in 21 different U.S. metropolitan areas found that more than half of the respondents felt more comfortable speaking in Spanish than in English (Korzenny and Schiff, 1987, as cited in Fisher, 1996).

Family structure also plays an important role in the understanding of cultural diversity. In many immigrant communities, the family unit is not limited to the traditional definition of the nuclear family. Rather, it incorporates the extended family, which often includes close relatives or community members. For example, one characteristic seen in many Latino families is *familismo*, which emphasizes interdependence over independence, affiliation over individualism, cooperation over confrontation, and shared decision making (Fisher, 1996). In many Southeast Asian families, dependence on the social group is also encouraged (Fisher, 1996). The various degrees of decision making within certain cultures are important for providers to recognize when developing service plans for these communities.

The varying levels of education within the population add to the complexity of serving immigrant families. For example, in the general population 25 years of age and older, over 33 percent of the Hispanics had not completed ninth grade

(compared with 9 percent of the total population) and 47 percent had not obtained a high school diploma. On the other hand, 13 percent of Hispanics in the District reported holding graduate or professional degrees, compared with 17 percent of the total population (Government of the District of Columbia, 1994–96). Many agencies adjust to these differences by using other modes of communication, including graphics, radio, and television.

While numerous challenges arise as a result of welfare and immigration reform, multiple opportunities are available to strengthen current service delivery. These opportunities may offset some hardships resulting from the new reforms, but will require increased agency collaboration and support. With the lack of job growth and the diminishing resources in the District, increased collaboration between the District government and business and community organizations will facilitate efforts to improve services.

Law and Policy

The Personal Responsibility and Work Opportunity Reconciliation Act (1996) and the Illegal Immigration Reform and Immigrant Responsibility Act (1996) contained several provisions related to immigrants and their benefits. The new laws aimed to give states greater flexibility in tailoring their welfare programs to the needs of their communities. Although several states have reported a decrease in their caseloads, many others are struggling simply to meet deadlines imposed by the new laws. The intricate nature of the legislation, compounded by the constant changes in benefit provisions, adds to the difficulties of implementing reform. As a result, families and service providers are often unsure of what the reforms entail and how these reforms affect their eligibility.

As part of the changes in the welfare law, the AFDC program was replaced by a new program, TANF. Under TANF, cash public assistance is no

longer considered an entitlement, and individuals are required to prepare for and seek employment. As of March 1997, a lifetime limit of 60 months will be applied to TANF benefits.

Most legal immigrants who are eligible for AFDC and who arrived in the United States before August 22, 1996, may be eligible for TANF; however, new immigrants who arrive after that date are barred from receiving these benefits for five years. After the 5-year bar, new immigrants who have sponsors must include their sponsors' income when applying for federal means-tested benefits (known as deeming) until the immigrant attains citizenship or has completed 10 years of work (Immigrant Policy Project, 1997).

Strategies outlined by the Mayor's Interagency Policy Council and Citizens Welfare Transformation Committee recommended that a legal immigrant arriving in the United States on or after August 22, 1996, should not be provided benefits for the first two years of residence, but may receive benefits after this period if the applicant demonstrates the sponsor's inability to provide support. These benefits would be paid out of District-only funds. The guidelines are even more stringent, requiring sponsors to sign affidavits of support indicating their intent to help the immigrant obtain legal resident status. Sponsors are thus legally bound to support the sponsored individual.

Immigrants may be exempted from deeming for up to 12 months if they would go hungry or homeless without the assistance. Battered spouses and children may also be exempt from deeming for 12 months if there is a "substantial" connection between the abuse and the need for benefits and if the immigrant no longer resides with the abuser. Assistance may be continued if the battery is recognized by a court order or by the Immigration and Naturalization Service (INS).

Despite the restoration of SSI and Medicaid benefits for legal immigrants under the Balanced Budget Act of 1997, nearly 1 million legal immi-

grants continue to face the loss of federal food stamp benefits unless they meet one of the following three exceptions: (1) political refugees, asylees, and those granted withholding of deportation during their first five years in the United States; (2) legal permanent residents who have worked for 40 quarters (approximately 10 years); and (3) veterans of the U.S. Armed Forces, their spouses or children, or unmarried widows or widowers (Lee, 1997).

An estimated 1 million legal immigrants lost their food stamp benefits as of August 1997. The value of these lost benefits is estimated at \$70 million per month (Immigrant Policy Project, *Key Provisions*, 1997). In the District of Columbia, approximately 1,900 immigrants lost their food stamps due to changes in eligibility; this number represents 2 percent of the District's caseload and a loss in benefits valued at \$153,000 (Immigrant Policy Project, *Welfare Reform*, 1997). A provision in the FY 1997 supplemental appropriations act (P.L. 105-18) gives states the option of using state funds to provide nutrition assistance to legal immigrants affected by welfare reform (Dean, 1997). This option is favorable to states, as it is the most cost-effective means for providing targeted food assistance to vulnerable state residents who are no longer eligible for federal food stamp benefits. At present, the District of Columbia has not chosen this option.

Various options are afforded to states in determining the eligibility of immigrants (residing in the United States as of August 22, 1996) for programs such as TANF, Medicaid, and the Social Services Block Grant (SSBG). States have the option to provide or bar state-funded programs to current resident immigrants and newly arriving immigrants. Consequently, state-funded and locally funded programs may "deem" for new immigrants when the new enforceable affidavits of support become effective (expected fall 1997) (Immigrant Policy Project, *Key Provisions*, 1997). Programs available to new immigrants (regardless of date of entry) that are exempted from the state and local

deeming option include emergency medical assistance; emergency disaster relief; national school lunch benefits; child nutrition act benefits; immunizations, testing, and treatment of symptoms of communicable diseases; foster care and adoption assistance; and programs determined by the state Attorney General to be necessary for the protection of life or safety (Immigrant Policy Project, *State and Local Coalition*, 1997).

Thus far, the District has chosen several benefit options for immigrants. With regard to the federal program TANF, the District has decided to provide TANF to "qualified" immigrants who entered the United States before August 22, 1996, and for new immigrants after the 5-year disqualification for federal TANF has ended. The District has also opted to provide nonemergency Medicaid benefits to "qualified" immigrants (entering before August 22, 1996); for those entering the United States after August 22, 1996, the District will provide non-emergency Medicaid benefits after the 5-year disqualification for Medicaid benefits has ended (National Immigration Law Center, 1997). Because states are given flexibility in implementing reforms, the District is afforded the latitude to change its plan to a greater extent in the future.

District Services