I. THE MOVE TO WORK FIRST

In 1996, the federal government enacted the Temporary Assistance for Needy Families (TANF) Program under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). In 1996, North Carolina implemented its TANF program under the name of Work First. North Carolina's Work First program was built upon the premise that "all people have a responsibility to their families and communities to work and to provide for their children."

The Deficit Reduction Act (DRA) of 2005, formerly known as the Budget Reconciliation Act, was signed into law on February 8, 2006. The DRA:

- Maintained the 50% all-family work participation rate and the 90% two-parent family rate.
- Changed the base year for the Caseload Reduction Credit from 1996 to 2005.
- Required the Department of Health and Human Services (DHHS) to define each work category more precisely.
- Added additional categories of individuals into the State work participation calculation.
- Established new work verification plan requirements for which the state can face sanctions for failure to comply with the approved plan.

II. WORK FIRST PHILOSOPHY

North Carolina's Work First program is based on the premise that parents have a responsibility to support themselves and their children. The Work First program provides eligible parents with short-term training and other services to help them become employed and self-sufficient. However, the responsibility is theirs, and most families have two years to transition off Work First cash assistance. Work First emphasizes three strategies: Diversion, Work, and Job Retention. Work First is also provided for eligible children whose caretaker is not eligible for benefits themselves, if they meet certain kinship requirements. Work First provides monthly financial assistance to help meet the basic needs of families with children such as food, shelter, etc.

The four goals of Work First are to:

- Assist families so that children can be cared for in their own home;
- Reduce the dependency of parents by promoting job preparation, work and marriage;
- Prevent out of wedlock pregnancies;
- Encourage the formation and maintenance of two parent families;
III. WORK FIRST MISSION, VISION, AND VALUES

All programs administered by the North Carolina Division of Social Services follow the same mission, vision, and values which are strong statements of our advocacy for families and children and especially families participating in the Work First program.

The mission of the Work First program is to provide family-centered services to children and families to achieve well being through ensuring self-sufficiency, support, safety, and permanency. The mission makes our purpose clear and tells everyone who we are and what we do.

The vision of the Work First program is to embrace core values and goals, family-centered principles and provide services that promote health, family well-being, security and safety for all. The vision is a clear statement of what we believe the system should look like and what we aspire to.

The Work First Program promises to share in the values and the link between our agencies and the public which include: (1) teamwork and collaboration, (2) continuous improvement and development, (3) customer service, (4) accountability, (5) diversity and inclusion and (6) safety and health. These values are important to the Work First program.

To accomplish its important mission, county Work First programs are required to provide the following:

- Adequate employment and training efforts and the necessary supportive services are available to all families, especially those subject to time-limited benefits;
- Access to a basic level of employment services for all families;
- Services to families with children living with non-recipient relatives or other caretaker relatives, (i.e.: children of SSI and SSDI parents, and children of undocumented immigrants). These services should be focused on assisting families with maintaining safety, permanency, and well being;
- Reinforcement of the importance of personal responsibility and employment during all agency contacts with a family;
- Services to all work eligible participants;
- Active participation that is intensive, short-term, and directed toward employment; and
- Case management services to individuals that ensures it meets or exceeds the county's fair-share of the statewide Work First work participation rate.

IV. LOCAL SERVICE DELIVERY

The Work First Program represents a significant departure from the traditional roles of public assistance recipients and programs. Work First establishes two significant concepts: the family has a larger responsibility in achieving self-sufficiency, and services from a local agency are short-term and directed toward a quick return to the local labor market.
Families must be given the opportunity to become independent and self-sufficient. This means their package of services should allow for "life after public assistance." In the past, cash assistance was a long-term option for many families. Under the Work First program, benefits provide only short-term services, while the family builds their own "safety net." Families are expected to actively work towards independence and share in the responsibility of becoming self-sufficient.

It is necessary that the delivery and packaging of agency services reflect the needs of all families. Local departments/agencies of social services should integrate services that provide an alternative to dependency and promote employment. This requires interaction and discussion with all staff in the agency, beyond a simple referral. It is crucial, therefore, to establish intra-agency procedures which promote communication and result in a true blending or unification of family-focused services.

The Family-Centered Principles of Partnership promote and help families to incorporate the above listed values in their lives. This concept reflects the belief that the family is its own primary source of intervention and responsible for obtaining and maintaining self-sufficiency. The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on accessing the family’s immediate needs, in addition to identifying resources of the extended community through needs assessment, resource identification, and service delivery. The Family-Centered Principles of Partnership respects the family's right of self-determination. The family has the capacity to grow and change when provided the proper supportive interventions. The Family-Centered Principles of Partnership provides a guide for service delivery and staff that strengthen services to families.

V. THE SIX FAMILY-CENTERED PRINCIPLES OF PARTNERSHIP

The Six Family-Centered Principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

VI. ROLE OF STAKEHOLDERS

The goals of Work First cannot be accomplished through government assistance alone. Moving families toward self-sufficiency and reducing their dependence on public assistance programs requires the efforts of each stakeholder in the community. Local stakeholders represent those individuals, organizations, and agencies that have a role in moving families into employment. Put simply, they have a "stake" in designing and implementing the local Work First program. These partnerships ensure the availability of financial assistance, assessments, rehabilitative services, training, childcare, transportation, and employment opportunities. These partnerships also represent the
fundamental tenet that a successful Work First program requires the efforts of everyone in the community. These stakeholders include, but are not limited to:

- Businesses and business leaders, including landlords and utilities providers;
- Local civic groups;
- Faith-based organizations;
- Workforce Development Boards;
- Educational providers;
- Child care providers;
- Elected officials;
- Community-based agencies;
- Families receiving Work First Cash Assistance; and
- Local governmental agencies and staff (Local Management Entities – Managed Care Organizations (LMEs-MCOs), Division of Mental Health, Division of Workforce Solution/NC Career Centers, Vocational Rehabilitation public health board, local school systems, child welfare staff, Head Start, Community Action Agencies, etc.)

Understandably, the active participation of local stakeholders should not be limited to a single contact or meeting. The input and resources of stakeholders should be continually solicited as agencies move families into employment and self-sufficiency. At a minimum, stakeholders must be included in each local agency’s Work First planning process.

VII. OTHER REQUIREMENTS AND EQUITABLE DISTRIBUTIONS OF SERVICES

The federal regulations resulting from the DRA placed increased emphasis on the work participation rates and established new penalties for failure to comply with the State’s approved Work Verification Plan. In an effort to improve participation rates, all work-eligible Work First participants must complete all aspects of their Mutual Responsibility Agreement (MRA) Core Requirements and MRA/Outcome Plan each month before receiving Work First Benefits (WFB), unless there is good cause (See Section 120). Therefore, it is even more imperative that local county departments/agencies of social services partner with community agencies, employers and families to ensure that Work First families are moving steadily and progressively toward self-sufficiency.

VIII. AMERICANS WITH DISABILITIES ACT (ADA)

All Work First staff must make appropriate accommodations for Work First participants who have a disability (See Section 117). In accordance with Federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of age, disability, ethnicity, gender, marital status, national origin, race, religion, or sexual orientation. Title II of the Americans with Disabilities Act (ADA) prohibits discrimination against any individual with a disability that places substantial limitations on an individual's major life activities such as caring for one’s self, walking, seeing, hearing, speaking, breathing, learning, and working.