

Opportunities and Challenges:
A Community Perspective on
Nonprofit Services for Latinos
and Community Need



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Dear Colleagues:

When we came together over two years ago, nonprofits in the Chicago metropolitan area were experiencing an overall increased demand for their services and feeling the impact of a growing Latino population on service delivery. The size, age distribution, and continuing growth and dispersion of the Latino population added another layer to the organizational stress of attempting to meet the needs of those in need despite financial and capacity limitations.

Opportunities and Challenges: A Community Perspective on Nonprofit Services for Latinos and Community Need provides an important snapshot of the current nonprofit services, capacity gaps, and barriers to service from the perspectives of Latino community members and nonprofit leaders in four communities in the metropolitan Chicago area. It builds on reports by the Institute for Latino Studies and the Chicago Council on Global Affairs that document the features of this important demographic shift, the economic, social, and cultural roles Latinos play, and challenges facing Latinos in the Chicago metropolitan area. It also builds on a recent report by the United Way of Metropolitan Chicago and the Chicago Community Trust that describes the work of nonprofit health and human services organizations in light of broader demographic shifts, policy changes, and stagnant and decreased funding.

Nonprofit leaders expressed a commitment to adapting service delivery and serving those in need even when it requires additional effort and when not funded to do so. One provider described working with recent Latino immigrants. “It does take all that time. We call people constantly... but I think it’s worth it. It’s part of the built-in cost of working with a population that is learning to survive in the United States, but I think that’s the only way.” Even with such commitment, the experiences described by Latino community members and nonprofit leaders highlight that nonprofits struggle to overcome significant barriers when serving a diverse Latino community that includes U.S. Citizens, those with legal status, and those without, in the current environment. Barriers identified include issues of language, information, culture, income, location and hours of operation, and program eligibility and documentation. This report describes the critical service needs and opportunities for a practical response that nonprofit organizations together with government, private funders, and community leaders must seize for the Latino community and the Chicago metropolitan area to grow and thrive.

As we take this report to press, contentious debates about immigration and potential immigration reforms continue at the national and local levels. The shape of any resulting legislation will undoubtedly have implications for nonprofit service delivery. The IFF and Heartland Alliance will continue their leadership role in documenting need and advocating for needed resources to grow nonprofit capacity. However, as nonprofits continue to grapple with increased demand for services and a diverse and growing Latino community, immediate steps must be taken to make service delivery more effective and to increase nonprofit capacity while engaging in advocacy and regional planning efforts.

We hope this report will assist nonprofit executives, philanthropic leaders, government officials, and community leaders as we work together to build nonprofit capacity to meet the needs of Latinos to the benefit of the entire Chicago metropolitan area.

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Executive Summary

IFF and Heartland Alliance for Human Needs and Human Rights (Heartland Alliance) came together to discuss the growing needs of the Latino community and the critical role that nonprofits located in the Chicago metropolitan area play in meeting them. It became clear that new research was needed to document the extent of services and gaps in capacity in order to understand government and philanthropic funding needed for future service enhancement and expansion.

In order to understand more about nonprofits that deliver services for Latinos and also unmet service needs, a series of eight focus groups was conducted with community members and nonprofit leaders in four communities with representative, large Latino populations—Round Lake Beach and Woodstock, Cicero, Berwyn, and Chicago’s Lower West Side, South Chicago and Southeastern Cook County, and Aurora. The focus group attendees were asked to discuss the following topics:

1. Services Latinos use
2. Services nonprofits offer
3. Key factors in successful nonprofit service delivery to Latinos
4. Challenges Latinos face in obtaining services
5. Challenges nonprofits face in providing and expanding services to Latinos
6. Unmet needs in the community
7. Opportunities for nonprofits to work with funders, community leaders, and all levels of government to address critical needs.

Opportunities for a Practical Response to Latino Needs

Nonprofit service providers all face challenges, but this report focuses on the challenges related specifically to serving the growing Latino population effectively. The findings of this report focus on the gap between existing programs and resources for serving Latinos and illustrate broader policy implications that affect service delivery and accessibility.

The findings will show that there are opportunities for a practical response to the needs of the Chicago metropolitan area’s growing Latino population by nonprofits and their government and philanthropic partners:

1. In order to serve the region’s growing Latino population, nonprofits need to develop greater bilingual and bicultural capacity. In the long term, policies and resources need to be put in place that can grow the bicultural and bilingual workforce.
2. There are nonprofit organizations in the Chicago metropolitan area that have developed successful programs designed to serve the Latino population. Funding should recognize the success of these programs and support replication.
3. Because most reports on the growth and changes in the Latino population have presented data and analysis at the regional level, it will be especially important to assess need at the community level to understand the continuing shifts in the population within and outside of the City of Chicago.
4. Nonprofits need increased funds and fundraising capacity to ensure that services are expanded and developed. They cannot respond effectively with the current level of resources.
5. As a result of these focus groups, nonprofit leaders and community members have ideas and suggestions on how they can address service barriers and gaps. In particular, efforts need to ensure that the children of the next generation do not face the same hardship as their parents. Planning must immediately focus on the continuum of services from preschool through postsecondary education while addressing issues such as teen pregnancy and dropout rates. Coordinated local planning around the needs of a large and diverse Latino population would represent a departure from previous unsystematic responses to the community’s needs.

6. These findings highlight the limitations of the existing policies regarding public benefits for legal permanent residents and “qualified” immigrants and the barriers they pose for service delivery and receipt. With regard to improving clarity around service availability, eligibility, and utilization among providers and clients, funds should be dedicated to developing materials on how services are delivered in the U.S., including eligibility, documentation details, and client expectations.

These opportunities result from the very real challenges confronting metropolitan Chicago’s nonprofit providers and Latino communities.

The Current Service Environment

For the purpose of studying nonprofit funding and services, there are two critical factors:

1. Demographics, including social and economic characteristics.
2. Federal and state policies that apply to immigration and government funded services.

Demographics

Latinos living in the Chicago metropolitan area now total almost 1.65 million without adjusting for possible undercounting of undocumented Latinos by the Census. The demographic change brought about by the almost doubling of the Chicago metropolitan area’s Latino population between 1990 and 2005 is among the most significant trends in the region. However, when considering the effects on the delivery of health, education, and human services, the age distribution within the Latino community and migration patterns throughout the region are also important. On the one hand, the trends of direct and out-migration to the five counties surrounding Chicago may have facilitated the absorption of this young, growing community that is making local contributions and introducing language and cultural diversity. On the other hand, suburban communities are being challenged to respond to exponential Latino population growth with social, educational and economic needs.

The Chicago metropolitan area’s Latino community is at risk for the same effects of poverty and low-income as other racial and ethnic groups. There are, however, additional characteristics that interact with economic status and influence access to human services. English language ability, education levels, and diverse countries of origin impact nonprofit service delivery. It is important to recognize that underneath the statistical generalities lies significant diversity within the Latino community, which should not be overlooked by nonprofit providers when addressing the community’s needs.

Federal and State Policy Regarding Services for Immigrants

Although the half of the Latino population in the region that is U.S. born faces fewer restrictions when seeking government-funded services, they too are indirectly affected by the federal and state policies that govern the benefits and service eligibility of foreign-born Latinos in the Chicago metropolitan area. The issue of immigration policy has been in the political forefront during the past few years. In response to the demographic and political changes, there has also been a rise both in vocal anti-immigrant sentiment and in large immigrant solidarity marches and demonstrations. The fact that immigrant-related issues are in the political forefront has aggravated pre-existing tensions between non-Latino and Latino residents in the more recently settled communities outside the City of Chicago and even has resulted in some local attempts at legal action.

Immigrant eligibility for many publicly-funded benefits was substantially narrowed over a decade ago. This narrowing resulted from the 1996 welfare law, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), as well as the concurrent Illegal Immigration Reform and Immigrant Responsibility Act of 1996. Not surprisingly, the laws passed since the mid-1990's created confusion about the responsibilities of providers of public benefits and services with regard to verification of an immigrant's status. The 1996 immigration law stated that nonprofit charitable organizations were not required to "determine, verify, or otherwise require proof of eligibility [based on immigration status] of any applicant for such benefits."

Illinois, like many other states, elected to continue providing many federal services to eligible immigrants using state funds rather than deny them benefits. Illinois funded a Supplemental Security Income (SSI) replacement program for "qualified" immigrants, who were lawfully residing in the U.S. before August 22, 1996, but were not receiving benefits at that time. Medical assistance was provided to all "qualified" children and abused immigrants regardless of date of entry and to pregnant women regardless of their immigration status. For nonprofit organizations, addressing immigration related issues and overcoming a resident's fear is both an overriding environmental factor as well as a practical matter regarding eligibility for, utilization of and funding for services.

Current Service Delivery Challenges in Meeting the Needs of the Latino Community

A variety of factors were identified in the focus groups as challenges faced by nonprofit organizations seeking to provide services to Latinos in the Chicago metropolitan area. The challenges to service delivery and participation fall into six categories, including a final discussion of the impact of immigrants' perception of the legal environment.

1. Language
2. Information and Outreach
3. Cultural Barriers Affecting Use of Services
4. Financial Barriers
5. Documentation and Program Eligibility as Barriers
6. Additional Barriers Affecting Use of Services

Language

Despite the size and growth of the Latino population in the Chicago metropolitan area, some Latinos face linguistic barriers on a daily basis and nonprofits are strained trying to provide bilingual and bicultural services. Those organizations that do employ bilingual staff often lack the capacity to meet the needs of all the Spanish-speaking Latinos seeking services. In the collar counties, where there are fewer nonprofit providers overall and fewer resources in Spanish, Latinos rely on informal referrals to identify providers that can help them. The groups also explained that linguistic barriers affect children and youth, particularly recent immigrants and children whose parents do not speak English. The lack of bilingual services is especially acute in the suburban communities.

In August 2000 President Clinton signed an Executive Order regarding accommodations for persons with limited English proficiency (LEP). It was designed to address practices such as the use of children as translators by government agencies or organizations receiving federal funds. Despite the existence of the order, community members reported that one effect of the language barrier is that Latino parents rely on their children to be translators and interpreters. This not only compromises service delivery, but can have other unintended consequences. For example, a community member described how a Latino child misrepresented his performance to his parents in a meeting with a teacher. Latinos may speak only English or Spanish, speak some combination of both, or be fully bilingual. In addition, they demonstrate varying degrees of literacy. While increasing the availability of Spanish language materials and personnel can help, it will not address all issues pertaining to language.

According to the University of Notre Dame's Institute of Latino Studies, one-third of the foreign-born Latinos ages 25 through 34 in the Chicago nine-county Primary Metropolitan Statistical Area have less than a ninth grade education and only 26 percent completed high school. At the same time, providers discussed the relationship between learning English and the very real desires of Latino parents to help their own children learn English, succeed in school, and pursue a college education.

Nonprofit providers described increased service intensity associated with translating information into Spanish while simultaneously orienting Latinos to the culture of service delivery. The focus group responses illustrate that there are many facets to the challenges of serving a largely, but not solely, Spanish-speaking Latino population.

Information and Outreach

Latino community members described the considerable challenge of seeking services with limited information or understanding of the eligibility requirements. Some organizations have printed material in both English and Spanish, which suggests that assistance or services will be available in Spanish. When nonprofit organizations make written information available in Spanish, they create the expectation that they will be able to deliver the service in Spanish too. As noted earlier, this may also be attributable to the fact that growth in bilingual staff and programs has not been commensurate with the growth in the population, especially in the collar counties.

Many Latino immigrants have limited literacy in Spanish and may not be able to read the information that is available on community services. It is not surprising, therefore, that outreach is an essential means of reaching the population. It also plays an important role in building trust within the Latino community, which then results in Latinos becoming aware of nonprofit programs through word of mouth. A related strategy, according to one nonprofit provider, is communicating the organization's pro-immigrant perspective.

Nonprofit providers also recognize the importance of aid as an entrée to services and collaborate with other nonprofit organizations to effectively serve the growing Latino population. Sixty-five percent of the nonprofits in our focus group reported that they always or frequently refer Latino clients to other agencies for services they do not provide.

While outreach and collaboration are important strategies, providers must also be more knowledgeable about the Latino experience to be effective.

Cultural Barriers Affecting Use of Services

Three cultural barriers that influence the effectiveness of social services for Latinos in the Chicago metropolitan area. They are the complexity of the U.S. health, human services, and education systems, Latino attitudes towards seeking help, especially mental health services, and the lack of bicultural counselors to serve Latinos seeking services.

Nonprofit providers described the lack of knowledge about cultural norms and the lack of information about how systems work as barriers to successful service delivery and receipt. Some providers view this education as part of their work with the immigrant community, but others suggested separate education, similar to citizenship classes, to help Latinos integrate. The growth of the Latino population and its migration to the suburbs has coincided with fundamental changes in the way government provides services to families under PRWORA. Families face increased eligibility requirements and increased regulation governing access to needed services. Focus group participants described discomfort and misunderstanding among recent immigrants relating to diverse issues, such as parenting practices and payment for services. From the perspective of the nonprofit provider, this is equivalent to unfunded case management.

Latino attitudes towards mental health services were raised in many of the focus groups with both community members and providers regarding unmet needs and problems of access. A case manager described resistance in her community despite the fact that her agency had increased its bilingual staff because of the stigma associated with seeking mental health services. However, Latinos who recognize they need help and seek mental health services are unlikely to find bicultural and bilingual mental health providers with whom they feel comfortable talking. As a result, according to nonprofit executives, the few bicultural and bilingual mental health counselors quickly become burned-out.

Financial Barriers

Many families in Latino communities across the Chicago metropolitan area have limited income and struggle to meet their basic needs. This issue surfaced in all of the focus groups as an ongoing challenge. One nonprofit leader commented on the challenge of being ineligible for subsidized child care services due to income level, but unable to afford to purchase child care services without a subsidy. Particularly at-risk, are the families of undocumented workers.

Community members also mentioned that the fees associated with classes, such as ESL and recreation pose a financial barrier to participation. The high cost of health care and health insurance was frequently raised by community members as a constant concern. These comments demonstrate that providers are faced with the challenge of identifying resources to not only meet very short term needs for immediate assistance, but to develop and invest in programs that will result in long-term resources for the family, such as literacy, education, and career development.

Documentation and Program Eligibility as Barriers

Given the complexities of the current laws, it is not surprising that confusion regarding eligibility is a factor that prevents immigrants from seeking publicly-funded services provided by nonprofit organizations. Increasingly, the government is requiring a Social Security number and is able to use technology to verify the authenticity of such documentation. The reality for many nonprofit health and human service organizations in the Chicago metropolitan area is that a portion of their clients are likely undocumented immigrants.

The children of Latino immigrants are more likely to be eligible for government benefits and services because they are more likely to be native-born. However, community members discussed instances in which children were denied services to which they were entitled when their parents could not produce the correct documentation. The unresolved immigration debate in Congress and the increased enforcement of laws regarding the hiring of undocumented workers have raised the level of fear among undocumented Latinos. They are unclear as to what rights they have.

Navigating complex eligibility requirements creates particularly difficult challenges for the many mixed-status Latino families where parents are not legal permanent residents and some or all of their children are citizens or where spouses have different legal status. The focus groups reported that a distrust of government services and fear are not solely a result of the current debate and has long had an adverse effect on the community. One provider commented on her experience: “Through my 13 years of work, people who come from countries where the government is corrupt and has been corrupt for a long time... They’re going to be very distrustful of a large government-style agency...”

Additional Barriers Affecting Use of Services

Many Latinos, like other employed individuals, have difficulty accessing services that are only available during the work day. Public transportation coverage is inadequate, especially outside the City of Chicago. Transportation was seen as a barrier to services in all the community member focus groups. Participants described spending long hours traveling to appointments because of infrequent public transportation and the lack of conveniently located providers, such as community health centers which some Latinos prefer over hospitals.

Future Needs Identified by Nonprofit Providers and Latino Community Members

Each of the focus groups identified on average a dozen needs across the communities represented. There were a group of critical needs that were frequently mentioned by Latino community members and were a priority of the nonprofit providers.

1. Youth Services
2. Access to Affordable Medical Care and Comprehensive Services
3. Legal Services
4. Child Care, Pre-Kindergarten, and Parenting Classes
5. Additional Emergency Assistance

Youth services and educational support were priorities for 20 out of the 27 nonprofit organizations represented in the focus groups. Latino parents and community members, like other ethnic and community groups, are concerned about their children's futures. A nonprofit provider of youth services explained that there is a need for pro-social activities for Latino youth who have not been engaged at school.

It is not surprising that access to affordable medical care was among the top critical needs when one considers that on average only one-third of Latinos have health insurance and that foreign-born Latino children are the least likely to be insured. Focus group participants described receiving high quality primary care at local community health centers and county health departments. However, access to specialty care, mental health services, dentists, and eye doctors was limited in all four communities. In addition, when Latinos are forced to seek services in hospital emergency rooms, community members reported that often there are no Spanish-speaking staff to assist them. Community members reported that lack of access and the high cost of care are particularly burdensome for the undocumented.

The focus groups identified several issues within the Latino community that could be addressed through the provision of affordable legal services. They include assistance with immigration documents, workers' rights, and complaints against landlords. Without a better understanding of the immigration laws or adequate representation, many potential legal permanent residents are afraid to pursue citizenship. With regard to housing, community members mentioned a number of organizations that provide low-interest loans for homebuyers, but nonprofit leaders said there are few nonprofits that address the conditions of the rental properties in which many Latinos live or the lack of affordable housing in many communities.

It is not surprising, with many working parents, that the need for more affordable child care and bilingual preschools is a priority for Latinos. As was discussed earlier, working Latino parents may earn too much to qualify for subsidized child care. Nonprofit providers recommended expanding training for home day care providers in Latino communities. While programs for the parents of teenage Latinos were a priority, Latinos who participate in early intervention and parenting programs often receive additional needed services later.

In all of the focus groups, community members and nonprofit providers described the daily difficulties of making ends meet faced by many Latino families, especially more recent immigrants, but also those who are waiting for their documentation. These families need food, clothing, and assistance in paying for shelter and utilities. The need in the suburbs is particularly acute. This also includes expanding the number of programs available for children, such as making free and reduced price breakfasts and lunches available year round.

Conclusion

Nonprofit corporations continue to provide services to the growing low-income Latino populations in their communities and to struggle with the complexities of immigrant status and the realities of language and other barriers. The service delivery paradigm has to intentionally shift if indeed the intent is to serve the Latino community. While the primary message from a management perspective from the focus groups is about the need for bilingual and bicultural staff, it is clear that nonprofits have stretched their resources and will not turn away immigrants in need, even those who are not covered by government programs or are unable to pay for their own services.

This report identified service areas that may need expansions and additional resource investment. Although essential in the short term, it will take more than coordination and communication among nonprofit organizations to address the needs of one-third of the Chicago metropolitan area's population whose economic and social well-being is inextricably linked to the future development and growth of the region.

Introduction

As the primary community-based providers of many basic health, education, housing and human services, nonprofit organizations play a critical role in both meeting the needs of and advocating for the Chicago metropolitan area's growing Latino community.¹ This was emphasized in the Chicago Council on Global Affairs' recent report on Chicago's Mexican community, the largest ethnic group among Latinos in Chicago, when it concluded "The full economic integration of the Mexican community will require that their basic health and human service needs are met, enabling parents to work and provide for their families, their children to succeed in school, and families to participate in all aspects of community life."² The same is true for other Latino groups in the Chicago metropolitan area. Addressing the effects of the rapid growth of the Latino population on nonprofit organizations and considering how nonprofits and government can help further strengthen Latino communities and assist with the successful integration of the most recent immigrants is critical.

Two years ago IFF and Heartland Alliance for Human Needs and Human Rights (Heartland Alliance) came together to discuss the growing needs of the Latino community and the critical role that nonprofits located in the Chicago metropolitan area play in meeting them. Both organizations have seen the organizational stress experienced by service providers faced with an increased demand for their services. IFF and the Mid-America Institute on Poverty of Heartland Alliance brought two important perspectives to the research.

¹ In this report, the term 'Latino' refers to individuals who identify with the terms 'Latino' or 'Hispanic' reflecting their Latin American heritage or origin. Statements by focus group participants are unaltered and include both the terms 'Latino' and 'Hispanic'. In addition, unless otherwise noted, 'Chicago metropolitan area' refers to the 6-county Chicago metropolitan area which includes Cook, DuPage, Kane, Lake, McHenry, and Will counties.

² The Chicago Council on Global Affairs, "A Shared Future: The Economic Engagement of Greater Chicago and Its Mexican Community," Report of an Independent Task Force, 2006, 19.

IFF has been working for nearly two decades to expand the capacity of nonprofits to meet their missions through access to affordable capital and improved facilities. Heartland Alliance is one of the region's largest providers of human services, is the largest immigrant services organization in Chicago, and its research department has been systematically documenting hardship and identifying solutions for the past decade. It became clear that new research was needed to document the extent of services and gaps in capacity in order to understand government and philanthropic funding needed for future service enhancement and expansion. Thus the project, *Opportunities and Challenges: An Assessment of Nonprofit Funding and Services in Metropolitan Chicago's Latino Communities*, was launched.

The goal of the project is to collect information on nonprofit organizations serving metropolitan communities with significant Latino populations, including the types and extent of services, sources of funding, financial health, and capacity to expand; challenges in provision and accessibility of services for Latinos; and opportunities for change. The following is a report on focus groups that were conducted with Latino community members and nonprofit leaders in four communities throughout the Chicago metropolitan area. It provides an important snapshot of the current successes and challenges of nonprofit providers and how community members perceive service access and availability.

Project Description

In order to understand more about nonprofits that deliver services for Latinos and also unmet service needs, IFF and Heartland Alliance conducted a series of eight focus groups with community members and nonprofit leaders in four communities with representative, large Latino populations. The following communities were selected based on an analysis of Latino demographics, the timing of the emergence of a significant Latino population, and variation among different types of communities (large and small urban, suburban, and rural):

1. Round Lake Beach (Lake County) and Woodstock (McHenry County)
2. Cicero, Berwyn, and Chicago's Lower West Side (Cook County)
3. South Chicago and Southeastern Cook County (Cook County)
4. Aurora (DuPage County and Kane County)

Outreach and recruitment for these focus groups were done through nonprofits in these communities. The community member focus groups were comprised largely of Mexican-Americans or Mexican immigrants, reflecting their proportion in the overall population, and also included participants born in the U.S., Puerto Rico, Columbia, and Spain. The focus group meetings were held in January and February of 2007. The focus group methodology is detailed in Appendix A. The focus group attendees were asked to discuss the following topics:

1. Services Latinos use
2. Services nonprofits offer
3. Key factors in successful nonprofit service delivery to Latinos
4. Challenges Latinos face in obtaining services
5. Challenges nonprofits face in providing and expanding services to Latinos
6. Unmet needs in the community
7. Opportunities for nonprofits to work with funders, community leaders, and all levels of government to address critical needs.

Nonprofit service providers all face challenges, but this report focuses on the challenges related specifically to serving the growing Latino population effectively. The findings of this report focus on the gap between existing programs and resources for serving Latinos and illustrate broader policy implications that affect service delivery and accessibility.

The Current Service Environment

In order to understand the dynamics of the nonprofit service environment and its interaction with the Latino population, it is important to be aware of the broader context within which services are delivered. For the purpose of studying nonprofit funding and services, there are two critical factors:

1. Demographics, including social and economic characteristics.
2. Federal and state policies that apply to immigration and government funded services.

The following sections provide relevant demographic information as well as a general overview of policy as it pertains to benefits and service eligibility.

Demographics of the Latino Population in the Chicago Metropolitan Area

Latinos living in the Chicago metropolitan area now total almost 1.65 million without adjusting for possible undercounting of undocumented Latinos by the Census.³ Estimates suggest that the undocumented immigrant population is, at a minimum, equal in size to one quarter of the current documented Latino population.⁴ Latinos accounted for almost three quarters of the population growth in the City of Chicago between 1990 and 2005 and will soon account for more than one third of the region's population. More than half, 53 percent, of the Latinos in the Chicago metropolitan area reside in the suburbs.⁵

The table below provides information on the growth of the Latino population in the collar counties from direct migration and out-migration from the City of Chicago. There has also been significant growth of the Latino population within the City of Chicago, but, there too, Latinos are moving out of the traditional near West, North, and South neighborhoods to community areas on the Northwest, Southwest, and Southeast neighborhoods of the City that were less densely populated and had fewer services for the community and few targeting Latinos.

Table 1: Change in Latino Population, 1990-2005 ⁶

	Latino Population 1990	Latino Population 2005	Latino Population Percent Change (1990-2005)	Total Population
Cook	694,194	1,172,839	69	2
Chicago	545,852	778,234	43	-3
Suburban Cook	148,342	394,605	166	8
DuPage	34,567	104,823	203	17
Kane	43,535	131,973	203	50
Lake	38,570	125,908	226	33
McHenry	6,066	30,661	405	65
Will	19,973	81,655	309	77
6-County Area	836,905	1,647,859	97	13

³ Bureau of the Census, Census 2000 and 2005 American Community Survey.

⁴ Passel, Jeffery S., "Unauthorized Migrants: Numbers and Characteristics," Pew Hispanic Center, June 2005, 3.

⁵ Bureau of the Census, Census 1990 and 2005 American Community Survey.

⁶ Ibid. Data from the 1990 U.S. Census refers to "Population of Hispanic Origin" while data from the 2005 American Community Survey estimates "Population Latino or Hispanic."

The demographic change brought about by the almost doubling of the Chicago metropolitan area's Latino population during the last 15 years is among the most significant trends in the region.⁷ However, when considering the effects on the delivery of health, education, and human services, the age distribution within the Latino community and migration patterns throughout the region are also important. On the one hand, the trends of direct and out-migration to the five counties surrounding Chicago may have facilitated the absorption of this young, growing community that is making local contributions and introducing language and cultural diversity. On the other hand, suburban communities are being challenged to respond to exponential Latino population growth with social, educational and economic needs.

When the data on the Latino population by age are considered, it is immediately clear that Latinos are on average younger than other population groups. According to the 2000 Census, 42.5 percent of Latinos are between the ages of 18 and 40 as compared to 33.4 percent for the general population. Chapin Hall Center for Children's *Chicago Children and Youth 1990-2010: Changing Population Trends and Their Implications for Services* provides demographic data on the social and economic characteristics of the Latino population. The Chapin Hall report concluded that "the change in the size of the Hispanic population in Chicago has been the primary driver of demographic change in many communities...and Hispanics have exhibited greater fertility than other groups."⁸ Thirty-eight percent of children enrolled in the Chicago Public Schools in September 2004 were Hispanic while 28.8 percent of the population of the City of Chicago was Latino in 2005.⁹ In addition, according to the Current Population Survey, two-thirds of Latino children in Illinois have foreign-born parents. As a result, Chicago Public Schools, the region's suburban school districts, and nonprofit providers of educational support services are faced with increasing enrollment in some schools as well as the challenge of supporting parents and families with limited knowledge of the curriculum and the school system.¹⁰

The more detailed dynamics of this service environment have been well-documented in the popular press as well as in the Council on Global Affairs' report cited earlier and in Notre Dame's Institute for Latino Studies' *The State of Latino Chicago: This is Home Now*, released in March of 2006. These reports highlight the diversity of Latino experiences and circumstances in the Chicago area. That Latino households are more likely to consist of young adults and children has important economic advantages and consequences. Latino households in the region benefit from the fact that most adult members are part of the workforce. As the Council on Global Affairs highlighted, new Latino workers were added at the same rate as jobs from 1990 to 2003.

The Council on Global Affairs' report provides further evidence of the growing economic strength of the Latino community. For the five year period, 1997-2002, sales from Latino-owned businesses grew by 28 percent to \$7.4 billion dollars. If these sales continued to grow at the same rate, they would be an estimated \$9.5 billion today. In addition, Latinos are accumulating assets by purchasing homes in the region. By 2003, 52 percent of Latino homes were owner-occupied and slightly surpassed that of Non-Latino African Americans. While less than one-third of the population, Latinos accounted for nearly 50 percent of the growth in owner occupied homes from 2000 to 2003.

⁷ Bureau of the Census, *Census 2000 and 2005 American Community Survey*.

⁸ Goerge, Robert, John Dilts, Duck-Hye Yang, Miriam Wasserman, Anne Clary, "Chicago Children and Youth 1990-2010: Changing Population Trends and Their Implications for Services," Chapin Hall Center for Children at the University of Chicago, University of Chicago, 2006, 1.

⁹ 2005 CPS Racial/Ethnic Survey. Bureau of the Census, 2005 American Community Survey. The Chicago Public Schools use the ethnic category Hispanic to capture data on persons of Latin or Hispanic origin.

¹⁰ Ready, Timothy and Allert Brown-Gort, "The State of Latino Chicago: This is Home Now," Institute of Latino Studies, University of Notre Dame, 2006, 16-18.

At the same time, these recent reports also include data that describe potential and real hardship faced by a sizeable portion of the region’s Latino population. Hardship factors include high rates of poverty, linguistic isolation, and low educational attainment. In the collar counties 17.5 percent of Latinos lived in poverty,¹¹ which exceeds Illinois’ overall poverty rate by 5 percentage points.¹² In the city there have been increases in the Latino population in low-income community areas to the north-west and southwest sides of the city, many of which also saw increases of children living in poverty.

Table 2: Estimated Latino Poverty, 2005¹³

	Poverty Rate (%)
Cook	19.2
Chicago	22.0
Suburban Cook	13.9
DuPage	12.3
Kane	14.8
Lake	13.9
McHenry	n/a
Will	8.6
5-County Latino Average	17.5

Table 3: Estimated Median Income for Households with a Latino Householder, 2005¹⁴

	Median Household Income (\$)
Cook	40,287
Chicago	36,589
Suburban Cook	n/a
DuPage	54,956
Kane	44,678
Lake	45,143
McHenry	50,722
Will	60,092
6-County Latino Average	49,313

The Chicago metropolitan area’s Latino community is at risk for the same effects of poverty and low-income as other racial and ethnic groups. There are, however, additional characteristics that interact with economic status and influence access to human services. English language ability, education levels, and diverse countries of origin impact nonprofit service delivery.

While the majority of Latinos speak English well or very well, nearly 31 percent of the Latino households in the Chicago metropolitan area are linguistically isolated,¹⁵ which means that all household members above the age of 14 have at least some difficulty with English. Spanish language households are more likely to be linguistically isolated than other non-English language households.¹⁶ Fourteen percent of Latino individuals ages five and up speak only English and an additional 67 percent speak Spanish and speak English well or very well, however, this may not reflect the experience of the most recent immigrants.¹⁷

Latinos are less likely to complete high school in four years than their non-Latino white and Asian peers,¹⁸ and lag behind the rest of the population in terms of educational achievement. In addition, Latinos are concentrated in sectors of the economy, such as manufacturing, food services, and retail trades that offer low wages, limited if any benefits and few career paths.¹⁹

¹¹ The 2005 American Community Survey does not present data on Latino poverty for McHenry County; therefore this figure represents Latino poverty in Cook, DuPage, Lake, Kane, and Will counties.

¹² Bureau of the Census, 2005 American Community Survey.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ According to the Census Bureau definition “a linguistically isolated household is one in which no member 14 years old and over (1) speaks only English or (2) speaks a non-English language and speaks English “very well.”

¹⁶ Bureau of the Census, 2005 American Community Survey.

¹⁷ Ibid.

¹⁸ Ready and Brown-Gort, “The State of Latino Chicago: This is Home Now,” 29.

¹⁹ Ibid. 38-39

It is important to recognize that underneath the statistical generalities lies significant diversity within the Latino community, which should not be overlooked by nonprofit providers when addressing the community's needs:

- Approximately 55 percent of the Chicago metropolitan area's Latino population is U.S. born.²⁰
- Puerto Ricans, all of whom are U.S. citizens, comprise almost 10 percent of the region's Latino population.²¹

Table 4: Chicago Metropolitan Area Latinos by Origin, 2005²²

Mexican Origin	78.3%
Puerto Rican Origin	9.9
Cuban Origin	1.3
Dominican Origin	0.2
Central American Origin	2.8
South American Origin	3.3
Another Origin	4.2
	100.0%

The dominant factor in the nonprofit services environment is the substantial size and continuing growth and dispersion of the Latino population. The risk factors of low incomes, limited English ability and lagging educational attainment influence how Latinos interact with the nonprofit sector and provides some indication of future service needs. It is these challenges that are of concern to nonprofit providers of a broad range of human services who are seeking opportunities to better serve the Latino population. Throughout this report the effect of increased demand for nonprofit services from Latinos as well as the effects of the differences within the population such as the distinct problems of mixed-status families and recent immigrants are addressed.

Federal and State Policy Regarding Services for Immigrants

The following section is focused on the federal and state policies that govern the benefits and service eligibility of foreign-born Latinos in the Chicago metropolitan area because, although the half of the Latino population in the region that is U.S. born faces fewer restrictions when seeking government-funded services, they too are indirectly affected by concerns over the limited eligibility of immigrants. The issue of immigration policy has been in the political forefront during the past few years. Various iterations of immigration reform legislation have been introduced in Congress which include items such as increasing border security and enforcement, allowing employers to sponsor essential workers (usually higher skilled) through a new visa program, and providing paths to legalization for many longtime, working and law-abiding undocumented immigrants. To date no comprehensive immigration reform package has passed into law; however, both the Congress and the White House would like to reach a resolution.

In response to the demographic and political changes, there has also been a rise both in vocal anti-immigrant sentiment and in large immigrant solidarity marches and demonstrations. The fact that immigrant-related issues are in the political forefront has aggravated pre-existing tensions between non-Latino and Latino residents in the more recently settled communities outside the City of Chicago and even has resulted in some local attempts at legal action to limit migration, such as preventing landlords from renting to undocumented individuals.²³ Moreover, the federal government has substantially increased enforcement of existing immigration laws with raids on the undocumented resulting in immediate detention. This has had a chilling effect on many documented and undocumented immigrants' willingness to seek services even in their communities.

²⁰ Bureau of the Census, 2005 American Community Survey.

²¹ Ibid.

²² Ibid.

²³ Keilman, John and George Houde, "Carpentersville Targets Illegal Immigrants," *Chicago Tribune*, 29 September 2007.

Immigrant eligibility for many publicly-funded benefits was substantially narrowed over a decade ago. This narrowing resulted from the 1996 welfare law, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), as well as the concurrent Illegal Immigration Reform and Immigrant Responsibility Act of 1996 that was enacted as part of the 1997 Defense Department appropriation. The welfare reform legislation distinguished between “qualified” immigrants, who entered before August 22, 1996, “qualified” immigrants who entered after August 22, 1996, and “not-qualified” immigrants for the purposes of eligibility for “federal public benefits.” All “qualified” immigrants are have a documented status and are legal immigrants.

Confusion regarding eligibility of immigrants under PRWORA stemmed from two provisions of the law. First, “qualified” immigrants who entered after August 22, 1996, had to, in most cases, have been either a lawful permanent resident with 40 quarters of work or a “qualified” immigrant for at least five years to receive benefits. Despite this, states retained the right to make their own policy decisions regarding the provision of services to immigrants, and in most cases chose to preserve access of “qualified” immigrants. Second, the law did not indicate which programs would be considered “federal public benefits” under the law. As a result, service providers did not know which programs these rules about immigration status applied to until a determination regarding program eligibility was made by the individual federal agencies for their programs. In 1998, the U.S. Department of Health and Human Services identified Medicaid, Medicare, the State Children’s Insurance Program (SCHIP), Temporary Assistance to Needy Families (TANF), Foster Care, Adoption Assistance, and the Child Care and Development Fund among others as “federal public benefit” programs under the law. In 2002, access to food stamps was restored for “qualified” immigrants living in the U.S. for at least five years, children regardless of when they entered the U.S. and persons on disability regardless of their date of entry.²⁴

Not surprisingly, the laws passed since the mid-1990’s created confusion about the responsibilities of providers of public benefits and services with regard to verification of an immigrant’s status. The 1996 immigration law stated that nonprofit charitable organizations were not required to “determine, verify, or otherwise require proof of eligibility [based on immigration status] of any applicant for such benefits.” Subsequently, a case was made for increased government access to information following the events of September 11, 2001. Within the context of homeland security, all information collected directly by the government or in the process of delivering government-funded services could be used to increase the security of the country. While nonprofits serving immigrants were not required to verify eligibility, they faced the threat of no payment for providing services to an unqualified immigrant. Finally, complicating these issues for “qualified” immigrants are the financial implications for the sponsors of their applications to become legal permanent residents, largely family members. These sponsors can be asked to reimburse the government for services provided under TANF, Medicaid, and other programs.

“Qualified” immigrants or aliens include legal permanent residents (LPRs), asylees, refugees, aliens paroled into the U.S. for at least one year, aliens whose deportation is being withheld, aliens granted conditional entry prior to April 1, 1980, battered spouses, battered alien children, alien parents of battered children, other alien children of certain battered parents, Cuban/ Haitian entrants, certain Amerasian immigrants from Vietnam, and victims of a severe form of human trafficking. “Not-qualified” immigrants or aliens refers to everyone else. However, the eligibility of “qualified” immigrants is complicated by a temporal component. Not all “qualified” immigrants are eligible for all “federal public benefits” since those who entered the U.S. on or after August 22, 1996 are typically subject to a five-year ban on eligibility on certain federal public benefits, such as Temporary Assistance for Needy Families (TANF), though there are exceptions.

²⁴ National Immigration Law Center, “Overview of Eligibility for Federal Programs,” April 2005; and *Guide to Immigrant Eligibility for Federal Programs*, Fourth Edition 2002.

To further confuse the legal picture, Congress has since passed the Violence Against Women Act (VAWA) of 1994 and 2005, the Victims of Trafficking Violence Protection Act (2000) and the Trafficking Victims Protection Reauthorization Act (2005). These laws created new documented status for immigrants who are survivors of domestic violence or victims of human trafficking. Otherwise undocumented or “not-qualified” immigrants become “qualified” immigrants for benefits and services if they meet the criteria under these laws.

Notwithstanding any of the above immigration and benefit laws, refugees and asylees are “qualified” immigrants. An undocumented person living in the U.S. may claim asylum if there is “a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion” in the homeland (8 USC sec. 1101(a)(42)). Asylum has been available as a form of relief to become documented throughout this period and has provided relief for some Latin American immigrants from Columbia and Central America; those from Cuba get relief under a similar but separate provision—the Cuban Adjustment Act.

Illinois, like many other states, elected to continue providing many federal services to eligible immigrants using state funds rather than deny them benefits. Illinois funded a Supplemental Security Income (SSI) replacement program for “qualified” immigrants, who were lawfully residing in the U.S. before August 22, 1996, but were not receiving benefits at that time. Medical assistance was provided to all “qualified” children and abused immigrants regardless of date of entry and to pregnant women regardless of their immigration status. When funds became available for the State Children’s Health Insurance Program (SCHIP), known in Illinois as KidCare, all “qualified” immigrants and those permanently residing in the U.S. under the color of the law (PRUCOL)²⁵ were eligible up to 200 percent of the federal poverty level. The most recent change to the state insurance programs with the creation of All Kids expands the eligibility of low-income immigrant children (See Appendix B).

This legacy of stalled immigration reform, policy change, lack of clarity about key components of existing laws, state versus federal decisions, and rule making has left many immigrants in the dark about what supports they are eligible for and what the consequences are of receiving them. Ultimately, increased scrutiny into immigrant status allowed anti-immigrant sentiments to color the delivery of services to all Latinos. For nonprofit organizations, addressing immigration related issues and overcoming a resident’s fear is both an overriding environmental factor as well as a practical matter regarding eligibility for, utilization of and funding for services.

²⁵ Ibid. “PRUCOL is not an immigration status, but a benefit eligibility category that has been interpreted differently depending on the benefit program and the region.”

Current Service Delivery Challenges in Meeting the Needs of the Latino Community

A variety of factors were identified in the focus groups as challenges faced by nonprofit organizations seeking to provide services to Latinos in the Chicago metropolitan area. Nonprofit leaders described how they respond to Latino needs and outlined some challenges that constrain the operations and capacity of their organizations. Community members articulated when it was easy to seek services and described when they had personally experienced barriers to service and the effect that it had. The challenges to service delivery and participation fall into six categories, including a discussion of the impact of immigrants' perception of the legal environment.

1. Language
2. Information and Outreach
3. Cultural Barriers Affecting Use of Services
1. Financial Barriers
5. Documentation and Program Eligibility as Barriers
6. Additional Barriers Affecting Use of Services

Language

Some Latinos face linguistic barriers on a daily basis and nonprofits are strained trying to provide bilingual and bicultural services.

Spanish Speaking Clients Outnumber Spanish Speaking Staff

It is estimated that for every 10 clients that seek services from a nonprofit in the Chicago metropolitan area, three will be Latino and one of the three will not speak English well. When seeking services at a health clinic, one Latina remembered a receptionist saying, “Oh, please tell us that you know English because there is no one here right now who speaks Spanish, and you have to come back if you don’t speak English.” Those organizations that do employ bilingual staff often lack the capacity to meet the needs of all the Spanish-speaking Latinos seeking services. One caseworker said, “I have the whole South area and in my team... I am the only bilingual case manager.” According to another community member, “If you go to an agency or clinic, you’ll see a majority of African-Americans, and if you happen to find a person who speaks Spanish, it will be one person only, and the poor thing is being dragged in all directions.”

In the collar counties, where there are fewer nonprofit providers overall and fewer resources in Spanish, Latinos rely on informal referrals to identify providers that can help them. As a result, community members in the focus groups often identified the few Spanish-speaking staff of local nonprofits and government agencies by their first names. Another consequence of the individual nature of relationships between bilingual staff and Latino clients in the suburbs was identified in the recent Chicago Community Trust and United Way of Metropolitan Chicago report. One nonprofit executive commented, “Latino clients value their relationships with individual employees, yet do not appear to recognize the agency as serving them.”²⁶ This may have broad implications for nonprofit service expansion and funding to meet Latino needs. Community members reported that agencies and organizations that do not have any Spanish-speaking staff are used less often or not at all by the Latino community. Latinos seeking services in the collar counties reported relying on children or relatives to translate for them. Similarly, nonprofit leaders in the community described the challenge of ensuring continuity of care, especially with regard to family counseling, when their Spanish-speaking staff were absent.

²⁶ Chicago Community Trust and United Way of Metro Chicago, “A Report on the Chicago Region’s Health and Human Services Sector,” April 2007, 8.

The groups also explained that linguistic barriers affect children and youth, particularly recent immigrants and children whose parents do not speak English. One example according to Latino parents is that “High schools have many programs, but the problem is they’re all in English.” “Young men come here playing good soccer, but they can’t get in because they don’t speak English.” “The boys all complain, ‘Everything is in English and I don’t understand.’” The lack of bilingual services is especially acute in the suburban communities where a focus group member said, “I spoke to a kindergarten teacher and she told [me] they didn’t have pre-school [in Spanish]. They don’t have it. I mean they do, but in English.” Similarly, another participant added “There are plenty [of after-school activities]. [This center] has many, but in English. So, parents are not interested and children don’t attend.”

Service Delays and Confusion Result from Linguistic Barriers

Latinos often delay seeking services or cannot resolve misunderstandings or questions of eligibility as a result of perceived and actual language barriers. When asked about barriers in seeking services, a community member said bluntly “The language, because you have to bring someone with you.” One participant described helping a non-English speaking couple. “I met a couple who came from Mexico. They didn’t know English and I used to help them because they had to go to the hospital often. She had diabetes and her children were never available. If I didn’t go with her, she had no one to take her.” Another member, who was waiting in line to pick up a prescription from John H. Stroger, Jr. Hospital of Cook County (Cook County Hospital), told the group, “When I came back there was a lady in line and I asked her to translate for me, but she refused because then she said everyone would ask her for help. So I had to stand in line again, and when I finally made it they couldn’t find my medication.” Focus group members described similar problems when forms were only in English. One participant noted that Latino immigrants quickly learn basic terms. “I knew, for example, that name was *nombre* and address, *dirección*.” But they need assistance when forms are more complicated at a hospital or school, when correct completion of the forms has implications for services to which they are entitled, and when they involve their rights.

Parents Continue to Rely on Their Children to be Translators and Interpreters

In August 2000 President Clinton signed an Executive Order regarding accommodations for persons with limited English proficiency (LEP). It was designed to address practices such as the use of children as translators by government agencies or organizations receiving federal funds. The Order “reiterates that recipients of federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to important programs and activities.”²⁷ Despite the existence of the order, community members reported that one effect of the language barrier is that Latino parents still have to rely on their children to be translators and interpreters. This not only compromises service delivery, but can have other unintended consequences. For example, a community member described how a Latino child misrepresented his performance to his parents in a meeting with a teacher. “I’ve also seen at school how kids translate for their parents. Like, once a kid was talking to the teacher and the teacher was saying how everything was wrong and he needed to bring his grades up and the kid was telling his mother that everything was fine.” Although hospitals are now required by law to have interpreters available, one participant remembered; “I had a situation once in which I was translating for my mother... I was still learning English. My mother was having surgery and there was no one around to translate. I realized many years later that I had translated something incorrectly which could have harmed my mother.”

²⁷ U.S. Department of Justice, Federal Interagency Working Group on Limited English Proficiency, “A Message to Recipients from Ralph F. Boyd, Jr., Assistant Attorney For Civil Rights, United States Department of Justice,” 2005, www.lep.gov.

Language is a Complex Matter in Latino Communities

As the demographic data highlighted, Latinos may speak only English or Spanish, speak some combination of both, or be fully bilingual. In addition, they demonstrate varying degrees of literacy. While increasing the availability of Spanish language materials and personnel can help, it will not address all issues pertaining to language. Community members noted the variations in Spanish language ability among Latinos. Here one community member discussed why some Americans of Hispanic origin no longer speak Spanish.

This community was established many years ago. The people here are fifth generation immigrants. Those who don't speak Spanish were actually taught by their parents not to speak it, because at that point when they arrived they were discriminated against, so they didn't want their children to suffer because of the language.

Moreover, community members expressed concern about nonprofit organizations that they felt were unwilling to provide services in both Spanish and English.

Another issue is Spanish literacy since one-third of the foreign-born Latinos ages 25 through 34 in the Chicago nine-county Primary Metropolitan Statistical Area have less than a ninth grade education and only 26 percent completed high school.²⁸ A nonprofit provider of English as a Second Language (ESL) classes described her students as follows:

We have maybe 20 percent of the women [in our program] that can of course speak Spanish, but they really never had the opportunity to learn to read and write it, especially the people from very small towns who really only at the most would get six years of education and then that would be it.

As a result, nonprofit providers must provide more information verbally. As one nonprofit provider explained:

Our clients, they don't read anything... We put out anything that would call their attention and they don't read. We have everything in Spanish, but they don't read. That's our problem. You need to tell them what the name [is], where they need to go, how to get there... And also because we have many people that didn't finish elementary school, they don't really know how to read in Spanish.

This requires more staff time and may reduce the number of clients that can be served by a provider.

Providers Must Translate and Interpret When Providing Services

The nonprofit providers identified the increase in service intensity associated with translating information into Spanish while simultaneously orienting Latinos to the culture of service delivery. Nonprofit providers described the need for increased follow-up to ensure that Latinos make and keep appointments, including assistance with directions:

It takes double the energy when we work with Latino families, Latino patients, Latino clients. For example, we sent a patient for speech evaluation at [the outpatient hospital] and they've moved their well services to their new health center... So from the time we gave this mom the instructions, the appointment and all this we made eight phone calls reminding and them calling us back 'Now I'm here, where do I turn?'... We can't just say, 'You have an appointment next week at this time. This is the address.' Eight phone calls later we managed to get that child to the speech pathologist on time on the right day, but it just takes so much energy and effort...

²⁸ Ready and Brown-Gort, "The State of Latino Chicago: This is Home Now," 26-27.

Another provider added her perspective on the issue, “It does take all that time. We call people constantly. ‘Don’t forget tomorrow’s your class.’ But I think it’s worth it. It’s part of the built in cost of working with a population that is learning to survive in the United States, but I think that’s the only way.”

Despite the commitment of these providers, nonprofits are typically not funded to provide bilingual services or additional case management. In the case of health care, it changes the number of patients that a community health center can see and may affect the bottom line. One provider described the limitations imposed by the funding for resource and referral: “And by the way, that grant only pays for her salary so we don’t get especially (sic) the funding we need to pay [for] everything... They say training and we need to cover [it], but they only pay the salary and they want us to provide so many services... One person is not enough anymore.”

Nonprofit providers of child welfare services are especially burdened because of the administrative reporting requirements. A provider expressed his opinion that the counselors should be paid more for providing services in two languages. “We can’t keep our professionals here. We need to pay them what they’re worth because they’re doing two languages...when I hire people you’ve got to pay them more because they’re doing double work. They’re doing it in English and they’re also doing it in Spanish.” A member of the project’s Advisory Committee explained that because monitoring of child welfare cases is conducted in English the provider must first translate all reports into Spanish for the family and then back into English with their responses for monitors. These providers are not adequately funded to serve the increasing number of Latino children whose parents may not speak English or understand documentation that is written in English.

Spanish-speaking Latinos Face Barriers to English Language Acquisition

Nonprofit providers that reported maintaining successful ESL programs have limited capacity and resources to expand.

I think that we can provide more services, but the problem is always money. It’s the lack of resources, the lack of funds. We have a waiting list for ESL classes and right now it’s 350 people. So we can’t open more classes because we don’t have the room and we don’t have the resources to pay another teacher. So we work with a lot of volunteers, but it still is the same [issue of] the money. How can we open another program?

At the same time, participation is affected by the demands of work and the population’s mobility. One nonprofit provider commented, “Our students in ESL, GED, and computer are... 250..., but they start dropping [out] and you know we serve mainly Hispanics here and they drop [out] a lot and they get jobs and move a lot.”

Nonprofits and other providers of ESL classes have used a variety of incentives to encourage participation. In fact, one participant reported being paid to take classes. She recounted; “Yes, I remember they had a program in [Mundelein]. They paid me 150 dollars every 15 days to go and learn, but they closed it down...” Latinos who are working and raising young children often do not have the time, child care, or money to attend ESL classes that are available in their communities. There was only one community member who reported having access to ESL classes at work. In addition, when asked where they learned about services, one participant noted that her first contact was her ESL teacher.

Providers discussed the relationship between learning English and the very real desires of Latino parents to help their own children learn English, succeed in school, and pursue a college education.

You know it's very interesting because we've asked the women, 'Would you like for us to find tutors that can tutor you to learn to read and write in Spanish before?' And they look at us like 'Are you nuts? We need to help our children. They're learning English...' ... 'We need English. We really need that English.' The other is almost a luxury for them.

Many of these parents recognize that although they may not have had education themselves, the need to be able to understand information in English to help their children reach these goals.

The focus group responses illustrate that there are many facets to the challenges of serving a largely, but not solely, Spanish-speaking Latino population. A 2003 Urban Institute study of the issues facing immigrant families and workers noted that limited English proficiency is among the top reasons many of the eight million eligible immigrants across the country have not applied for citizenship. Therefore, increasing access to ESL classes, which may be provided by nonprofit organizations, may well bring about improved access to social services for Latino immigrant families in the long run. Funders and nonprofit providers must adapt their funding and service models to enable them to respond to the Latino population in a linguistically and culturally appropriate way.

Information and Outreach

Latino community members described the considerable challenge of seeking services with limited information or understanding of the eligibility requirements. The lack of written information in Spanish creates further barriers for Spanish-speaking Latino individuals seeking needed services.

Latinos Have Limited Access to General Information in Their Communities

When asked where they get information, the following complaints about lack of information were reiterated across the focus groups: "services for Latinos are not announced," "there are people who don't have where to get that information [information on laws]," "It costs money, and if there are no resources, there are no flyers." Community members stated that information was generally available in the offices of nonprofit organizations, but they thought more information should be available in other public places, such as schools and libraries.

Information is Available in Spanish, but Spanish-speaking Staff Are Not Always Available

Some organizations have printed material in both English and Spanish, which suggests that assistance or services will be available in Spanish. As a result, clients may become frustrated and confused when the written material is in Spanish, but the agency has no Spanish speaking staff. So, as one participant told the group; "Sometimes, the flyer is in Spanish, and it has a telephone number. When you call it, they answer in English." Or, "I've seen it happen in other places like the place where you get your driver's license...They have the book in Spanish but when you go and you have to take the test in English, so I don't even know why they have the book in Spanish." However, community members distinguished between nonprofit organizations and government offices. "The Spanish language is not recognized by the state as an official language, so you have what you have."

When nonprofit organizations make written information available in Spanish, they create the expectation that they will be able to deliver the service in Spanish too. As noted earlier, this may also be attributable to the fact that growth in bilingual staff and programs has not been commensurate with the growth in the population, especially in the collar counties.

Spanish Materials that Are Available May Be Too Complex for Some Latinos

Many immigrants have limited literacy in Spanish, and may not, therefore be able to read the information that is available on community services. A case manager had this perspective on the quality of the information that is available.

What's the point in giving someone a brochure if the text is written on it is so complex, you need to be a college graduate to understand it? We know that the Latino people in our community have an education level equivalent to fifth or sixth grade and they – sometimes – are ashamed of it so they just say they don't have time.

Some community members also said that they were unlikely to read a brochure that did not have pictures. One participant described how she used to collect brochures to help her children learn to identify the letters of the alphabet and then, one day she finally read one and realized the information was useful to her. Similarly, a provider noted how daunting it might be to seek services when you don't know the language:

I think that we have many great programs, great opportunities, and the community, the Latino community does not come [here]. They just don't come and it's not because we don't have all that stuff. It's just that they hesitate and I put myself in that situation and think [what] it would be like to walk into a building and I know nothing about it. I can't read one thing. I can't communicate with anybody. And I have to say, I'd be too scared to do it. And I can respect that. It's very intimidating.

Nonprofit Providers Respond to the Lack of Information with Outreach

Given language barriers as well as limited information, it is not surprising that outreach is an essential means of reaching the population. It also plays an important role in building trust within the Latino community, which then results in Latinos becoming aware of nonprofit programs through word of mouth. A critical partner in this effort is the churches, as one provider explained; “On our end, it's building relationships with our parishes and with churches in the community as far as educating them about the services we provide and making sure they are aware of events that might be going on.” This was reiterated in another community as well; “Here [in the Latino community], the churches are where you can go. That's the first place you go if you want to expand your services – you go to the churches. They're the ones that can disseminate the information out to the clients.” Community members look to their peers for this type of information, noting that; “Something that helps is when you get feedback from someone who has already used the service. That way the person can recommend it because many people don't know how it is or where to look.”

At the same time, one community member felt that while important, churches are not a complete source of information. “I found out through my parish about many aid programs, but then when I became a volunteer, I learned of many services available. I mean, there are many services out there that are not being used because most people tend to call their parish first when they need something. It's a cultural thing.”

Nonprofit providers recognize the importance of aid as an entrée to services: “The food pantry is almost like a door for people to come in and it's not just for Latinos because we were able to reach many, many others, but speaking about Latinos, once they come into the program we let them know about all of our different programs and we let them know about the programs that each member of the family can access.”

One nonprofit organization does outreach into the community through trained volunteers, which they view as an important strategy for not only educating the community about their services, but for learning about the needs of the community:

Our health promoters have to be our key to success because they're from the community and trained to go back into the community. And because we're from the community when we wake up in the morning we know what happened during the night... We know what happens in the community affects all of us so when someone comes and shares something with us we truly understand.

The health promoters go on home visits and do a very good job because we have found in the home the problems. There is a lot we don't know about individuals until we walk inside the house. Once we are allowed to come into the house, we realize that there are so many things happening in one home and so we're able to see commonalities, the things that people have in common, and address not just individual needs but community needs.

The comments above regarding the health promoters are similar to another discussion among the nonprofit providers in which one provider stated that she viewed outreach to children as an important means of establishing a relationship with the family. Once the children are receiving services, the nonprofit can assist in providing referrals to meet additional needs the family may have from housing to ESL to counseling. In other nonprofits, support staff are able to perform the same function; “Every one of our offices has just wonderful support staff that welcome people. I think that's the real key to our success is where people just come sometimes just to visit because they're comfortable. And that's why I think we've been able to find out some really serious issues going on like domestic violence and things where we can actually help support people.”

While outreach is an important strategy for overcoming lack of information, providers must also be more knowledgeable about the Latino experience to be effective. A provider described the success of the Even Start parenting program that brought a bicultural teacher into the home; however, she had some words of caution for the nonprofit providers in the group. She noted that many of the early intervention programs are designed to engage the parents in long term goal setting, but this approach can easily be misunderstood by immigrant Latino parents who have already achieved goals such as getting to the U.S., finding work, and enrolling their children in school. In this context, they may not share the same sense of urgency as providers.

Nonprofit Communication and Collaboration Increases Information and Access

Communication and collaboration between nonprofit providers is a core strategy to address the growing Latino population. Sixty-five percent of the nonprofits in our focus group reported that they always or frequently refer Latino clients to other agencies for services they do not provide. One provider commented: “An important key is to collaborate with the other nonprofits and other agencies that offer something that you don't.” One provider described how a predominantly Latino serving nonprofit can build a bridge to an existing service; “We are working with Boy Scouts because they want to reach out to Hispanics and they don't know how. So they ask us, ‘Would you be able [to help us]?’ and we put together a group of 12 kids and they're meeting... If we call them, they say ‘yeah’. But if Boy Scouts calls them, they're ‘eh’.” Collaboration also enables nonprofits to provide additional services. “We're bringing in people from outside the community... So people who have been working with workers' rights we're trying to identify them, bring them into the community, and bring in the information that we need. We don't have funding for it, so we're bringing in people that do have funding.”

A related strategy, according to one nonprofit, is communicating an organization's perspective on the immigration issue; “Being really pro-immigrant. I think it's important to embrace that. We're not shy about it. We stay abreast... from way back in '86 Immigration Reform and Control Act to what's going on now and making sure people understand that this is what we do. We're going to try to figure out how to have everybody live together...” Communication between nonprofits and local government can also address some of the misunderstandings that arise due to cultural barriers rather than language.

Collaboration is huge. I mean, I have to constantly work with the police department to give us a shot at working with people. You know 'cause when people come from Mexico there are certain things they don't understand. You know, like leaving your kids in the car or driving without a seatbelt or whatever and instead of them arresting them... get them to understand that this is the kind of thing we do.

The strategies described above are enabling nonprofits to not only reach more Latinos, but to augment their services and serve what might best be described as cultural liaisons between Latinos and the larger community.

Latinos Learned About Services when Volunteering and Suggested that More Information be Made Available Through Radio, Internet, and Churches

According to several participants they did not become aware of nonprofit services until they volunteered for an organization: “I found out through a friend who invited me to attend some leadership lectures for Latino women. I went and I became a volunteer and that’s how I learned of everything else that was available.” According to community members, nonprofit services for Latinos could be promoted through several different media. “The radio, I think, is very important. Many people listen to it.” Another participant continued, “Yes, people who work in construction, home makers. Perhaps Radio Única, la Tremenda. I think it would be good.” Unfortunately, participants thought that radio programs focus on Chicago and did not advertise services in suburban communities. In another group, participants recommended that “ideally there should be a place, a program where people can look [up] aid organizations from their home.” But, participants who had used the Internet said more of the information on the Internet needs to be in Spanish.

As noted earlier, churches are a critical point of contact in the community. In all the focus groups, when asked where they would like to find information at least one participant mentioned the church. However, it was suggested that it is insufficient to just post flyers. “There are services at the rectory, which is where they see people. There are brochures. But sometimes you don’t even go into the rectory, so you’ll never know. At least the church bulletin is readily available.”

Cultural Barriers Affecting Use of Services

Three cultural barriers that influence the effectiveness of social services for Latinos in the Chicago metropolitan area emerged in both sets of focus groups. They are the complexity of the U.S. health, human services, and education systems, Latino attitudes towards seeking help, especially mental health services, and the lack of bicultural counselors to serve Latinos seeking services.

Latino Immigrants Must Navigate Complex Systems when Seeking Services

Health care as well as other publicly funded social services are provided differently in every country and using these systems requires an understanding of the cultural context in which they are provided. Nonprofit providers described the lack of knowledge about cultural norms and the lack of information about how systems work as barriers to successful service delivery and receipt. Some providers view this education as part of their work with the immigrant community, but others suggested separate education, similar to citizenship classes, to help Latinos integrate. For example, here is the conclusion of a health care provider discussing the fact that some specialists will not take Latino patients who are late or miss appointments: “That’s what I’m talking about by helping people assimilate and learn the ropes. If you don’t know that and many people legitimately don’t know that you’re supposed to call, and somebody never tells you that, it’s a problem.” Some of these cultural misunderstandings have affected the community, not just one person or family. For example a provider commented, “we have a number of specialists who will not take our patients just because they’re [health clinic] patients because they’ve been late or have not shown up to appointments.”

The growth of the Latino population and its migration to the suburbs has coincided with fundamental changes in the way government provides services to families under PRWORA. Families face increased eligibility requirements and increased regulation governing access to needed services. One community member commented that the system has become more complex since she was a child when clinics were funded directly to provide services and children were not required to enroll in insurance programs like KidCare. She said, “My mother used to take me and my sisters because we didn’t have insurance. Also, it was easier because they didn’t have KidsCare (sic) back then.”

Another complex system that was discussed by community members was the higher education system. One community member expressed frustration that Latinos were unable to take better advantage of available financial aid, “There are many scholarships to which many do not apply because no one told them what to do, so they should have a place where they could go, sort of like a club, to obtain all this information.”

Focus group participants described discomfort and misunderstanding among recent immigrants relating to diverse issues, such as parenting practices and payment for services. It was clear that some of the education around cultural norms would have to be provided to recent immigrants while delivering a specific service, such as resource and referral or tutoring. From the perspective of the nonprofit provider, this is equivalent to unfunded case management. In addition, it highlights the critical role that adequate funding for resource and referral could play in these communities with growing populations of recent immigrants.

Latinos are Unaccustomed to Using Mental Health Services

Latino attitudes towards mental health services were raised in many of the focus groups with both community members and providers regarding unmet needs and problems of access. Resistance to counseling and related services was clearly expressed by one group of community members. The conversation²⁹ went as follows:

P: There’s a stigma...

P: It’s too difficult to admit you are going to a therapist, I don’t believe in therapy myself...

P: They can have this sort of group conversation, not necessarily individual sessions because Latinos find it hard to admit we need help.

A case manager also described resistance in her community despite the fact that her agency had increased its bilingual staff. “My program has more [social] workers, just because it is for Latinos, but I know that many people will not seek the service just because of the stigma associated with it.” She then identified an outreach strategy. “Well, one thing that will motivate parents is family. For example, if a person is suffering from depression, and I know this person has children, I offer service for the children.”

For providers that deliver child welfare services as a government contractor this barrier is an important challenge that they must address if families are to be reunited. One nonprofit executive in the suburbs described the attitudes of Latino clients as well as an earlier experience with this population in Chicago.

It’s a Caucasian thing to go to therapy; to get mental health services...It’s the generation that was born in the United States that has picked up that concept. The people that we’re going to be working with don’t have that concept. If you say ‘I’m going to go to counseling, oh, you think I’m crazy.’ ‘No this is going to help you.’ In my case, ‘it’s going to help you get your children back’...I had that in Chicago and it took us a long time to convince the Puerto Rican population in the Humboldt Park area that they actually need counseling or drug treatment or mental health services or developmental disability services for their children. I mean, so it takes that time and that’s one of the biggest challenges we have.

²⁹ Comments made by participants are preceded with P:.

Latinos Seeking Mental Health Services Cannot Find Bicultural Counselors

In contrast to the resistance described above, Latinos who recognize they need help and seek mental health services will face challenges in finding bicultural and bilingual mental health providers with whom they feel comfortable talking. They may have to engage in counseling using a translator. The great lengths to which a woman in distress went to find a bilingual specialist was described by one provider; “I had a lady who went to Mexico to get counseling because she couldn’t find somebody who spoke Spanish here. She was there for two months. She said ‘I just can’t talk to a person with another person being in there. It’s not the same.’” One provider reported that depression was the number one problem reported by community members in Aurora in a recent needs assessment. Many bilingual counselors quickly become burned-out, according to nonprofit executives. “There are none, even just a psychiatrist, to send them to. [In] Chicago there is a long waiting list for counselors here. When they do come there is a three month waiting period. And then people [the counselors] get so frustrated, they are gone within three or four months of being hired.”

Providers are also concerned that too many Latinos are suffering needlessly. These two comments highlight the issue:

Another response to where people go is that they just don’t. Families try the best they can to manage whatever issue they are dealing with. They do it on their own and they might do it okay and they might not. It’s sad and it’s an extra stress factor.

If the family isn’t doing well, if they aren’t able to access services... then the child is going to have issues. It shows up. We see it with behavioral problems. We’ve taken a family strengthening approach and what that means is that we try and offer parenting classes, ESL classes, access to mental health and vocational counseling, not just through [our organization] but through other agencies.

A related issue is the general lack of funding in Illinois for treating mild and moderate mental health conditions that result from the stressful situations described by many of the community members and providers in the focus groups. Despite the stigma and funding concerns, all provider focus groups prioritized the hiring and training of bicultural, bilingual social workers and mental health professionals.

Financial Barriers

Latino Immigrants are Working, but Struggle to Make Ends Meet

Many families in Latino communities across the Chicago region have limited income and struggle to meet their basic needs. This issue surfaced in all of the focus groups as an ongoing challenge. Low-income Latino workers are often concentrated in industries that pay low-wages and offer limited if any benefits.

Providers working primarily with recent immigrants described in detail the stress caused by these financial situations.

We talk to the mothers that need to be at home with three or four kids and the father needs to go to work. They have no money for rent. They don’t have gas. They don’t have lights. They don’t have food. And the kids talk about that. The problem of domestic violence in these families is because they cross [the] border and they get nothing. The lack of money is one cause of domestic violence.

In the case of Medicaid and child care, Latinos, like other low-income working families, are affected by the income eligibility requirements. One community member expressed her frustration, “not qualifying because you earn two bucks more than you should? The guidelines are crazy.” One nonprofit leader commented on the challenge of being ineligible for subsidized services due to income level, but unable to afford to purchase child care services without a subsidy.

People are struggling and there is a level of people who I’m finding are ineligible, say, for our child care for [our organization] to get reimbursement, but we’re trying to work with a sliding scale because it’s this working poor – they can’t afford to go that much further. They’re just making a few dollars more than what the income guidelines are saying. They’re almost being penalized for it. And from where I sit, it’s really affecting the children.

Particularly at-risk are the families of undocumented workers. The consequences of their status were described by one nonprofit provider: “There are families living in poverty where both husband and wife work earning \$3.75 each, when their salaries combined is the minimum each one of them should be making...”

When asked about unmet needs, a provider spoke about the financial needs of immigrant Latinos, regardless of documentation status.

I just think of all the requests that come in for financial assistance, which means people are either not working or not making enough to make ends meet. So how do you either provide job development or job training to enable people to get into a decent paying job when they have trouble with the language? It takes time to learn the language. How can they sustain themselves?

Community members also mentioned that the fees associated with classes, such as ESL and recreation pose a financial barrier to participation. “[An organization] has classes which they will give free if you apply, but then you have to pay for your own expenses, such as books, photocopies, etc.” Another example given was that Latinos could not afford soccer uniforms, which they said cost \$200, and they did not know if there were scholarships.

These comments demonstrate that providers are faced with the challenge of identifying resources to not only meet very short term needs for immediate assistance, but to develop and invest in programs that will result in long-term resources for the family, such as literacy, education, and career development.

Health Care Costs are Prohibitive Without Insurance

The high cost of health care and health insurance was frequently raised by community members as a constant concern. Talking about access to hospitals, one community member commented that: “Sometimes they tell you to go up to [the hospital] and you go and they’ll send a huge bill and then people are worried. ‘How am I going to pay for this?’” The dialogue continued about a closed pediatric clinic and services provided under Medicaid and the high cost of immunizations. Another participant described the experience of seeking health care as follows: “They all ask you for your credit card number or your check. They tell you this is what you owe and you have to pay it. No one volunteers information on a payment plan...” They recalled a Spanish-speaking social worker, who advocated for Latinos who had medical bills: “[She] had these big arguments with people [the administrators], but she would not stop. If she could find all the funds to pay your debt, she would.”

Documentation and Program Eligibility as Barriers

Requirements Confuse and Frustrate Nonprofit Providers and Their Latino Clients

Given the complexities of the current laws, it is not surprising that confusion regarding eligibility is a factor that prevents immigrants from seeking publicly-funded services provided by nonprofit organizations.³⁰ Increasingly, the government is requiring a Social Security number and is able to use technology to verify the authenticity of such documentation. The reality for many nonprofit health and human service organizations in the Chicago metropolitan area is that a portion of their clients are likely undocumented immigrants. Limited eligibility, language barriers, uncertainty and the lack of documentation of some immigrants affect the operations and bottom line of nonprofit organizations. For example, when nonprofits elect to serve individuals awaiting documentation of their legal status, they will not be reimbursed by the government for these services. They must raise the funds needed from private sources – individuals, corporations, and foundations. Nonprofit managers are faced with difficult choices when legal requirements or limited funding are adversely affecting service delivery. These findings describe how nonprofits serving Latinos are responding in an environment dominated by intense government scrutiny and legal confusion regarding eligibility among clients.

One nonprofit leader expressed the frustration of dealing with these difficult situations:

The reality is there are so many undocumented people who have been living here for years. The system is not only outdated, even if you are eligible to get a visa you are waiting 12 years, eight years if you are married to a lawful permanent resident or a lawful permanent resident yourself. It's a long process and our hands are tied on a lot of what we can do as a social service agency to even help our clients because of their immigration status.

The children of Latino immigrants are more likely to be eligible for government benefits and services because they are more likely to be native-born. However, community members discussed instances in which children were denied services to which they were entitled when their parents could not produce the correct documentation:

Once, when I arrived here, I was trying to enroll my children in [public] school and they requested some kind of legal ID, so one of my brothers-in-law had to help me with that... And it was very hard because I had three children and one comes here trying to live the American dream and everything is held back.

Similarly, each federal and state funded program may require different types of documentation as proof of eligibility. Some of the standard documents include rent receipts and paycheck stubs. Community members described some of the challenges in complying with the documentation requirements such as “Another thing is that many people cannot demonstrate how much rent they pay because they live in basements and pay the other family.”

In addition, nonprofits are facing changes in the implementation of federal laws regarding licensing and documentation that limit the programs for which undocumented persons were formerly eligible. A provider of foster care services lamented:

We've seen that from the foster care side similar to the issues with Social Security numbers. When a child is removed from the home they can be placed with a relative. It's called a home or relative placement. Well, there's a big push to make those home or relative placements into licensed foster homes. Well, once that happens in order to receive funding, it has to do with the forms that need Social Security numbers. So a lot of the children that are placed with undocumented families who have been stable for years in order for them to continue to service the child they either have to be legal residents and have a Social Security number, or they have to remove the child from the home. That's a big problem. One solution is to change the form so funding goes to the child as opposed to the [foster] parent...

One provider of services to people with developmental disabilities (DD) and mental illness discussed the importance of maintaining non-entitlement funding for services;

[Our organization's] mental health services and DD, they are primarily funded by the Department of Human Services... agencies like ours have advocated that a number of clients who are recent immigrants do not have the Medicaid... They [IDHS] basically want to increase the reimbursement from the federal government. So they want to move towards the direction of Medicaid-funded clients receiving services, but agencies like ours have advocated that we still need to have a pot of non-Medicaid dollars available for the population that does not qualify.

Undocumented Latinos are Afraid to Seek Services for which They or Their Children are Eligible

“There is also that thing of being what they call ‘an illegal immigrant,’” said one community member. The unresolved immigration debate in Washington, D.C. and the increased enforcement of laws regarding the hiring of undocumented workers have raised the level of fear among undocumented Latinos. They are unclear as to what rights they have. One provider noted that “We’re seeing people who have problems with immigration papers. They may have a legal status but they can’t afford legal fees, they’re afraid to go for help with papers...”

Navigating complex eligibility requirements creates particularly difficult challenges for the many mixed-status Latino families where parents are not legal permanent residents and some or all of their children are citizens or spouses have different legal status. This is an important issue because Latino children represent a large portion of the school-age population. In 2005, there were approximately 267,000 Latino children ages 0 through 17 in Chicago, accounting for 37.6 percent of the children. By comparison, Latinos in Chicago represent only 28.8 percent of the population overall.³⁰ Latinos are afraid to seek even those services to which the undocumented and their children are entitled, as one provider told her focus group:

The issue of documentation – that is the elephant in the living room here. That’s what causes a lot of people to not be able to access services, not try to... to be afraid to access services. Even when it comes to the early childhood piece, if you go and do a home visit and you haven’t really made a point to tell them that at 10 o’clock you’re coming to the door, they won’t answer the door. I mean, if they don’t remember that they made the appointment, they won’t answer the door because they don’t know if you’re la policia or who you are... So they’re fearful and won’t even open the door. So you’re out there with your cell phone trying to get them to open the door.

Providers also noted that parental fear can become a critical problem when the children become adolescents and the families face the added challenges that all parents face in supervising a teenager. One provider said, “To piggyback on that, we need to educate parents not to give up on their kids after they’re 10. It’s about educating the parents as well as saying, ‘this is what is offered for you in your community. You need to make sure that you stay involved in your child’s life as they become teenagers.’” In other words, undocumented and mixed-status families feel compromised in their ability to advocate and seek services for their children. Nonprofit leaders attributed limited use of KidCare and poor attendance at parent meetings to the Latinos’ uncertain legal status. When a community member complained to the focus group leader about the bilingual classes at her child’s school and the leader suggested that she address it directly at a school meeting another participant replied, “Many people don’t go because they are afraid.”

A nonprofit provider of cross-cultural community exchange programs explained that Latino parents feel more comfortable with fellow Latinos. Latino immigrants are reassured when services are provided by others who understand their complex situation. She said,

³⁰ National Immigration Law Center, “Overview of Eligibility for Federal Programs,” April 2005; and *Guide to Immigrant Eligibility for Federal Programs*, Fourth Edition 2002

³¹ Bureau of the Census, 2005 American Community Survey.

One of the things that Hispanic parents have suggested to us in some of [our meetings] has been that perhaps a center in neighborhood churches could be created so that there would be other Hispanic moms. For example, that on a night when there were school conferences a couple of moms could come in [and] that the other Hispanic moms felt much more comfortable if there were other Hispanic moms and not Caucasians.

Nonprofit leaders also reported that community members have experienced discrimination in their communities that leads them to limit public activities, “It’s there. It’s a real thing. Our people they want to stay invisible so they don’t draw attention to themselves so they can make a living and survive. So getting somebody to actually step forward in the community is very difficult.”

The focus groups reported that a distrust of government services and fear are not solely a result of the current debate and has always had an adverse effect on the community. One provider commented on her experience: “Through my 13 years of work, people who come from countries where the government is corrupt and has been corrupt for a long time... They’re going to be very distrustful of a large government-style agency...” While there are many places, especially the churches, where Latinos are comfortable, there are numerous others where fear exists.

Additional Barriers Affecting Use of Services

Working Latino Adults Cannot Access Services During the Day

Many Latinos, like other employed individuals, have difficulty accessing services that are only available during the work day. One community member commented that most of the agencies are closed when people leave work. A health care provider reported to the group that the community health center where she works had recently decided to provide services twenty-four hours a day and seven days a week. It was also suggested that Latinos in Aurora would benefit from a large multi-service center where families could obtain services and child care. This concept builds on the idea of providing parenting programs during preschool hours.

Location of Nonprofit Services and Lack of Transportation Pose Limitations

Public transportation coverage is inadequate, especially outside the City of Chicago. Transportation was seen as a barrier to services in all the community member focus groups. Participants described spending long hours traveling to appointments because of infrequent public transportation and the lack of conveniently located providers, such as community health centers which some Latinos prefer over hospitals. As a result, Latinos sometimes are unable to obtain services or go to great lengths to do so. In Round Lake Beach, one participant told the story of a pregnant woman who had to travel across [Lake] County to Waukegan for her appointments. Another participant started the discussion, “...in Aurora there is a huge problem with transportation – there are no buses.” Another participant added “I’ve heard from people at school that they pay a neighbor to give them a ride.” While taxis are available, they were viewed as prohibitively expensive. One Latina spoke about trying to get her daughter to an appointment. “I had to leave two hours early or not take her because it was cold or windy and I had to stand there and wait.” One client noted that another problem is that there is limited information about transportation services. And, as one participant confessed, “I’ve had to cancel sometimes because my daughter cannot drive me, so I have no transportation.” In addition, participants reported traveling long distances to seek services from providers that are known to have Spanish-speaking staff as well as free or affordable services.

Community members and providers in Cicero-Berwyn mentioned that Latinos in their community can and will obtain services that are located in the City of Chicago, including traveling north to Pilsen and Little Village. These services are accessible by public transportation. Community members reported that they had attended ESL and GED classes in the City in addition to using Cook County Hospital. While participants in Cicero-Berwyn have access to public transportation, they also reported transportation problems, especially for community members living in the westernmost parts of Berwyn.

Future Needs Identified by Nonprofit Providers and Latino Community Members

Each of the focus groups identified on average a dozen needs across the communities represented. The following section focuses on the critical needs that were frequently mentioned by Latino community members and were a priority of the nonprofit providers. Given that the discussion covered a broad range of social and health care services, the nonprofit leaders were asked at the conclusion of their focus group discussion to prioritize among the needs, which were listed before the group on an easel. Each person voted for the two top critical needs in the community and could also vote twice for the same need. When the results of all the focus groups were aggregated and reviewed, the following five areas of need were seen as the highest priorities in Latino communities.

Additional needs were mentioned in the focus groups and a complete list of the unmet needs from all the focus groups categorized by type is included in Appendix C of this report.

Youth Services

Youth services, including after-school and weekend programs, recreation, tutoring, career services, and job training for children ages 12 to 18 who are no longer eligible for child care subsidies was viewed as the most critical need by the focus groups. Youth services and educational support were priorities for 20 out of the 27 nonprofit organizations represented in the focus groups. Latino parents and community members, like other ethnic and community groups, are concerned about their children's futures. Recent reports have discussed the trends in Latino educational attainment and the fact that children emigrating to the U.S. when they are older than eight are less likely to complete high school, a GED, and go on to college.³² Within the City of Chicago, Chapin Hall concluded that due to the population shifts, there are now more after-school slots in the depopulating community areas than in those where the number of youth grew during the past 15 years.³³

A nonprofit provider of youth services explained that there is a need for pro-social activities for Latino youth who have not been engaged at school. Another provider explained the demands her agency faced and why these programs are so important:

We are getting calls continually because we have an intervention program that deals with youth at-risk. We've gone down now as far as 11 years of age because we're really finding that gang recruitment starts early and it's starting much younger and it's all over the place. It's really scary because some of these kids are on the borderline. They have problems at home and they form bonds with these gangs.

The mental health providers in the focus group commented that relationships between parents and teenagers often become strained and can result in domestic violence. A nonprofit staff member who trains parent mentors commented: "Domestic violence is a big concern for me because a lack of education is why it is so prominent in all of the neighborhoods, so when we can get a parent, whether it's a father or a mother, who has someone that they feel comfortable picking up the phone and saying this issue is getting worse or give me some things that I can do, or how do I respond properly to this." From the community members' perspective, it is creating places for youth and more comprehensive programs, as stated by these participants:

P: This community has no youth centers to help with [gang] prevention.

P: We need more programs for activities in the parks, because they only have things for boys and nothing for girls.

P: Other communities have gymnastics, after-school manners class...

P: Also, we don't have places for children to burn all that energy they have.

³² Ready and Brown-Gort, "The State of Latino Chicago: This is Home Now," 26-27.

³³ Goerge, Dilts, et al., "Chicago Children and Youth 1990-2010: Changing Population Trends and Their Implications for Services," 26-27.

A participant summarized the concerns raised in all groups; “It seems like kids reach age 12 and that’s the end for some of the after-school programs... [It’s] that [lack of] the continuum.” As the following discussion among community members recommends, youth services focused on providing information about available programs and educational support are needed.

P: I also think that there should be some kind of clearinghouse for youth, where they can call... P: If they didn’t get any aid in high school, they can go to this place and obtain all the information they need.

Like other high school students, not all Latinos will choose to pursue a post-secondary education and the availability of other options for youth is also needed. One provider noted that there are no alternatives to traditional high schools for Latinos outside of the City of Chicago. An increase in youth services targeting at-risk teenagers would respond to the low rates of high school completion.

Access to Affordable Medical Care and Comprehensive Services

It is not surprising that access to affordable medical care was among the top critical needs when one considers that on average only one-third of Latinos have health insurance and that foreign-born Latino children are the least likely to be insured. Focus group participants described receiving high quality primary care at local community health centers and county health departments. However, access to specialty care, mental health services, dentists, and eye doctors was limited in all four communities. In addition, providers and community members commented that there are very few services for uninsured men.

In all four focus groups, residents knew about the existence of community health centers in their communities and most had sought services. “...I switched to [the clinic] and now they charge me \$15 dollars and the doctor who sees me [speaks] Spanish and she is prescribing the correct medicine and all the things I need.” In addition, one participant commented; “Some of my family members have used... clinics because they are less intimidating than hospitals.” “The clinics we have are very good, but they are only for pregnant women and children. There are no free services for men.”

Community members were also aware of public health department clinics, but they were mentioned less frequently with the exception of Cook County Hospital, the only public hospital in the region. In fact, one provider expressed concern that changes at Cook County Hospital are going to be catastrophic for the Latino community:

P: What is going to happen in our communities once the issues with Cook County [Hospital] shake to the floor? There are services that we are very dependent on – hearing screenings for children. That is where most of our people get their services – Cook County [Hospital] and they’re closing all of the dental centers in Chicago.

P: It’s a crisis.

P: And some families are going to go without [services].

P: Some of them are doing that now.

However, seeking health care at Cook County Hospital can also require that the patient wait an entire day and some Latinos cannot take a day off from work. Despite the inconvenience and the long waits for emergency room services, Latinos in the collar counties are referred to and travel to Cook County Hospital where there are Spanish-speaking staff and sliding fee scales.

A staff person at the same agency added, “For mammograms, there are a lot of agencies that work with Cook County [Hospital]. They come to different sites. Through a contact with [a private hospital]... they are able to give a good amount of free mammograms at their site... We have to very careful because if we don’t follow exactly the steps that we’re supposed to do then there might be a bill sent to the individual.” In this case, the nonprofit is working to ensure that individuals without health insurance have access to funded services.

In addition, when Latinos are forced to seek services in hospital emergency rooms, community members reported that often there are no Spanish-speaking staff to assist them. In addition, as noted earlier in the section on financial barriers, the bills for these services can far exceed a family's ability to pay. Community members reported that hospitals are not willing to negotiate regarding repayment with all patients. Community members reported that lack of access and the high cost of care are particularly burdensome for the undocumented, "There are many illegal aliens who pay thousands of dollars on medical things for their children."

Effective responses to the problem need to include expanded health insurance coverage, access to subsidized primary care, specialty and hospital services, language assistance via translators and interpreters, and increased suburban capacity.

Several of the comments by nonprofit leaders and community members reference domestic violence in the community. The issue emerges both directly and indirectly when families are seeking assistance for health and unrelated problems, such as food or child care. A nonprofit provider of family counseling discussed the lack of funding for the treatment of mild to moderate mental health problems that might prevent instances of domestic violence. Like mental health, there is both a lack of funding and service providers in Latino communities.

Legal Services

The focus groups identified several issues within the Latino community that could be addressed through the provision of affordable legal services. They include assistance with immigration documents, workers' rights, and complaints against landlords. Without a better understanding of the immigration laws or adequate representation, many potential legal permanent residents are afraid to pursue citizenship. Due to the increase in workplace enforcement, some employers are taking it upon themselves to screen their employees for potentially fraudulent Social Security numbers. One provider, who is trying to address the issue, told of being overwhelmed by community members who did not know what to do.

A lot of workers who receive these [unofficial no match] letters [from employers] they become afraid and they leave not realizing that these letters are not from the Social Security office. So a lot of those cases come to us and we try the best we can to work with employers. We went to one company and were able to save 120 jobs, but then there are so many people coming. It's overwhelming and I wish there was one particular office that would address workers' rights and educate employers.

With regard to housing, community members mentioned a number of organizations that provide low-interest loans for homebuyers, but nonprofit leaders said there are few nonprofits that address the conditions of the rental properties in which many Latinos live or the lack of affordable housing in many communities. Moreover, community members and providers cited examples of landlords that discriminated against Latino renters and failed to complete necessary repairs or return security deposits.

Child Care, Pre-Kindergarten, and Parenting Classes

It is not surprising with many working parents the need for more affordable child care and bilingual preschools is a priority for Latinos. As was discussed earlier, working Latino parents may earn too much to qualify for subsidized child care. Nonprofit providers recommended expanding training for home day care providers in Latino communities.

A related service that was discussed was parenting classes. Latinos who participated in early intervention and parenting programs often received additional services later. Another participant shared, “My little girl is six years old now, but I still go there because they have other programs.” Participants recalled a successful parenting program for Latinos that was described by the nonprofit provider as “a literacy program for mono-lingual Spanish-speaking parents and it really works to try to help parents feel empowered that they play a very important role in their child’s education and whether they speak English or not that they are critical, they need to be active.” Once again, these programs for and about children are an important opening for Latino families who are uncertain about whether they can or should seek family social services.

Additional Emergency Assistance

In all of the focus groups, community members and nonprofit providers described the daily difficulties of making ends meet faced by many Latino families, especially more recent immigrants, but also those who are waiting for their documentation. These families need food, clothing, and assistance in paying for shelter and utilities. The need in the suburbs is particularly acute. During the last four years there had been a 62 percent increase in the number of households served by food banks in Lake County and a 46 percent increase in DuPage County. Food banks in the collar counties are serving almost 24,000 families per month.³⁴ One community member described the desperate situations many families find themselves in, “If there could be a place for illegal aliens to go seek help, where they could feel safe. I met a woman with five children, all less than ten years old, looking through garbage.” In addition, a community member reported “During the winter, work becomes almost unavailable in this area.” As a result, Latino families experience fluctuations in income and may have increased needs during winter. Participants acknowledged that churches meet some of these needs. “I work at [my church]... and we deliver food to many single mothers. We make a list of the people we know who need food and we bring it to them.” Providers suggested that nonprofits need to work locally to increase the availability of emergency services for Latinos. This includes expanding the number of programs available for children, such as making free and reduced price breakfasts and lunches available year round.

³⁴ Mid-America Institute on Poverty of Heartland Alliance, “2007 Report on Illinois Poverty: Chicago Area Snapshot,” 2007, 4.

Opportunities for a Practical Response to Latino Needs

Through these focus groups, nonprofit providers and community members have described a system that is working to respond to Latinos in the Chicago metropolitan area despite an environment in which government is focused on regulation and security concerns and financial resources are limited. That the need among the growing Latino population in both the City and the suburbs has grown substantially is not debated.

These findings highlight steps nonprofits are taking to meet the needs of children, families, recent immigrants, and workers in their communities. At the same time, there remain challenges that must be addressed if the long term needs of the Chicago metropolitan area's Latinos are to be met. This is especially true for the younger generations whose early educational and social experiences will shape their adult lives and, therefore, the future of the region. This report has identified the following opportunities to and recommendations on how to better meet the needs of the region's Latino population. They must be seized, however, not only by nonprofit organizations, but by government, private funders, and community leaders. Addressing these will require new resource investments by government at all levels, especially state and county, and by philanthropy in a way that is responsive to these rapidly emerging needs.

Expand Bilingual, Bicultural Resources in the Short and Long Term

The immediate need for additional bilingual materials and bilingual and bicultural staff is a priority. One community member summarized the challenge that language poses for Latinos and the need for more services in Spanish:

I'd say providing more bilingual personnel who can help anyone who walks in, especially the public centers, so they understand there are other people who need the services, but not necessarily speak the language. They have to learn English, but that takes time. And I think sometimes people don't understand that.

In order to serve the region's growing Latino population, nonprofits will need to develop greater bilingual capacity. This can include making information, especially forms, available in English and Spanish as well as training or hiring more bilingual staff. Health care organizations were the only ones recognized in the focus groups as having taken steps to address the need for supplying interpreter services for clients in order to comply with state and federal laws. The use of children as translators compromises service delivery and should not be allowed by providers in other social and human services.

In the provider focus groups, the need for bicultural and bilingual mental health professionals was described as the most urgent need in Latino communities. The lack of social workers, psychologists, and psychiatrists is straining providers and communities. Providers noted that the market for these professionals is highly competitive, and it is difficult for nonprofits to compete. As a result, nonprofits also experience high rates of turnover among their bicultural and bilingual staff. They have little choice but to continue to seek out these personnel because, in the opinion of one provider, "I think to be successful you really have to build on the culture that the person is used to." However, with regard to mental health services, expansion of staff will not address the stigma that was described in the focus groups. The state should investigate ways to increase cultural competency among nonprofits.

Because bilingual and bicultural staff are necessary if nonprofits are to fully serve Latino families, nonprofit providers together with government, elected officials, educational institutions, and community representatives need to identify policies and resources that can be put in place to grow the bicultural and bilingual workforce. These efforts in Latino communities could involve exposing the youth to career and education options of which they were unaware, creating targeted scholarship opportunities for individuals to return to their community, and developing internships and professional mentorships. Lessons can be learned from Illinois' Great START (Strategy to Attract and Retain Teachers) program which is focused on improving children's developmental and educational outcomes by encouraging increased professional preparation and retention of child care personnel in DCFS licensed centers and homes. In addition, modeling on other industry efforts to assess and plan for workforce gaps, state and local planning should address the bilingual workforce needs of the nonprofit sector. Given the shortages and the added work of translation, funders should consider grants to support higher pay for bilingual staff or alternatively agreeing to defray educational debt while an individual works for a nonprofit in an area of high need.

Improve Nonprofit Service Delivery and Replicate Successful Programs

Nonprofit leaders reported success through outreach and community members described learning about services when organizations engaged in outreach. Therefore, expanded outreach efforts may overcome some of the uncertainty in the immigrant environment and link more Latinos to services in the community. As many recent reports have emphasized, the Latino population is a working population. Therefore, nonprofits need to reassess delivery models to better meet the needs of working families by providing services in the evenings and on weekends, as some have already done. Nonprofits could also consider providing their services from alternative locations, such as churches that are easily accessible and well-known to the community. Similarly, services for families can be deliberately coordinated to increase their ability to access multiple services.

There are nonprofit organizations in the Chicago metropolitan area that have developed successful programs designed to serve the Latino population. Government funding should recognize that these models will lead to success. Focus groups described effective programs for parenting, counseling, ESL, citizenship counseling, youth services, health, and leadership development that could be replicated in a culturally competent manner with funding for technical assistance and start-up costs. Each nonprofit will have to determine what changes it can make given its mission and operations and each community will have to determine its priorities.

Focus group members also said that collaboration and communication with other nonprofit organizations is essential. They recognized an opportunity to build on the focus group meetings by augmenting information sharing and referral networks and possibly formalizing the process.³⁵

Increase Data and Information Required to Develop Programs and Public Policy

Most reports on the growth and changes in the Latino population have presented data and analysis at the regional level. Given the continuing shifts in the population within and out of Chicago, it will be especially important to assess need at the community level by comparing funding and service data with current demographic information. The collection and analysis of data that further explains where government and private funding is being invested and utilization of services by Latinos in greater detail could facilitate implementation of the above recommendations. In addition, as new resources are directed toward these communities, funders, community leaders, and nonprofit organizations will benefit from having detailed information when making allocation decisions among several priorities. Further research should identify best-practices in serving Latinos and seek to clarify the differences in service-seeking behavior and needs between the different subgroups within the Latino population, such as native and foreign born Latinos or Mexicans, Central Americans, Puerto Ricans and other nationalities.

³⁵ With the exception of Cicero-Berwyn, where nonprofit providers meet regularly.

Increase Funds and Fundraising Capacity to Ensure Service Expansion and Development

Nonprofit providers focused on the needs of the Chicago metropolitan area's Latino communities are faced with the same management and funding challenges of nonprofits generally with rapid growth and language barriers as additional challenges. A recent report on the health and human services sector released by the United Way of Metropolitan Chicago and The Chicago Community Trust concluded that because government funding does not keep pace with inflation or increased demand, agencies experience a financial gap that must be filled with other resources in order to cover the cost of providing services. This situation has been further aggravated by the decline in funding of general operating support.³⁶ Every focus group discussed services community members need which are not available, they cannot afford, or have long waiting lists as well as for which some Latinos are ineligible. Resources to provide services to recent immigrants pose the greatest challenge. Given the needs identified in this report and the size of the Latino population, it is not possible for nonprofits to respond effectively with the current level of resources and the constraints currently placed on them. Government funding may need to shift to align with population trends and nonprofits will need committed boards of directors who are prepared to respond by expanding capacity to meet the needs of growing and emerging Latino communities through fundraising and assertive advocacy. IFF's 2005 report *Getting It Right* documented the increased role that boards of directors were playing in fundraising. Moreover, executive directors whose board of directors either gave personally to the organization or played an active role in fundraising were more likely to report that they had the right board for the future. These new leaders must come from both the Latino community and the community at large. Nonprofit leaders, including their board members, are responsible for raising these funds by communicating the vital importance of the Latino community to the region.

Lead Local Planning Efforts to Respond to Latino Needs

As a result of the focus groups, nonprofit leaders and community members have ideas and suggestions on how they can address barriers and gaps. For example, those organizations that are known for helping Latino immigrants can provide referrals and recommendations as described for the Boy Scouts. In one community, discussions began during the focus group on how to make free and reduced lunches available to low-income Latino children in the summer. A similar effort could be coordinated regionally, perhaps in the form of a task force or workgroup, to develop policy responses that need to be implemented at the state or federal level.

As noted earlier, there are a significant number of Latino children and youth who face continued hardship due to poverty and the limited English proficiency of their immigrant parents. While many Latinos will succeed in reaching their personal goals, this report includes numerous examples of the adverse consequences of existing gaps in and the limited capacity of nonprofit educational and social service providers. To ensure that the children of the next generation do not face the same hardship and that current teens and adults are able to fully participate in our economy and society, planning efforts must immediately focus on the continuum of services from preschool through postsecondary education while addressing issues such as teen pregnancy and dropout rates. The comments of community members and providers also indicated the need for on-going job training and access to housing and legal assistance to better support families with children.

Through planning efforts nonprofit leaders can encourage regular communication between the Latino community and local officials for information sharing and to address community priorities. In the focus groups, nonprofit leaders also discussed engaging Latinos as volunteer leaders and board members. Community planning efforts give individuals an opportunity to develop leadership skills and learn about the volunteer needs of local organizations. Coordinated local planning around the needs of a large and diverse Latino population would represent a departure from previous unsystematic responses to the community's needs.

³⁶ Chicago Community Trust and United Way of Metro Chicago, "A Report on the Chicago Region's Health and Human Services Sector," 11-17.

Clarify Confusing Public Policies and Seek Change when Possible

These findings highlight the limitations of the existing policies regarding public benefits for legal permanent residents and “qualified” immigrants and the barriers they pose for service delivery and receipt. A number of things can be done to mitigate the effects of these barriers. For example, the impact on nonprofit service delivery of federal immigration reform bills needs to be monitored regularly to insure that vital services and capacity are not restricted. Additional programs are needed to help non-citizens gain documentation and negotiate the pathway to citizenship. Information should be broadly distributed about what people can and cannot do while awaiting documentation as it pertains to benefits access and work, among others.

Funding needs to be generated to support essential services for excluded immigrants. At the state level, Illinois should assertively develop state funded look-alike programs to support needed services for “unqualified” immigrants – for example youth services, affordable housing, and substance abuse and mental health treatment services.

With regard to improving clarity around service availability, eligibility, and utilization among providers and clients, funds should be dedicated to developing materials on how services are delivered in the U.S., including eligibility, documentation details, and client expectations. These should be made available at community-based sites. Moreover, the process by which eligibility is documented should be streamlined and when possible, alternative forms of identification and documentation should be accepted to make it easier for clients to prove eligibility and receive needed services. Many immigrants cannot obtain original documents and acceptance of satisfactory alternatives, such as a baptismal certificate instead of a birth certificate, could have a meaningful impact on service delivery and utilization.

Conclusion

Nonprofit corporations continue to provide services to the growing low-income Latino populations in their communities and to struggle with the complexities of immigrant status and the realities of language and other barriers. Comprehensive immigration reform legislation from the federal government is needed and communication about current laws is long overdue. Many nonprofit corporations continue to meet the needs of the population thereby carrying some of the financial burden that belongs to government as communities change.

Nonprofit representatives who participated in the focus groups told a story of adapting their service delivery to meet the needs of the Latino community, despite financial and capacity limitations. While the primary message from a management perspective from the focus groups is about the need for bilingual and bicultural staff, it is clear that nonprofits have stretched their resources and will not turn away immigrants in need, even those who are not covered by government programs or are unable to pay for their own services. Community members described the frustrations of seeking services from nonprofits with long waiting lists and limited Spanish-speaking staff. However, community members also recounted how nonprofit organizations had provided critical assistance to their families and serve as an on-going resource.

Additionally, this report identified service areas that may need expansions and additional resource investment. The collection of further needs assessment and gaps analysis data for individual communities throughout the region will go a long way to supporting the right public policies and encouraging local and municipal governments to work together and to work with nonprofit corporations to establish local goals.

It is difficult to grow services strategically without funding; it is impossible to grow them quickly without funding. Although essential in the short term, it will take more than coordination and communication among nonprofit organizations to address the needs of one-third of the Chicago metropolitan area's population whose economic and social well-being is inextricably linked to the future development and growth of the region. The service delivery paradigm has to intentionally shift if indeed the intent is to serve the Latino community.

Every day nonprofit organizations provide opportunities to children and their families to overcome challenges so that they may thrive and achieve their individual goals. As increasing numbers of these families are Latino, society must be responsive to their basic human needs while acknowledging their culture and experience.

Appendix A: Methodology

This report is based on a series of eight focus groups conducted in four communities in the Chicago metropolitan area during late January and early February 2007. Two focus groups were conducted in each community – a community member focus group followed by a nonprofit service provider focus group. The following communities were selected based on an analysis of Latino demographic shifts, including the timing of the emergence of a significant Latino population and recent population growth, and on a desire to understand variation among different types of communities (large and small urban, suburban, and rural):

1. Round Lake Beach (Lake County) and Woodstock (McHenry County)
2. Cicero, Berwyn, and Chicago's Lower West Side
3. South Chicago and Southeastern Cook County
4. Aurora

Outreach and recruiting for these focus groups was done through nonprofits in these communities. The list of nonprofits targeted was developed using data from the National Center for Charitable Statistics' (NCCS) Core Files. The Core Files are produced annually and include data on 501(c)(3) public charities filing Internal Revenue Service (IRS) Form 990 or 990-EZ and reporting gross receipts of \$25,000. IFF and Heartland Alliance research staff reviewed the primary field of service of the listed organizations and decided to focus the research on providers of the following health, human, and education services designated by nonprofits when filing with the IRS:

- Child Care
- Educational Support
- Workforce Development
- English as a Second Language
- Child Welfare
- Youth Services
- Services for the Disabled
- Services for Seniors
- Recreation
- Arts and Culture
- Family and Individual Case Management, including reentry of former prisoners
- Health Care
- HIV/AIDS Services
- Substance Abuse
- Legal Services
- Affordable Housing
- Homeless Services
- Community Development
- Counseling, including mental health
- Domestic Violence

The list of nonprofits was expanded to include multi-site nonprofits found to be serving the relevant communities, but with a reported address outside of the target community zip codes.

Since the first round of focus groups necessitated direct contact with community members the study design was submitted to Heartland Alliance's Internal Review Board (IRB) which approved the application during the first week of December 2006. The community member and nonprofit provider focus groups were held in community spaces, nonprofit offices and other public buildings in each of the communities.

Participants in the first series of focus groups with community members were recruited through the targeted nonprofits using flyers posted in Spanish and English. Potential participants responded to flyers and were screened over the phone by a bilingual, bicultural consultant and staff to ensure that participants were Spanish-speaking Latino adults living in the community for at least six months and that the majority of participants were immigrants in each group. The groups were conducted in Spanish by a bilingual, bicultural focus group facilitator using the facilitation guide approved by Heartland Alliance's IRB. In addition, a research staff person was present during each of the groups to take notes and a digital recording was made during each of the focus groups and transcribed into English for additional analysis. The facilitator's report and research staff observations from the community member focus groups informed the next series of focus groups with community leaders and nonprofit service providers.

The four nonprofit service provider focus groups were conducted by IFF research staff. One research staff member conducted the focus group while another research staff member took notes. Each focus group had 6 to 10 nonprofit providers, executive and/or program staff. A digital recording made during each of the focus groups was transcribed for additional analysis. In addition to participating in the discussion, providers completed a brief supplemental survey.

Characteristics of Focus Group Participants

Community Members

The community member focus groups included a total of 29 Spanish-speaking Latino adults with each group having between six to eight community members. Participants ranged in age from 19 to 60 years old and both women and men were represented in each group, though women outnumbered men three to one. Potential participants were pre-screened to ensure that Latino immigrants not born in the U.S. were well-represented in each group and that no more than two participants in each group were U.S. born. The focus group participants were born in Puerto Rico, Mexico, Columbia, Spain, and the U.S. Among the non-U.S. born Latinos the length of time living in the U.S. varied from six months to over 30 years. However, all of the participants have lived in their community for at least six months and one participant had been living in her community for more than 20 years.

Nonprofit Providers

Twenty-seven organizations were represented by the 31 staff present at the four focus groups. In addition, nearly half of the nonprofit provider participants were Latino/a. The organizations represented provide a diverse set of social services, including all of the services targeted for this research (see Appendix D for a list of services represented). Each nonprofit provider focus group had six to 10 participants, including 10 executive directors and 11 program directors. A representative of the local park district that provides early education and recreation services participated in one focus group. The average tenure in the current position was almost eight years, though tenure ranged from six months to 29 years.

Appendix B: Eligibility Grid

This grid highlights the general eligibility of “qualified” and “not-qualified” immigrants. It is not intended to be used to make eligibility determinations.

	Qualified Immigrants	Not-Qualified Immigrants
Early Care & Education		
Child Care Subsidies	Yes, with exceptions	Not Eligible
Head Start	Yes	Yes
Pre-Kindergarten	Yes	Yes
Preschool for All	Yes	Yes
Health & Nutrition		
All Kids	Yes	Yes
Emergency Medical Assistance	Yes	Yes
Food Stamps	Yes, with exceptions	Not Eligible
KidCare	Yes	Yes, under age 19
KidCare Moms & Babies	Yes	Yes
Medicaid	Yes, with exceptions	Not Eligible
School Lunch / School Breakfast	Yes	Yes
Supplemental Food Program for Women, Infants and Children (WIC)	Yes	Yes
Income Supports		
Illinois Aid to the Aged, Blind and Disabled(AABD)	Yes, with exceptions	Not Eligible
Low-Income Home Energy Assistance Program (LIHEAP)	Yes, with exceptions	Not Eligible
Supplemental Security Income	Yes, with time limit	Not Eligible
Temporary Assistance for Needy Families (TANF)	Yes, with exceptions	Not Eligible
Unemployment Insurance	Yes	Yes, authorized to work for ‘indefinite period of time’
Other		
Federal Student Loans	Yes	Not Eligible
Legal Services Corporation-Funded Services	Yes, with exceptions	Yes, with exceptions
Student Loans & Grants (Title IV)	Yes, with exceptions	Not Eligible
Teen Reach (using TANF funds)	Yes, with exceptions	Not Eligible

“Qualified” immigrants or aliens include legal permanent residents (LPRs), asylees, refugees, aliens paroled into the U.S. for at least one year, aliens whose deportation is being withheld, aliens granted conditional entry prior to April 1, 1980, battered spouses, battered alien children, alien parents of battered children, other alien children of certain battered parents, Cuban/ Haitian entrants, certain Amerasian immigrants from Vietnam, and victims of a severe form of human trafficking. “Not-qualified” immigrants or aliens refers to everyone else. However, the eligibility of “qualified” immigrants is complicated by a temporal component. Not all “qualified” immigrants are eligible for all “federal public benefits” since those who entered the U.S. on or after August 22, 1996 are typically subject to a five-year ban on eligibility on certain federal public benefits, such as Temporary Assistance for Needy Families (TANF), though there are exceptions.

Appendix C: Unmet Needs Identified During Focus Groups

	Community	Nonprofits
Service Provision		
Bilingual, Bicultural Staff	●	●
Resource and Referral Centers	●	●
Counseling		
Mental Health Services, especially Bicultural	●	●
Divorce and Marriage Counseling for Parents and Children	●	
Substance Abuse	●	●
Preventative Mental Health for Mild to Moderate Problems		●
Crisis		
Domestic Violence Shelter	●	●
Sexual Assault Crisis Center	●	
Emergency Assistance with Utilities and Rent		●
Emergency Assistance with Food	●	●
Immigration & Integration		
Comprehensive Immigration Reform	●	●
Education on Cultural Norms	●	●
Literacy Programs, including Financial Literacy	●	
Legal, Citizenship and Tax Assistance	●	●
Rights Advocacy, especially around Employment and Law Enforcement	●	
Information on Eligibility	●	●
Cross-Cultural Information Exchanges	●	●
Children, Youth & Education		
After-School and Summer Programs for Youth, especially 12 to 18	●	●
Support for Parents	●	●
Improved Understanding and Collaboration with School Systems	●	●
Gang Prevention	●	●
Sexual Education for Youth	●	
Art, Music, Dance, Sports for Children and Youth	●	
Early Care and Education	●	●
Free and Reduced Lunch During Summer		●
Health		
Medical Care for Uninsured, Undocumented, including Dental and Eye	●	●
Financial Assistance with Medical Bills and Prescriptions	●	
HIV and AIDS Services		●
Sports and Fitness	●	●
Special Populations		
Adult Day Care for Latino Seniors	●	●
Services for Developmentally Disabled and Mental Ill Individuals	●	
Community Assets & Infrastructure		
Transportation	●	●
Affordable Housing	●	●
Workforce Development	●	●

Appendix D: Services Represented by Participants in the Nonprofit Focus Groups

Round Lake and Woodstock Areas

Six providers representing five organizations providing the following services:

- Child Care
- Educational Support
- Workforce Development
- ESL
- Child Welfare
- Youth Services
- Services for the Disabled
- Services for Seniors
- Recreation
- Arts and Culture
- Family and Individual Case Management, including reentry of former prisoners
- Health Care
- HIV/AIDS
- Substance Abuse
- Legal Services
- Affordable Housing
- Homeless
- Community Development
- Counseling, including mental health
- Domestic Violence
- Other

Aurora

Eight providers representing eight organizations providing the following services:

- Child Care
 - Educational Support
 - Workforce Development
 - ESL
 - Child Welfare
 - Youth Services
 - Services for the Disabled
 - Services for Seniors
 - Recreation
 - Arts and Culture
 - Family and Individual Case Management, including reentry of former prisoners
 - Health Care
 - HIV/AIDS
 - Substance Abuse
 - Legal Services
 - Affordable Housing
 - Homeless
 - Community Development
 - Counseling, including mental health
 - Domestic Violence
 - Other: citizenship, health fitness
-

Cicero and Berwyn Areas

Ten providers representing eight organizations providing the following services:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Health Care |
| <input checked="" type="checkbox"/> Educational Support | <input type="checkbox"/> HIV/AIDS |
| <input checked="" type="checkbox"/> Workforce Development | <input type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> ESL | <input checked="" type="checkbox"/> Legal Services |
| <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Affordable Housing |
| <input checked="" type="checkbox"/> Youth Services | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Services for the Disabled | <input checked="" type="checkbox"/> Community Development |
| <input checked="" type="checkbox"/> Services for Seniors | <input checked="" type="checkbox"/> Counseling, including mental health |
| <input checked="" type="checkbox"/> Recreation | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Arts and Culture | <input checked="" type="checkbox"/> Other: food pantry, parenting class |
| <input checked="" type="checkbox"/> Family and Individual Case Management,
including reentry of former prisoners | |

South Chicago and Southeastern Cook County Areas

Seven providers representing six organizations providing the following services:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Child Care | <input checked="" type="checkbox"/> Health Care |
| <input checked="" type="checkbox"/> Educational Support | <input checked="" type="checkbox"/> HIV/AIDS |
| <input checked="" type="checkbox"/> Workforce Development | <input checked="" type="checkbox"/> Substance Abuse |
| <input checked="" type="checkbox"/> ESL | <input checked="" type="checkbox"/> Legal Services |
| <input checked="" type="checkbox"/> Child Welfare | <input checked="" type="checkbox"/> Affordable Housing |
| <input checked="" type="checkbox"/> Youth Services | <input checked="" type="checkbox"/> Homeless |
| <input checked="" type="checkbox"/> Services for the Disabled | <input checked="" type="checkbox"/> Community Development |
| <input checked="" type="checkbox"/> Services for Seniors | <input checked="" type="checkbox"/> Counseling, including mental health |
| <input checked="" type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Domestic Violence |
| <input checked="" type="checkbox"/> Arts and Culture | <input checked="" type="checkbox"/> Other: sexual health, referrals |
| <input checked="" type="checkbox"/> Family and Individual Case Management,
including reentry of former prisoners | |

Total Providers: 31

Total Organizations Represented: 27

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