

**Multiple Impacts of Welfare Reform in Utah:
Experiences of Former Long-term Welfare Recipients**

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Executive Summary

The call came forth to “end welfare as we know it,” and so we have. This study of Utah’s long-term welfare families represents a commitment by the Utah Department of Workforce Services (DWS) to understand and document the situations of families as they reach the mandatory three-year lifetime limit for receipt of cash assistance. It also represents a snapshot of a historic time of change. This study reflects transitions at both societal and individual levels. At the societal level, the AFDC program that had been in place for over 60 years was replaced by a time-limited program, Temporary Assistance to Needy Families (TANF). The individual transitions documented here reflect this broader change. The long-term welfare recipients described were familiar with, and often dependent on, the Aid to Families with Dependent Children (AFDC) program. Their experiences adjusting to TANF are in some ways unique to their cohort. Indeed, their difficulty understanding the reality of lifetime limits and related policies may not be experienced by their successors in the Family Employment Program (FEP).

Communicating Policy Realities

That said, one of the themes emerging from this study is the challenge of communicating new policy realities to a population with serious, multiple and persistent barriers. That challenge is complicated by the societal transition: policies are changing frequently in an effort to develop and perfect the TANF programs. From the clients’ perspectives, these changes are confusing. Many of those who reached their time limits did not believe their cash assistance would really be terminated. Some were unaware how extension criteria work. They may not have understood that changes in their circumstances might affect their eligibility for an FEP extension. Still others reported that workers had, at their discretion, allowed them a few “extra” months before assistance was closed.

These misunderstandings may reflect ambiguities that emerge from the natural desire to “individualize” the FEP program. There is an inherent tension between “individualizing” and “standardizing” social policies. Individualized policies allow for worker discretion in allocating services and resources. Usually, the relationship between worker and client is productive, and this discretion serves to optimize program benefits for the clients. But in the inevitable case of animosity or tension between client and worker, policies that allow for individualized decision-making can seriously disadvantage the client.

The findings of this report underscore the pivotal character of the worker-client relationship. When clients perceive workers as supportive and encouraging, their general impressions of the FEP program are complimentary, even if the final results are not exactly what they were hoping for. Those who experience judgmental or indifferent interactions with their workers are left feeling they have little recourse or support.

Group Comparisons

The first report in this study emphasizes the many ways in which long-term welfare recipients differ, both from the rest of the welfare population and from the general U.S. population. This report describes the heterogeneity of long-term welfare recipients. Some of this heterogeneity is captured by comparing groups whose cases have closed for different reasons. In this study, we considered those whose FEP cases were closed for *increased income*, *time limits*, and *other* reasons.

Significant Group differences were observed:

1. Individuals whose cases were closed for *increased income* came from less disadvantaged backgrounds.
2. The social support system of clients who achieved *increased income* is another source of relative advantage.
3. The mental health status of the *increased income* group was better than the other two groups.
4. The study identified a significant racial disparity among the three groups, with people of color, primarily Hispanics more likely to be found in the group of cases closed due to *time limits*.
5. Respondents whose cases were closed due to *time limits* had the highest poverty rate among the groups studied.

Defining Success

What is “success” in the world of welfare reform? If success is case closure, this report describes 407 success stories. If it is closure for *increased income*, a third of the respondents in this study would be considered successful. But if success is economic independence and family well-being the picture is more complex.

Results of this study affirm that welfare reform is working for some long-term welfare recipients. Ninety-two respondents, 23% of the sample, reported post-closure incomes above 150% of the federal poverty threshold. Fifty-six respondents in this study (14%) reported a general improvement in their quality of life that they attributed directly to the closure of their cash assistance.

But there is cause for alarm. Over half (52%) of those surveyed reported incomes below

the federal poverty threshold. Over a third of the sample (34%) reported a general decline in their quality of life. Even among those least disadvantaged, respondents whose FEP cases were closed for *increased income*, one in three reported household incomes below the federal poverty threshold: over a fifth (23%) were not employed, 35% scored in the clinical range on depression, one in five had a child with severe behavior problems, and 3% percent reported that a child had left their care due to abuse or neglect or their inability to provide support. Clearly, many recipients leaving the FEP program have continuing need for assistance and support.

As a whole, the population of former long-term welfare recipients remains an unstable and extremely vulnerable population. Over half have incomes below the poverty threshold. 45% suffer from clinical depression. 14% have experienced severe domestic violence in the past year. 31% reported that they had not held a job for more than 6 months for the past five years. Perhaps most alarming is that, for the longitudinal sample, despite increased rates of employment, average monthly income dropped by over \$300.00. The challenge of structuring a programmatic response within the context of existing policy is daunting. Nonetheless, based on the results of these interviews, we can offer the following recommendations:

Recommendations

- 1. Early identification and assessment of high-risk clients is critical.** Upon initial assessment, factors known to predict earned income and that differentiate clients likely to reach their time limits from other hard-to-serve clients should be assessed. These include: depression (The Center for Epidemiological Studies-Depression Scale (CES-D) or a comparable screen should be routinely given); duration of longest continuous employment in the past five years (if under 6 mos, there is cause for concern); the lack of General Education Development (GED) or high school diploma; and the presence and role of the spouse or partner.
- 2. Aggressive and early intervention for depression is necessary.** FEP clients who score at risk for depression should immediately receive aggressive and long-term treatment, using methods of proven effectiveness such as medication in combination with cognitive/emotional therapy. Depression is common among long-term welfare recipients. It is associated with lower earned income. Those who have reached their *time limits* report higher levels of depression.
- 3. FEP clients who leave the program should leave with either a high school credential or a continuous record of employment.** Upon assessment clients who do not hold a GED or high school diploma should be offered the choice between work training and securing their educational credential. Participation requirements should be clearly defined to reflect these alternatives. Job retention skills and support for job retention is a priority at all levels of FEP participation. Job placement must reflect the long-term personal goals of the client and client job skills must be sufficient for long-term employment.

4. **Clients approaching their lifetime limits should be prepared to deal with the ramifications of losing their cash assistance.** DWS can help clients prepare to take full responsibility for their financial situation in several ways: establishing a transitional plan for each client; offering an optional “savings account” for clients during the last months of their TANF eligibility; and connecting them to community resources.

5. **Case closure should be accompanied by aggressive outreach for food stamps and Medicaid programs, and transitional planning.** In order to send a clear message about continued eligibility for other services, someone other than the case worker responsible for closing FEP cases should be charged with Medicaid and food stamp outreach. Too often the process of FEP closure is perceived by clients as a “total” closure that applies to all public programs.

6. **On-going supports should be made available to former FEP clients.** These should include periodic contacts to assess eligibility for food stamps, Medicaid, housing and related programs, and might include the supports discussed in recommendation 6, below.

7. **As the state’s responsibility to provide a safety net for the poor decreases, the DWS mandate to serve Utah’s Workforce should include supports for the working poor.** These transcend the FEP program, and might include:
 - child care, food and clothing cooperatives
 - job and career counseling
 - mentoring programs

8. **Inter-agency coordination is important in serving these multiple-problem families.** In light of the high proportion of DWS clients who have Child Protective Services (CPS) involvement, it is critical that DWS and Department of Children and Family Services (DCFS) develop a close, coordinating working relationship. Community agencies, such as Community Action Project (CAP) programs, food pantries, housing authorities, and shelters, should receive periodic staff training and updates on TANF policies.

9. **DWS must continue efforts to stabilize its workforce.** In light of the pivotal importance of the worker-client relationship, DWS should encourage retention of caseworkers and prioritize a continuing relationship between caseworker and client.

Summary of Key Findings

Key findings in this study are grouped in three areas: a) observed differences between individuals in the three closure groups; b) the impact of case closure on long-term welfare clients, particularly those who had reached their *time limits*; and c) results of the longitudinal analysis, with factors associated with increased earnings.

Group Differences

Understanding the ways that FEP clients who reached their *time limits* differ from those whose cases closed for *increased income* or *other* reasons will assist in early identification of incoming clients who are likely to reach the time limit. Several of the group differences observed here were probably present when the clients entered the program:

Individuals whose cases closed for *increased income* came from somewhat less disadvantaged backgrounds. Those in the *increased income* group were less likely to have had contact with CPS as children. Those with *increased income* were more likely to hold high school diplomas or GED's. Those in the *time limits* group were more likely to have spent time in foster care as children. Those who reached their *time limits* were also most likely to have had criminal convictions.

The social support system of clients who achieved *increased incomes* is another source of advantage. Those closed for *increased income* were more likely to be married, and had more people available to provide social support.

The occurrence of mental health problems among those who reached their *time limits* was greater than among those who had *increased income*. Respondents with *increased income* had lower rates of both depressive symptoms and Post-traumatic Stress Disorder (PTSD). Those in the *time limits* group also had greater exposure to trauma, being more likely to have experienced domestic violence in the past 12 months.

The study identified a significant racial disparity among the three groups. People of color, primarily Hispanics, were more likely to be found in the group of cases closed due to *time limits*. Whether this reflects a history of disadvantage due to racial discrimination, residence in areas with limited job opportunities, or discrimination in hiring and salaries is unclear from these data.

Impacts of Case Closure

Ninety-two respondents (23%) of the sample, reported post-closure incomes above 150% of the federal poverty threshold.

Over a third of the sample (37%) reported that their lives had improved since their cases had closed. Of course, they did not always attribute this to case closure. Nonetheless, 56 respondents (14% of the sample) felt the closure of their cases had directly improved their lives.

Over half of the sample (52%) reported incomes below the federal poverty threshold. One in four (25%) had incomes below half of the poverty threshold.

About a third of the sample (34%) reported that their lives in general had become worse since their cases were closed.

Those whose cases were closed for *time limits* and *other* reasons were most likely to say the general quality of their lives was worse than when they were on assistance. They were also most likely to report adverse consequences of loss of cash assistance, such as: housing problems, trouble paying rent, eviction, phone disconnection, loss of electricity or heat, inability to seek medical and dental care for themselves, inability to seek dental care for their children, inadequate clothing, lack of food, and a child leaving home.

Of particular interest is the extent to which former clients continue to access food stamps and Medicaid. A significant portion (30%) of the sample did not receive food stamps at the time of the interview. Among these, 64 said they were not eligible for food stamps, although it would appear from their income that they were eligible. A smaller proportion of the sample (21%) reported that they did not receive Medicaid. Among those not receiving Medicaid, 48% said they were not eligible. In this group, most (64%) had incomes below the poverty threshold, indicating they should be eligible for Medicaid.

Very few respondents (3%) reported that they were enrolled in the Children's Health Insurance Program (CHIP) program. Indeed, CHIP was the program that respondents were least likely to have knowledge of.

Longitudinal Analysis

The longitudinal results reported here reflect a population in transition from publicly-subsidized safety net programs (TANF, food stamps, Medicaid) into the private market. On the positive side, client's mental health status (depression and PTSD - as measured by the Diagnostics Statistical Manual of Disorders - DSMIII) appears to remain unchanged. Also, their self-reported barriers to employment decreased. However, there are some problematic findings. Clients were more likely to rely on food from community pantries than when they were receiving TANF. Also, they were more likely to leave their children home alone, and to have been investigated by CPS. Perhaps most alarming is the finding that despite increased rates of employment, monthly income decreased by more than \$300.00. A year after leaving welfare, respondents worked more but earned less.

Factors Predicting Respondents' Earned Income

Earned income may be the most important success indicator for the FEP program. This study identified five factors that, controlling for other factors, are associated with earned income. These factors, in order of importance, were: continuous time in employment, symptoms of depression (CES-D), having a partner, holding a GED or high school diploma, and having children under the age of five.

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INTRODUCTION

This study of Utah's long-term welfare families represents a commitment by the Utah Department of Workforce Services (DWS) to understand and document the situations of families as they reach the mandatory three-year lifetime limit for receipt of cash assistance. The overall purpose of the study is to describe the experiences of long-term welfare families with "multiple, persistent, and severe" barriers to self-sufficiency. During the 1996 session of the Utah legislature, DWS was mandated to limit receipt of TANF cash assistance to three years (with some notable exceptions), and also conduct a study of the barriers faced by the families likely to reach that lifetime limit. This report is an extension of the original descriptive study, and presents findings from Phase II of the ongoing study of Utah's long-term welfare families.¹

Purpose of Phase Two Study

The second phase of the study continued from March 1999 to June 2000. The focus of phase one of the study was to describe long-term recipients of cash assistance -- those most likely to be affected by the three-year lifetime limit. Phase two describes the impact of time limits on long-term welfare recipients, by focusing on FEP clients whose cases had been closed. The intent was to ascertain how well former recipients were able to maintain financial support of their families, as well as family and personal stability and well-being. The objectives of the second phase of the study were:

- To further examine findings from the Understanding Families with Multiple Barriers to Self Sufficiency study conducted by the Social Research Institute at the Graduate School of Social Work, University of Utah, during 1997-98.
- To track the population of long-term welfare recipients on selected measures in a longitudinal study, using administrative data from the DWS and allied agencies.
- To gather in-depth data about long-term recipients who leave the TANF program for employment, for ambiguous or high-risk reasons, and due to sanction or case closure. This study will allow DWS to measure specific outcomes of Utah's welfare reform policies, identify barriers to recipients finding work, and identify families at risk of extreme hardship or neglect and abuse.

METHOD

There are two main sections of the Phase II study: a follow-up of the original sample of respondents using secondary data (See Appendix A); and a second round of interviews of a new group of respondents.

¹A description of Phase 1 of the study, including method, analysis and findings was published in a report to the Utah Dept of Workforce Services in February, 1999, and can be found on the worldwide web at the Social Research Institute site at www.socwk.utah.edu.

Respondents

Respondents in this study were long-term (>36 months) welfare recipients whose cases had been closed for at least two months. The sample was divided into three groups based upon financial assistance closure code -- (a) those whose cases had been closed due to increased income (the *increased income* group), (b) those whose cases had been closed due to the three-year time limit (the *time limit* group), and (c) those whose cases had been closed for other reasons, including sanctioning (the *other* group). The random sample was stratified to oversample rural respondents. The sample included 63% metropolitan, 21% urban and 15% rural respondents. (For definition of terms and breakdown of city designations see Appendix B.) There are some caveats with regard to the likelihood that every eligible respondent had an equal chance of being interviewed. First of all, there was an attempt to interview all of the original 284 respondents from phase one of the study as their cases closed, in order to build a longitudinal record of their experiences. Second, it is likely that those respondents who were easier to find because they were at the same address over a period of time were disproportionately represented.

Interviewing of the *increased income* and *other* groups began in July of 1999, and with a few exceptions, ended in January 1999. Respondents in the time limit group (the first time-limit respondents were terminated from assistance in December 1999 and thus became eligible for the study in February 2000) were interviewed between February 2000 and May 2000.

Although eligibility for the time limit group was clear (those whose cases were closed because they had reached Utah's 36 month limit for cash assistance), the *other* groups were somewhat mixed. Almost all (90%) of the *increased income* group had increased employment earnings, but a small minority were closed because of income from another source, such as child support or a spouse's earnings. The *other* group was made up of individuals whose cases were closed for a variety of reasons. The largest subgroup was composed of those closed for non-participation (40%). The remainder of this *other* group included those whose cases were closed for additional reasons, such as failure to provide necessary documentation (19%), lack of an eligible child in the home (15%), or at the request of the client (13%). These differences must be taken into account when we interpret group differences.

Interview Data Collection

The study protocol was designed to ensure that every possible effort was made to contact each eligible respondent. The research staff received a case identification number which was traced to the respondent's name and most recent phone number and address. The first contact involved a letter sent to the respondent, informing them about the study and inviting them to participate. The letter included elements of informed consent, including the respondent's right to decline participation in the study. It mentioned that the respondent would receive \$20 for a completed interview. A toll-free phone number was included in the letter, through which the respondent could schedule an appointment for interview, or decline to participate. If there was no response to the letter, research staff pursued the respondent through a minimum of three phone calls and three home visits. If the respondent no longer lived at the given address, research staff contacted DWS a month later to attempt to find a more recent address.

The interview was usually conducted in the respondent’s home but could also be done elsewhere at a place chosen by the respondent. The interview lasted between 60 and 90 minutes. Trained interviewers, most of whom were master’s level social work students, conducted the interviews. The interview tool was comprehensive, and included questions about educational/work background, personal and formal support networks, personal and family health, emotional and mental health, use of alcohol and other substances, criminal history, domestic violence, barriers to work, experiences with case closure, and impacts of termination. Respondents were paid \$20.00 for a completed interview.

INTERVIEW FINDINGS

Response Rate

Among those we contacted (83% of the total sample, or 561 individuals²), a total of 407 were interviewed, yielding an overall response rate of 73%. The response rates differed somewhat among the groups, with the highest among those closed for *increased income*. The rate for this group was 90%, compared to 69% for those closed for time limits, and 61% for those whose cases were closed for *other* reasons. All of these rates compare favorably to those reported in other studies, and are sufficient for purposes of statistical analysis.

Personal and Demographic Characteristics

The total sample consisted of 407 former FEP clients. The sample included three groups, which differed in the reasons for case closure. Those closed for *increased income* represented 38% of the total sample. Clients who reached their *time limits* represented 33% of the sample and those whose cases were closed for *other* reasons represented 29%. Unless otherwise stated, the sample size for all tables will be the complete sample. A client profile containing the summary of demographic information can be found at the end of this section narrative in Table 7.

Table 1: Composition of Sample

Increased Income	Time Limits	Other	Total Sample
155 (38%)	133 (33%)	119 (29%)	407 (100%)

²We were unable to contact a total of 118 members of the sample (17%). Some individuals had moved, others could not be located, were in jail or were deceased. These individuals were not included in computation of the response rates.

Demographic Characteristics: Gender, Religion, Race, and Education

The large majority (95%) of respondents in this sample were female. Only 20 (5%) men were interviewed. (See “A note on Male Respondents”, pg. 54) The mean age of participants was 35, with a range from 19 to 70. Most (72%) were members of a religion, and just over half (53%) reported that they were active in their churches. Of those who reported church membership, 54% belonged to the Church of Jesus Christ of Latter Day Saints (LDS). There were no significant differences between the three groups (*increased income*, *time limit*, and *other*) on these measures.

There were significant differences with respect to race ($p = .004$), with a greater proportion of White respondents in the *increased income* group. On average, members of the total sample had a 38% probability of closing for *increased income*. However, White respondents were more likely than average to close for *increased income*. Just under half (43%) of Whites closed for this reason.

Table 2: Racial Composition by Closure Category

Race	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
White	115 (43%)	65 (24%)	87 (33%)	267 (100%)
Hispanic	14 (22%)	34 (53%)	16 (25%)	64 (100%)
Native American	9 (29%)	15 (48%)	7 (23%)	31 (100%)
Multi-racial	6 (30%)	9 (45%)	5 (25%)	20 (100%)
African-American	7 (47%)	6 (40%)	2 (13%)	15 (100%)
Asian/Pacific	2 (50%)	1 (25%)	1 (25%)	4 (100%)
Other Race	2 (33%)	3 (50%)	1 (17%)	6 (100%)

($p = .004$)

In contrast, Hispanics and Native Americans were less likely to close for *increased income*. Only 22% of Hispanics and 29% of Native Americans closed for *increased income*. These groups were considerably more likely to close for *time limits* than were White respondents. Over half of the Hispanic respondents (53%) and nearly half (48%) of Native Americans were in the *time limit* closure group.

The groups also differed significantly with respect to education. Those whose cases were closed for *time limits* were more likely than those in the other two groups to have neither high

school diploma nor GED ($p = .001$). The majority of members of the *increased income* group reported having either a high school diploma (58%) or a GED (19%). Less than one fourth of this group (23%) had neither credential. Very few members of this group (9%) reported that they were still attending school. In contrast, fewer members of the *time limits* group had either a high school diploma (41%) or a GED (14%). Nearly half (45%) had neither credential. Very few members of this group (9%) reported that they were still attending school. Similar to the *time limits* group, just over half of the members of the *other* group had either a high school diploma (44%) or a GED (16%). Close to half of the group (40%) had neither credential. Very few reported that they were still attending school (8%). This difference in educational background is illustrated in Table 3.

Table 3: Educational Background

Education Level	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
High School diploma	90 (58%)	54 (41%)	52 (44%)	196 (48%)
GED	30 (19%)	19 (14%)	19 (16%)	68 (17%)
Neither	35 (23%)	60 (45%)	48 (40%)	143 (35%)

($p = .001$)

Personal History

Noticeable differences were observed in the three groups with respect to their personal histories. Members of the *increased income* group were less likely than *other* respondents to report that their families had been investigated by Child Protective Services (CPS). Further, those in the *time limits* group were significantly more likely than *other* respondents to have spent time as a child in foster care or a group home. Respondents in the *time limits* group were most likely to report a criminal conviction.

Family Background

The most common configuration of family in which the respondent grew up was a two-parent home. Just under three-fourths of the sample (71%) reported growing up in such a family. Most respondents reported that their fathers (55%) and mothers (58%), had completed high school or a GED. Most (55%) also reported that their mothers were teen parents. Just under half of the group felt that they had been either “somewhat neglected” (31%) or “very neglected (15%) as children. There were no significant differences between the groups on these measures.

The three groups did differ significantly in their childhood experiences with CPS. Those in the group closed due to *increased income* were least likely to say, “yes,” when asked whether their family of origin had ever been the subject of a CPS investigation. Only 8% in the *increased income* group reported that their families had been investigated by CPS, compared to 17% in the *time-limits* group and 12% in the *other* group. This difference approached statistical significance ($p = .07$). Similarly, those in the group that closed due to *time limits* were significantly more likely than respondents in the other two groups to report having spent time in foster care or group homes ($p = .011$). One-fifth (21%) of the respondents whose cases were closed for *time limits* reported that they had spent time in foster care or a group home as children. This compared to 11% in the *increased income* group and 9% in the *other* group. These results are in Table 4.

Table 4: Experiences in Family of Origin

Family Experience	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Grew up in two parent home	117 (76%)	91 (68%)	80 (67%)	288 (71%)
Father has HS diploma or GED	91 (58%)	67 (50%)	66 (56%)	224 (55%)
Mother has HS diploma or GED	97 (63%)	68 (51%)	72 (61%)	237 (58%)
Mother was teen when had first child	78 (50%)	77 (58%)	69 (58%)	224 (55%)
Degree neglected as a child: very	27 (17%)	14 (11%)	19 (16%)	60 (15%)
Investigated by CPS as child	13 (8%)	23 (17%)	14 (12%)	50 (12%)
Spent time in foster care/group home	17 (11%)	28 (21%)	11 (9%)	56 (14%)

Criminal Background

Within the sample, just under one third of respondents (32%) reported that they had been convicted of a crime. Those whose FEP cases closed for *increased income* were the least likely to report a conviction as only 25% of this group did so. Those in the *other* group had higher conviction rates, with 35% reporting a conviction. Finally, the *time limits* respondents were more likely than either of the other groups to have had a conviction. Among those whose cases closed for *time limits*, 37% reported a conviction. This difference approached statistical significant ($p = .078$).

As presented in Table 5, just over half (60%) of those who reported convictions in the total sample indicated that their convictions had resulted in jail or prison time. Nearly half (42%) felt that this influenced their ability to find employment. When asked how their worker helped them with this issue, 28 respondents said they did not mention it to their worker while 13 people

said it was discussed but no help was given by the worker in dealing with the issue. There were no significant group differences on these measures.

Table 5: Criminal Backgrounds of Respondents

Measure	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Ever been Convicted?*** Yes	39 (25%)	49 (37%)	41 (35%)	129 (32%)
Spent time in Jail? Yes (n=129)	21 (54%)	27 (55%)	29 (38%)	77 (60%)
Influences hiring? Yes (n=129)	18 (46%)	15 (31%)	21 (51%)	54 (42%)

** $p = .078$

Employment History

All but seven of the respondents had been employed at some point during adulthood, and almost all (98%) of the sample had held a job for at least 3 months during that time.

During the past three years, respondents' highest hourly wage averaged \$7.90. There were significant group differences on this measure ($p < .027$). Those in the *increased income* group reported the highest hourly wage (\$8.32), compared to the *other* group (\$7.89) and those whose cases were closed for *time limits* (\$7.32).

Differences emerged in other areas of employment history. All respondents in this group were also asked, during the past five years, what was the longest continuous time they had worked at one job. The mean for the *increased income* group was 20 months. The mean for the *time limits* group was 12 months, and for the *other* group was 17 months. This effect was statistically significant ($p < .001$). These effects are illustrated in Table 6.

Table 6: Employment History

Employment History	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Highest hourly wage past 3 years *	\$8.32	\$7.32	\$7.89	\$7.90
Average number of months worked at any one job in past 5 years**	20	12	17	13

* ($p = .027$) ** ($p < .001$)

**Table 7: Profile of Long-term Welfare Recipients
by Closure Category**

N = 407

Characteristic	Increased Income n = 155	Time Limit n = 133	Other n = 119
Mean Age	34.7	34.9	34.8
Female	97%	91%	96%
Race			
Caucasian	74%	49%	73%
African American	4%	5%	2%
Pacific Islander	1%	1%	1%
Hispanic	9%	20%	13%
Native American	6%	11%	6%
Other	6%	15%	5%
Religion			
LDS	59%	42%	59%
Catholic	16%	29%	20%
Protestant	3%	1%	0
Other	23%	28%	21%
Mean # of children	2.5	2.2	2.1
Mean age youngest child	7.7	8.0	7.7
Mean yrs of education	12.5	11.5	11.7
Mean hourly wage at current job (those employed at time of interview)	\$7.64 (n = 118)	\$6.76 (n = 55)	\$7.25 (n = 47)
Mean hours at current job	14.8 (n = 118)	5.0 (n = 55)	10.7 (n = 47)
Ever in foster care as a child	11%	21%	9%
Ever physically or sexually abused as a child	49%	47%	57%

Current Employment

The three groups differed significantly in the likelihood of employment. At the time of the interview, about three-quarters (77%) of the group closed for *increased income* was employed full or part-time. In contrast, under half of both the *time limits* group (43%) and the *other* group (42%) were employed at the time of the interview. These differences were statistically significant ($p < .001$)

The groups also differed in the length of employment reported by those who were employed. On average, respondents in the *increased income* group who were employed at the time of the interview had been in their current jobs for 15 months, with a range from zero to 180 months. Those in the *time limits* group who were employed at the time of the interview had been in their current jobs for an average of 5 months, with a range from 0 to 36 months. Employed members of the *other* group had been in their current jobs for an average of 11 months, with a range from 0 to 132 months. This difference between the *increased income* group and the *time limit* group was statistically significant ($p = .004$).

Similarly, those who were employed also differed in their monthly salaries. Those in the *increased income* group averaged \$1,092 per month in earned income, compared to those in the *other* group, who average \$814 per month and the *time limits* group, who averaged \$750 per month in earnings. This difference was statistically significant ($p < .001$).

These earned income differences may reflect differences in hours worked each week. Employed members of the *increased income* group averaged 35 hours per week at work, compared to 30 hour per week for the *other* group and 27 hours per week for those whose cases were closed for *time limits* ($p < .001$). Current employment figures are in Table 8. The groups differed significantly on this measure, as well.

Table 8: Current Employment of Sample

Employment figures	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Current employment (ft or pt) *	122 (77%)	58 (43%)	50 (42%)	230 (56%)
Months at current job **	15	5	11	12
Average monthly income *	\$1,092	\$750	\$814	\$946
Average hours worked per week *	35	27	30	32

* ($p < .001$) ** ($p < .004$)

Income Relative to Poverty Threshold

To understand the status of these former FEP clients in relation to a national standard, we compared respondents' household income to the Federal Poverty Threshold. It is the most commonly used measure of poverty in the United States.

The Threshold was developed in the 1960s, by economist Mollie Orshansky, who worked for the Social Security Administration. Charged by the Kennedy administration with the task of developing an effective measure of poverty, Ms. Orshansky began with a measure called the "Economy (or "Thrifty") Food Plan," that had been developed by the U.S. Department of Agriculture. This plan estimated the minimum required to sustain nutritional adequacy during a temporary emergency or shortage of funds. Since it was determined that food costs represented one-third of a family's budget, the total budget was set by multiplying the Economy Food Plan by three. Still based on Orshansky's calculations, the poverty threshold has been regularly adjusted for inflation. While the threshold has been critiqued extensively, it remains one of the most widely-accepted objective measure of economic hardship. In 2000, the federal poverty threshold for a family of three was \$14,150 per year, or \$1,179 per month. For a family of four, the threshold was \$17,050 per year, or \$1,420 per month.

For purposes of this comparison, household incomes were computed separately for single and two adult families. Incomes for single adult families included respondents' income, plus current monthly assistance from Section 8, SSI, food stamps, child care assistance, child support and any other regular monthly income. Incomes for two-adult families (indicated by the presence of a spouse or partner in the home) included respondent's income, partner's income, plus current monthly assistance from Section 8, SSI, food stamps, child care assistance, child support and any other regular monthly income.³

Results of this comparison are presented in Table 9. Half (52%) of the sample reported household incomes below the poverty threshold. Respondents who had reached their *time limits* had a poverty rate of 73%. This compares to rates of 58% for those whose cases were closed for *other* reasons and 32% for those with *increased income*. We also compared single-parent households with those of couples, and found no significant differences in poverty rates for these two groups.

³This is a conservative approach to computation of household income. For this purpose, income does not ordinarily include in-kind resources such as food stamps, child care assistance, and housing supports.

Table 9: Household Income Relative to Poverty Levels

Poverty Level	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Below 50% of Poverty	19 (13%)	42(32%)	39(34%)	100 (25%)
Between 50% and 100% of Poverty	29 (19%)	54(41%)	24(24%)	107 (27%)
Between 100% and 150% of Poverty	44(29%)	25(19%)	24(21%)	95 (24%)
Between 150% and 200% of Poverty	40(26%)	6(9%)	9(8%)	55 (14%)
Above 200% of poverty	20(13%)	5(4%)	12(10%)	37 (9%)

Family Characteristics

This section reports on respondents' family characteristics, including measures describing their marriages and partnerships, their social support, and their children.

Marriages and Partnerships

The three groups differed significantly with respect to marital status. Although a majority in all of the groups were either divorced or never married, those in the group whose cases were closed for *time limits* were significantly less likely than the other two groups to be married ($p = .04$). One tenth (10%) of those in the *time limits* group were married, compared to one-fifth (20%) of the group whose cases were closed for *increased income* and 19% of those in the *other* group. These results are presented in Table 10.

Table 10: Marital Status

Marital Status	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Married *	31 (20%)	23 (19%)	12 (10%)	67 (17%)
Other	124 (80%)	96 (81%)	120 (90%)	340 (84%)

* ($p < .04$)

The groups also differed with respect to their perception of the impact of case closure on their relationships with partners and spouses. A majority in all groups reported that their relationships had “stayed the same” since case closure. But respondents whose cases were closed for *other* reasons were more likely than those in the other two groups to report that their relationships with partners and spouses had “gotten worse” since leaving FEP ($p = .001$). These results are presented in Table 11. There were a few (16%) in the *other* group reported their relationships had gotten worse since case closure. But even fewer, in the *increased income* (14%) and *time limits* group (8%) reported that their relationships had gotten worse since case closure.

Table 11: Relationship with Partner Since Case Closure

Relationship	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Improved	28 (25%)	10 (8%)	17 (17%)	55 (17%)
Stayed the same	68 (61%)	103 (84%)	66 (67%)	237 (71%)
Gotten worse	15 (14%)	10 (8%)	16 (16%)	41 (12%)

Respondents who were living as couples were asked several questions about the roles of their spouses and partners. With respect to spouse/partner employment, a little over half (59%) of the respondents who were living as couples indicated that their spouses or partners were employed. We wondered whether their spouses or partners were supportive of respondents’ employment. Among those who living as couples, the vast majority (89%) indicated that this was the case. Finally, we asked respondents whether their financial situations were “adequate,” “somewhat adequate” or “inadequate”. The groups differed in the proportion who described their financial situations with their partners as “inadequate.” Roughly one third (36%) of those whose cases were closed for *increased income* elected this response, compared to 43% of those in the *time limits* group and nearly half (46%) of those in the *other* group. This difference was not statistically significant.

Social Support

Social support can be measured as “instrumental” assistance (help with the tasks of daily life) or “emotional” assistance (moral support and encouragement). In this section, we examined a combination of the two types of support in a series of nine questions asking respondents whether they had someone to do various supportive activities. Emotional assistance included activities like, “is there someone who could give you encouragement and reassurance if you really needed it” and “is there someone you could call day or night if you were upset.” Instrumental help included activities like “is there someone who would lend you some money if you really needed it” and “is there someone who would run errands for you.” In addition to

individual items, we computed a summary score of the number of tasks with which a respondent did have support.

The three groups differed significantly on this overall measure ($p = .035$). The mean score for the *increased income* group was higher (7.4) than that of the *other* (6.9), and the *time limits* (6.8) groups. This suggests that the social support network of respondents with *increased income* is somewhat stronger than that of members of other two groups. Table 12 presents the proportion in each group who indicated that there was someone to perform the supportive task. The vast majority of the sample reported having support with each of these items. With most individual items there were no group differences. The exceptions were: having someone to give encouragement and reassurance, having someone you could call when you were upset, and having someone to care for children on a regular basis. In each case those with *increased income* were more likely to report having a source of support with the task. Interviewers reported consistently that individuals who did not answer yes to these questions often became emotional when discussing the lack of such supports in their lives.

Table 12: Social Support

Task: “Is there someone...” (% who respond “yes”)	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
You could count on to run errands (ns)	79%	69%	73%	74%
You could count on to lend you some money (ns)	70%	64%	71%	68%
...to give you encouragement and reassurance (p<.008)	92%	80%	89%	87%
You feel really understands you (ns)	83%	77%	83%	81%
You could call day or night if you were upset (p<.01)	92%	79%	85%	86%
You could count on to listen to you (ns)	94%	90%	89%	91%
You could count on to watch your children on a regular basis (p<.07)	69%	60%	55%	62%
You could count on to watch your children in an emergency (ns)	91%	88%	91%	90%
You could count on to lend you a car or give you a ride (ns)	84%	82%	81%	82%
Who counts on you for similar helps (ns)	84%	77%	77%	80%

Children

On average, respondents reported having 2.3 children, who had been on their FEP cases and were currently living in their homes. The range was from 0 to 9 children.⁴ The mean age of the oldest child in the home was 12, and the mean for the youngest was 8. Thirty eight percent of the total sample reported that at least one of their children was under 5 years old. There were no significant group differences on these measures.

About a third (32%) of the sample reported that at least one of their children had a physical disability or medical condition. Among these, 61% were taking medication for the condition, and 42% were receiving treatment. About a third (33%) of the sample reported that at least one of their children had a learning disability. Among these, 3% were taking medication, and 83% were in a special class in school. 26% of the sample reported that at least one of their children had a mental health condition. Among these, 37% were on medication, and 42% were in treatment. Finally, 11% reported that at least one of their children had been in foster care, and 50% reported that Child Protective Services had investigated their families for abuse and/or neglect. There were no significant group differences on these measures.

Groups did differ significantly, however, in the proportion who left children home alone. Respondents whose cases were closed for *increased income* were more likely than those in the other two groups to report leaving a child home alone for more than an hour on a regular basis. A substantial number of respondents in the *increased income* group (41%) reported leaving a child home alone for more than an hour on a regular basis. This compares to under one third of respondents in the *time limits* group (30%), and (29%) in the *other* group. This effect only approached statistical significance ($p = .077$). These results are illustrated in Table 13, below.

Table 13: Children

Measure	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Children < 5 years old	53 (34%)	55 (41%)	46 (39%)	154 (38%)
Average number of children	2.5	2.2	2.1	2.3
Child w/ med. condition- phys. disability	55 (36%)	45 (39%)	31 (26%)	131 (32%)
Children left home alone	61 (41%)	38 (30%)	30 (29%)	129 (34%)
CPS referral	73 (47%)	65 (49%)	64 (54%)	202 (50%)

⁴A few respondents had no children living at home at the time of the interview. This was true for 6 respondents closed *increased income*, 5 closed *time limit* and 16 closed *other*.

Current Housing Situation

Two thirds of respondents (68%) reported they were renting their homes. The next most common living arrangement was living with extended family, 17% of the sample reported this arrangement, compared to 10% who owned their homes. Those whose cases were closed for *increased income* were more likely than the other two groups to own their homes. Sixteen percent of the *increased income* group, compared to 11% of the *other* group and 3% of those closed for *time limits* owned their homes. In contrast, those whose cases were closed for *time limits* were more likely to live with extended family members. One fifth of this group (20%) reported this arrangement, compared to 16% of those in the *other* group, and 14% of those whose cases were closed for *increased income*. This group difference was statistically significant ($p = .016$). These results are illustrated in Table 14.

Table 14: Housing Situation

Housing	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Renting	104 (67%)	93 (70%)	79 (66%)	276 (68%)
Own	25 (16%)	4 (3%)	13 (11%)	42 (10%)
Live with a friend	1 (1%)	7 (5%)	4 (3%)	12 (3%)
Live with extended family	22 (14%)	27 (20%)	22 (16%)	68 (17%)
Live in a shelter	-0-	-0-	1 (1%)	1 (0%)
Other	3 (2%)	2 (2%)	3 (3%)	8 (2%)

($p = .016$)

Barriers to Employment

This study used two approaches to barriers. First, 21 self-reported barriers were examined enabling us to describe respondents' own perceptions of the difficulties that impede employment. Second, in addition to self-reported barriers, we identified "clusters" of more objective measures that indicated barriers to employment. Three types of the "cluster barriers" were examined: health/mental health, work/education, and family barriers.

Self-Reported Barriers

Table 15: Self-Reported Barriers and their Impact

BARRIER	Increas. Income n= 155	Prevent Work	Time Limits n = 133	Prevent Work	Other n = 119	Prevent Work	% Total Sample N = 407	% Total Prevent
Child health/behavior	36%	16%	30%	5%	38%	9%	35%	11%
Alcohol / Drugs	3%	60%	5%	17%	7%	13%	5%	32%
Family Illness	19%	23%	17%	27%	13%	25%	17%	25%
Homelessness	2%	67%	5%	17%	5%	50%	4%	40%
Read/Write problems	11%	18%	21%	11%	10%	18%	14%	14%
Physical Health	40%	39%	46%	30%	40%	49%	42%	38%
Mental Health	23%	31%	38%	20%	35%	45%	31%	31%
Caring for elderly relative	7%	18%	14%	11%	9%	18%	10%	15%
Lack of Education	35%	30%	49%	14%	40%	19%	41%	20%
Lack of job skills	36%	41%	53%	17%	52%	16%	46%	24%
Criminal Record	14%	18%	24%	3%	21%	28%	19%	15%
Spouse/partner objects	6%	89%	3%	25%	10%	36%	6%	54%
Wages too Low	47%	17%	56%	11%	44%	21%	47%	16%
Caring for infant	16%	36%	13%	47%	20%	35%	16%	39%
More than 3 children	19%	14%	13%	6%	20%	13%	17%	11%
Language Barrier	1%	-0-	11%	36%	3%	33%	5%	32%
Lack of transportation	28%	36%	54%	31%	45%	43%	42%	36%
Lack of good jobs	43%	26%	50%	26%	47%	29%	46%	27%
No medical if employed	21%	15%	24%	19%	21%	32%	22%	21%
No child care funding	19%	43%	32%	35%	31%	36%	27%	38%
Choose to stay home	16%	71%	18%	79%	27%	71%	20%	73%
Other Barrier	16%	26%	18%	26%	22%	26%	18%	26%

With respect to the 21 identified barriers, respondents were asked, first whether or not they had the barrier, and second, if they did have the barrier, whether it prevented them from working. The groups differed somewhat in the barriers they were most likely to report experiencing. Nonetheless, the focus for all three groups was on human capital (job skills) and the labor market (availability of good jobs at living wage). These three barriers were among the top four identified in all three groups. Low wages were identified by 47% of the sample, lack of job skills by 46%, lack of good jobs by 46%, and lack of education by 41%. Although respondents were most likely to report experiencing barriers, a minority of those who reported having each barrier indicated that it prevented them from working. So, while common, these do not appear to be debilitating barriers. A glance at the “prevent work” column of Table 15 above indicates which barriers respondents find most likely to prevent work when the barrier is present. These include: choosing to stay home (73% said it prevented work), having a spouse or partner who objects to the client working (54%), homelessness (40%), and caring for an infant (39%).

“Cluster Barriers”

The report on the first phase of this study emphasized the severe, persistent and multiple barriers faced by long-term welfare recipients. These were characterized in clusters, as: health/mental health barriers, work/education barriers, and family barriers. This section examines these barriers, particularly as they differentiate members of the three closure groups. A summary of barriers from all clusters can be found in Table 16 below.

Health/Mental Health Barriers

Health/Mental Health barriers consisted of two mental health diagnoses (depression and post-traumatic stress disorder), an identified physical health problem, and an identified problem with alcohol or drug abuse.

Depression. Depression is the most common mental illness in the United States. Clinical depression is far more serious than normal sadness or “the blues.” It is a chronic condition of abnormal sadness, causing marked functional impairment, disabling psychological symptoms, and paralyzing fatigue. Clinical depression can cause reduced capacity to experience pleasure, excessive irritability, or negative thinking which can lead to self-defeating or suicidal behavior. Clinical depression may also interfere with concentration, learning, and decision-making.

Two scales were used to measure depression. The Center for Epidemiological Studies-Depression Scale (CES-D) is a continuous measure of the symptoms of depression. It does not provide a clinical diagnosis, but offers a reliability indicator of depression risk. A score of 16 or above on this measure is generally used to indicate high risk for clinical depression. In addition to the CES-D, a scale comprised of questions from the *Diagnostic Statistical Manual of Disorders (DSMIII)* was used. The DSM scale is a dichotomous measure, indicating the presence or absence of clinical depression. Typically, more of those surveyed should screen positively for depression using the CES-D scale than using the DSM measure.

Table 16: Cluster Barriers: Comparative Data

Barrier	Long-term Utah Welfare Recipients			Total Sample N = 407	General U.S. Population (See Taylor and Barusch 2000)
	Increased Income n= 155	Time limit n= 133	Other n= 119		
Mental Health					
CES-Depression	40%	59%	60%	59%	
DSM-III Depression	35%	48%	55%	45%	21%
Post-Traumatic Stress Disorder	10%	22%	17%	16%	8%
Learning Disability (Payne)	23%	32%	24%	26%	15%
Education (No diploma or GED)	23%	45%	40%	35%	12%
Work History (In last 5 yrs, never worked more than 6 months at one job)	18%	43%	35%	31%	
Physical health problems	35%	42%	42%	39%	7%
Physical health problems - child	36%	34%	26%	32%	
Severe Domestic violence within the past 12 months	8%	17%	19%	14%	
Severe Domestic violence ever as an adult	74%	77%	77%	76%	3%
Drug abuse	20%	30%	30%	26%	3%
Alcohol abuse	32%	27%	24%	28%	6%
Severe child behavior problems	22%	20%	20%	21%	
Child Protective Service referral	47%	49%	54%	49%	2%

Significant group differences were observed in CES-D scores, with members of the *increased income* group being less likely than the others to screen at high risk for depression. Nonetheless, the prevalence of depressive symptoms in this group is high. Forty percent of the *increased income* group scored over 16 on the CES-D, compared to well over half (60%) of those in the *other* and 59% of the *time limits* group. These differences were statistically significant ($p = .001$).

The three closure groups differed significantly in the presence of clinical depression as measured using the DSM scale. Respondents whose cases were closed for *increased income* were significantly less likely than those in the other two groups to appear clinically depressed on this measure. Nonetheless, over a third (35%) of those whose cases were closed for *increased income* were clinically depressed at the time of our interview. This compares to the highest rate observed (55%) among those in the *other* group. Just under half (48%) of those who had reached their *time limits* screened as clinically depressed. This difference was statistically significant ($p = .003$).

Post-traumatic Stress Disorder (PTSD). Given the large proportion of this sample who have experienced childhood and/or adult trauma, it is important to consider the impact of that trauma on respondents' ability to become self-sufficient. PTSD involves exposure to a traumatic event in which a person witnessed or experienced events that involved actual or threatened death or serious injury. The person persistently re-experiences the event through recollection or dreams. A person with PTSD might try to avoid thoughts or activities associated with the trauma. He or she may also have feelings of detachment, restricted emotional range, or diminished interest in activities. While less common than depression, PTSD can be every bit as disabling. The scale used to measure PTSD was based on the DSMIII, and resulted in a dichotomous measure indicating the presence or absence of the condition.

Respondents whose cases were closed due to *time limits* were significantly more likely than those in the other two groups to screen positively for PTSD. Nearly a quarter (22%) of this group received a score indicating the presence of PTSD. This compares to nearly one fifth (17%) of those whose cases were closed for *other* reasons, and one tenth (10%) of those in the *increased income* group. This difference was statistically significant ($p = .028$).

Physical Health Problem. As the above list of barriers to employment suggests, physical health problems are present in a large portion of the sample. Respondents were asked to rate their health from excellent to poor. Generally, an individual who indicates he or she has "fair" or "poor" health is considered as having a physical health problem. This constituted our measure of a physical health barrier. The global measure, known as the "self-reported health status," has been widely used as an indicator of physical health. It's predictive value is well established. Fair to poor health was reported by 39% of the sample. The groups did not differ with respect to self-reported health status.

Substance Abuse. Respondents were asked a series of questions about their use of alcohol or drugs: whether they had ever considered decreasing alcohol or other drug consumption, whether a friend or family member had ever suggested they decrease alcohol or drug

consumption, and whether alcohol or drug consumption had ever interfered with their jobs. A “yes” to consideration of decreasing alcohol and other drug use was used to indicate the presence of a drug or alcohol problem.

The groups did not differ significantly in the presence of an alcohol problem. Twenty eight percent of the total sample screened positively for alcohol abuse at some point in their life. There was a significant group difference in drug use, however, with those in the *increased income* group being less likely to having ever screened positively for a drug problem. Only one fifth (20%) of those whose cases were closed for *increased income* report a drug problem, compared to nearly a third (30%) of the other two groups. This difference was nearly statistically significant ($p = .074$).

Health/Mental Health Barriers, Overall: While the vast majority (80%) of respondents reported at least one of these health/mental health barriers, modest group differences were observed. Members of the *time limits* group were more likely to report having this type of barrier. Most (85%) of this group had such a barrier, compared to 81% of the *other* group and 74% of those whose cases were closed for *increased income*. This difference approached statistical significance ($p = .073$).

Work/Education Barriers

Barriers related to work and education were measured using two clear indicators. A client whose work history over the five years prior to the interview indicated that he or she had never worked for more than 6 months at any one job was identified as having a “work” barrier. Someone who had neither a GED nor a High School diploma was identified as having an “education” barrier. In addition to these measures, we also examined respondents who screened positively for a learning disorder.

As indicated above, the groups differed significantly in their work histories, with those whose cases closed for *increased income* being considerably less likely to have a work barrier. Nonetheless, nearly one fifth of this group (18%) had such a barrier. This compares to 35% of the *other* group, and 43% of those whose cases were closed for *time limits*. This difference was statistically significant ($p < .001$).

The groups also differed with respect to the presence of an education barrier. Those with *increased income* were significantly more likely to hold a high school diploma or GED. As indicated above, only 23% of those with *increased income*, compared with 40% of those in the *other* group and 45% of those who reached their *time limits* did not have either of these educational credentials. This difference was statistically significant ($p < .001$).

Learning Disability. The “Payne” scale was used to identify clients with potential learning disabilities. This scale consists of a series of nine questions about problems, such as “working with numbers in a column,” “filling out forms,” “mixing up arithmetic signs” and “difficulty spelling.” The scale is not a clinical indicator of disability, but a screening instrument,

used to identify individuals who are at high risk for learning disability. Respondents who had reached their *time limits* were significantly more likely than those in the other two groups to screen positively for a learning disability. Nearly a third (32%) of this group scored above the screening threshold on the Payne scale, compared to 23% of those whose cases closed for *increased income* and 24% of those in the *other* group. This difference was not statistically significant. This important information supplements our understanding of educational barriers but was not included in the formal work/education barrier analysis.

Work/Education Barriers, Overall: Most of the sample (53%) had at least one of the identified work/education barriers, either less than 6 months of employment in the past 5 years or either a GED or high school diploma. Significant group differences were observed ($p < .001$). Those in the *time limits* group were considerably more likely to report a work/education barrier. Most (70%) of those who reached their *time limits* had one or more of these barriers, compared to 56% of those in the *other* group and only 36% of those whose cases were closed for *increased income*.

Family Barriers

Four indicators were used to identify respondents with family problems. They were: severe domestic violence, an identified physical health problem in a child, a severe child behavior problem, and a CPS referral.

Domestic Violence. Respondents were asked a series of questions regarding violence involving a spouse or partner. The questions were adapted from the Women's Employment Study by the Survey Research Center of the University of Michigan, and are based on a legal definition of domestic violence. Respondents were asked about their experiences with domestic violence as adults, and in the twelve months prior to the interview.

Severe domestic violence was measured by combining incidents such as: being hit with a fist, hit with an object, beaten, choked, threatened or had a weapon used against you, and/or being forced into sexual activity against your will. Experiencing any one of these during the 12 months prior to the interview was sufficient to be identified as a victim of severe domestic violence.

Three fourths of the sample (76%) reported that they had experienced severe domestic violence at some time in their adult lives. There were no significant group differences on this measure.

There were group differences, however, in the prevalence of severe domestic violence in the 12 months prior to the interview. Those in the *increased income* group were about half as likely as respondents in the other two groups to have had this experience. Only 8% of those in the *increased income* group were victims of domestic violence in the 12 months prior to the interview, compared to 19% of those in the *other* group and 17% of those whose cases were closed for *time limits*. This difference was statistically significant ($p = .020$).

Child Physical Health Problems. Respondents were asked to indicate whether their children had serious medical problems or physical disabilities. As reported in the Family Characteristics section above, about a third (32%) of the sample reported that at least one of their children had a physical disability or medical condition. There were no significant group differences on this measure.

Child Behavior Problem (severe). Three sub-scales from the Child Behavior Checklist were completed for the oldest child in each family. The mean age for these children was 12, with a range from 4 to 17. The group was evenly divided between boys (51%) and girls (49%). A total of 47 problem behaviors were examined, in relation to aggressive behavior, delinquent behavior, and anxious behavior. A score in the “clinical” range was used to indicate a child with a “severe behavior problem.” These are children for whom professional intervention is strongly advised. There were no significant group differences in the occurrence of severe behavior problems. One fifth (21%) of the total sample reported such problems.

CPS Referral. Respondents were asked whether, since becoming a parent, CPS had ever investigated their families. While nearly half of the sample (49%) reported that they had been investigated by CPS ⁵ there were no significant group differences on this measure.

Family Barriers, Overall. Most (70%) of this sample had at least one of the family barriers. There were no significant group differences on this measure.

Barriers in Combination.

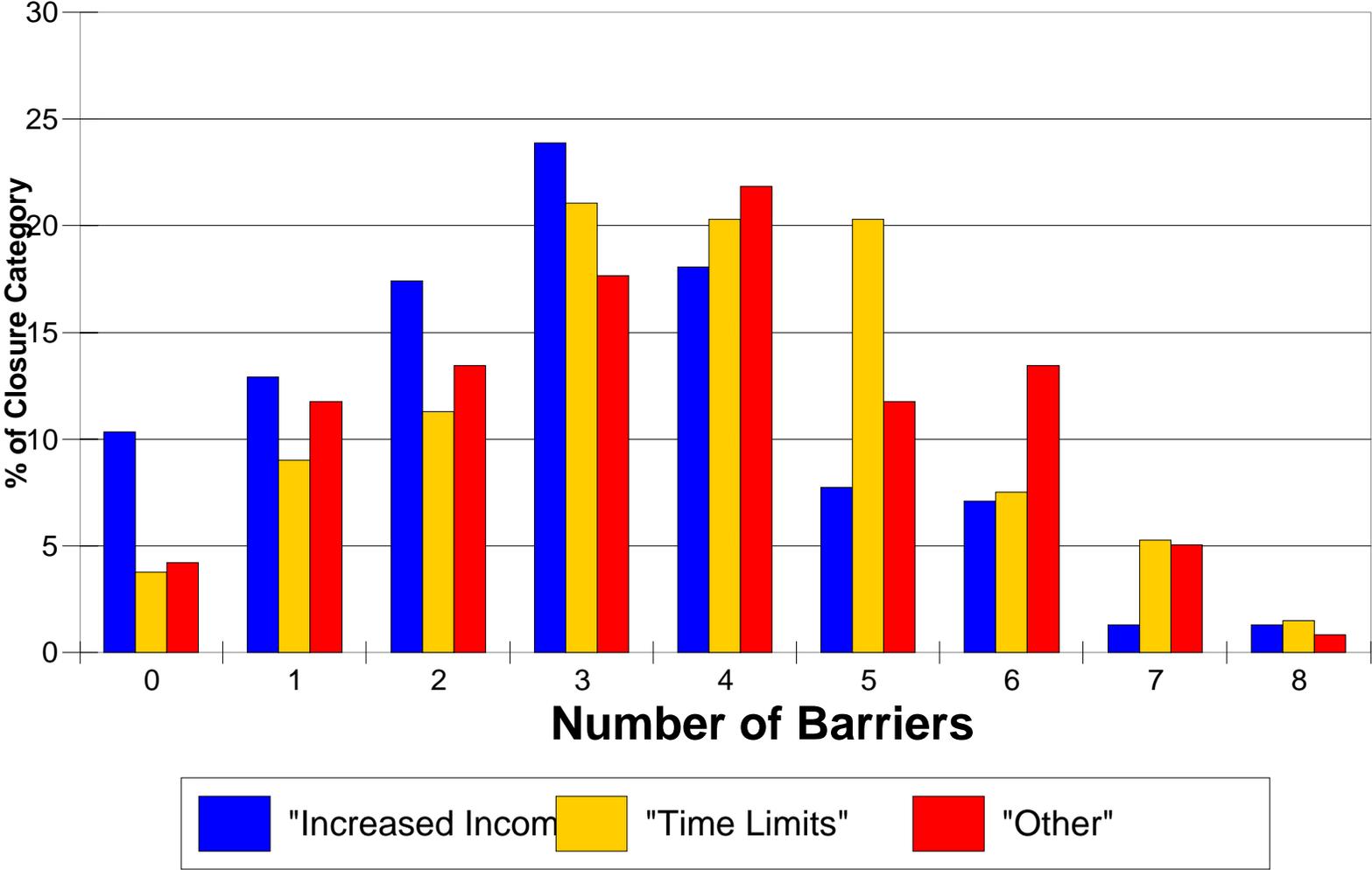
Clearly a majority of the respondents in this study have multiple barriers to self sufficiency. In order to better understand the dynamics of these barriers we first examined the number reported by members of each group, and then their configurations. The number of cluster barriers reported is presented in Figure 1.

As this figure illustrates, respondents from the *increased income* are more likely to have three or fewer barriers, while those in the other groups predominate among respondents with four or more. The mean number of barriers reported by these groups differed significantly ($p < .001$). Those in the *time limits* and *other* groups reported the highest numbers of barriers. Those in the *time limits* group averaged 3.7 of the cluster barriers, while those in the *other* group averaged 3.6. Those in the *increased income* group reported an average of 2.9 cluster barriers.

The groups also differed in the configuration of barriers. This is illustrated in Figure 2.

⁵As indicated in the family characteristics section, 13 respondents indicated that CPS had removed their children from the home.

Figure 1:
Number of Barriers by Closure Code

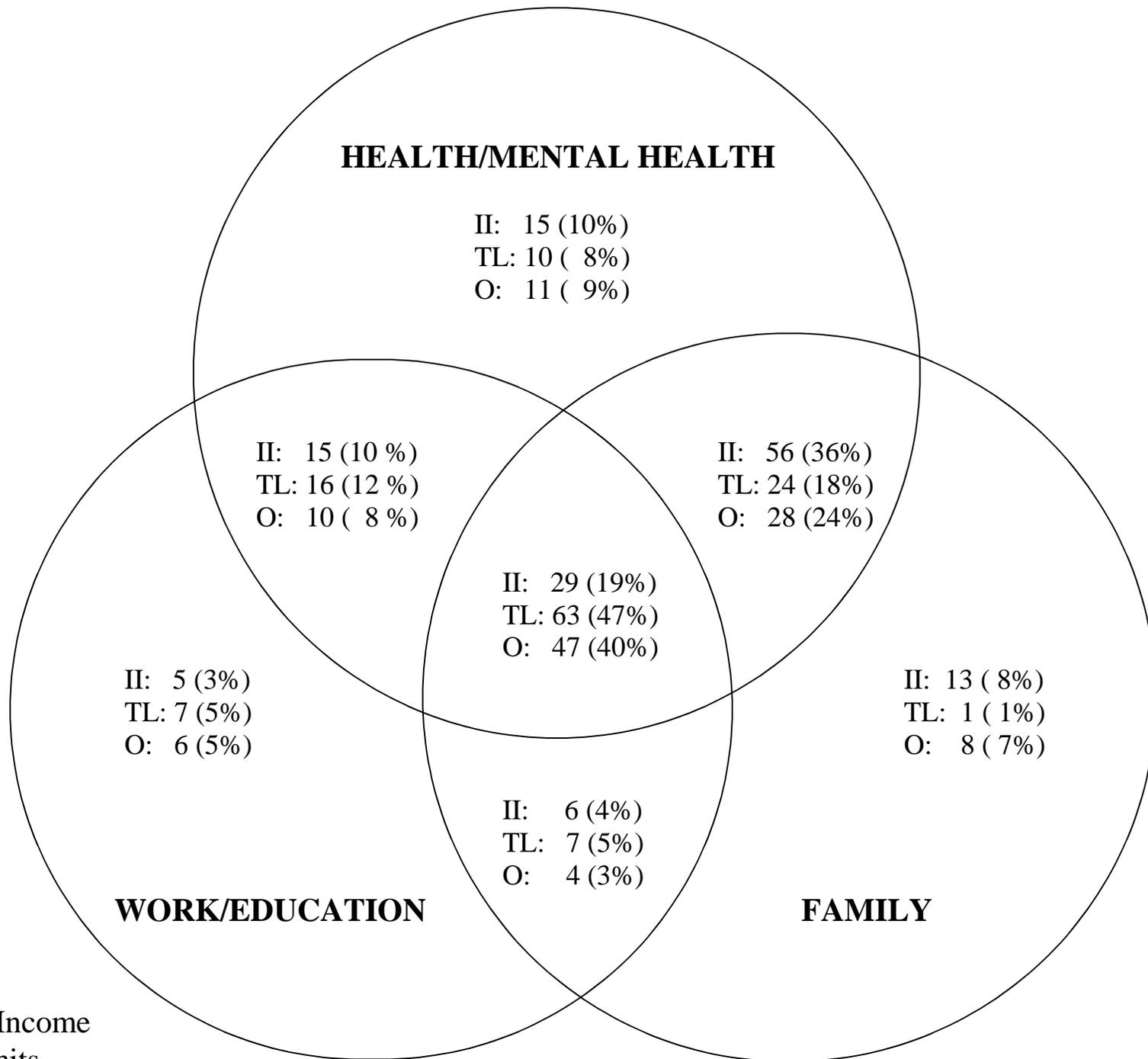


No Barriers

II: 16 (10%)

TL: 5 (4%)

O: 5 (4%)



KEY:

II = Increased Income

TL = Time Limits

O = Other

Figure 2: Constellation of Barriers (n=407)

As Figure 2 illustrates, those most likely to report having barriers in all three areas: health/mental health, work/education, and family are members of the *time limits* and *other* groups. Nearly half (47%) of the *time limits* group faced all three types of barriers, as did 40% of respondents from the *other* group. Less than one fifth (19%) of those with *increased income* had this configuration. This difference was statistically significant ($p < .001$).

This does not imply that those with *increased income* did not face barriers. The vast majority (90%) of the group had at least one type of barrier, and over a third (36%) faced a combination of health/mental health and family barriers.

Life Events

Homelessness, Witnessing abuse, Experiencing abuse

Respondents were asked about significant life events they might have experienced. These included homelessness, witnessing abuse, and experiencing various types of abuse. With the exception of sexual abuse, respondents reported that these traumatic experiences were more common in adulthood than in their childhood. These results are presented in Table 17.

Table 17: Life events

Abuse experience: Respondents who have experienced...	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
...homelessness as a child	9 (6%)	14 (11%)	7 (6%)	30 (7%)
...homelessness as an adult	49 (32%)	50 (38%)	46 (39%)	145 (36%)
...witness abuse of another as child	61 (39%)	55 (42%)	52 (44%)	168 (42%)
...witness abuse of another as adult	97 (63%)	80 (61%)	77 (65%)	254 (63%)
...abuse of someone else as a child	61 (40%)	55 (42%)	52 (44%)	168 (42%)
...abuse of someone else as an adult	97 (63%)	80 (61%)	77 (65%)	254 (63%)
...physical abuse before age 18	64 (42%)	50 (38%)	51 (43%)	165 (41%)
...physical abuse after age 18	98 (64%)	80 (61%)	70 (59%)	248 (61%)
...sexual abuse before age 18	49 (32%)	40 (31%)	56 (48%)	145 (36%)
...sexual abuse after age 18	50 (33%)	28 (21%)	39 (33%)	117 (29%)
...emotional abuse before age 18	75 (49%)	64 (49%)	63 (53%)	202 (50%)
...emotional abuse after age 18	114 (74%)	91 (69%)	87 (73%)	292 (72%)

Homelessness

Childhood homelessness was relatively uncommon, reported by 7% of the total sample. There was a significant group difference on this measure, with those whose cases were closed for *time limits* being nearly twice as likely as respondents in the other two groups to report having been homeless as children. Just over one tenth of the *time limits* group (11%) compared to 6% of the other two groups reported having been homeless. This difference was not statistically significant.

During adulthood, the sample had a higher rate of homelessness. Over one third (36%) of the sample reported having experienced homelessness as an adult. Those in the group whose cases were closed for *increased income* were somewhat less likely to have experienced homelessness in adulthood. Just under a third (32%) of this group responded “yes” to this question, compared to 38% of those in the *time limits* group and 39% of those whose cases were closed for *other* reasons. This difference was not statistically significant.

Witnessing Abuse

Child abuse has recently been redefined in Utah, to include witnessing abuse of another. A surprising number (42%) of the total sample reported that they had witnessed the abuse of another when they were children. The groups did not differ significantly on this measure.

Witnessing abuse in adulthood was more commonly reported. Over half (63%) of the sample reported having witnessed abuse of another while they were adults. There were no significant group differences on this measure.

Experiencing Abuse

Respondents were asked about their experiences of emotional, physical, and sexual abuse both before the age of 18 and into adulthood.

Half (50%) of the sample reported that they had experienced emotional abuse as children. There were no significant group differences on this measure. Emotional abuse in adulthood was reported much more often. Nearly three fourths (72%) of the sample reported having experienced emotional abuse after the age of 18. The groups did not differ significantly on this measure.

Forty one percent of the sample reported that they had been physically abused in childhood. The groups did not differ significantly on this measure. Adulthood brought higher rates of physical abuse, with over half (61%) reporting they had experienced physical abuse after the age of 18.

Over a third (36%) of the sample reported having been sexually abused as children. Those

whose cases were closed for *other* reasons were more likely than the other two groups to report this experience. Nearly half (48%) of the *other* group reported childhood sexual abuse, compared to 31% of those closed for *time limits* and 32% of those who had *increased income*. This difference was statistically significant ($p = .03$).

Unlike physical and emotional abuse, respondents reported that sexual abuse was less common in adulthood. Under a third (29%) of the entire sample reported having experienced sexual abuse after the age of 18.

Experiences with Case Closure

While all types of case closures follow general guidelines, two types of closure follow such specific policies that the experience of each process can be reviewed. The first such closure group involved those closed “NP”, or non-participation, indicating DWS did not feel the respondent followed through with the employment plan. The second group experienced the closure process for those coming to their 36 month *time limit* “TL.”

Non-Participation Closure

A substantial portion (40%) of the *other* closure group had their cases closed for non-participation. The process for closing cases for this reason is called *Conciliation*. As defined by DWS, the purpose of the Conciliation process is:

- To ENCOURAGE participation in individualized appropriate activities to increase family income through employment, SSI or SSDI or child support AND
- To ENSURE that the individual, who is choosing not to participate, has made an INFORMED choice about the participation and cooperation requirement AND
- To CONFIRM that case managers and other agency/allied staff followed a uniform set of procedures and utilized appropriate resources to assist individuals in resolving any participation problems.

When asked about their experience with the Conciliation process, 85% of those closed for non-participation said they had participated in such a process. Of those who did participate, 90% said they understood what the caseworker was asking of them. When asked if they felt their views were taken into consideration in the process, 78% reported they did not feel that their views were taken into account. When asked what might have improved the Conciliation process there were quite a variety of suggestions. Some people (7) indicated they felt that all had been done that could be done, and nothing more was needed. Many of the other suggestions focused on interaction with the department. Six people mentioned problems with case workers while 8 asked for more understanding of their situations. One respondent said, “I am looking for a career not a fast food job. I need help with day care while I’m in school. I can’t work 30 hours per week plus do school.”

Time Limit Closure

Respondents closed for *time limits* were also asked about their case closure experience. When asked about their participation in a meeting with their case worker, the supervisor, and/or a social worker, to determine possible case extension, 71% reported attending such a meeting. Of those who attended, most (62%) said they felt they were treated fairly in the meeting, 45% reported feeling that their views were taken into consideration. Those who were dissatisfied with the meeting reported a lack of understanding on the part of DWS both of themselves as individuals, and of what they considered their significant barriers. As one respondent expressed, “They didn’t care about what was happening to me. They did not understand my mental illness or have the skills to deal with me”. Several respondents also said they left the meeting feeling like the extension would be granted and later received a letter informing them they had been denied. There was also a perception by some that the agency’s highest priority was getting the case closed. “They didn’t really ask what I wanted - just made it seem like there was no choice - they did their obligation - now I’m off their case.”

Respondents whose cases were closed for *time limits* were asked whether they felt their cases should have been extended for any of the reasons defined by DWS as extension criteria. These responses can be found in the Table 18.

Table 18: Percent of Respondents who Felt They Qualified for Each Extension Category

Extension Criteria	Percent who felt they qualified n = 133
Work 80 hrs per month for six months of past 24 months	20 (15%)
Physical/Mental health/Substance Abuse	66 (50%)
Young Parent	- 0 -
Domestic Violence history / trauma	30 (23%)
Medical Needs of a dependent	20 (15%)
Hardship circumstances	35 (27%)

The work criteria was least understood by respondents, but 15% did indicate they felt they qualified for this extension.

In regards to physical and mental health or substance abuse issues, half (50%) of those closed for *time limits* felt they had a condition that was serious enough to warrant an extension. Of those who thought they qualified for this extension, depression was the sole issue for 12 of the respondents, while 18 more indicated other specific mental health issues. In addition, 10

respondents reported diagnoses for several concurrent mental health issues. Fourteen respondents had specific physical problems, while 13 people said they had both physical and mental health issues. Several reported having doctor's notes indicating they were either not able to work or should be limited in what is expected of them. Three respondents indicated a current drug problem for which they were seeking help.

No respondents indicated they should have been extended for being a young parent.

Domestic violence situations, either current problems or on going trauma, were cited by 23% of respondents as a reason they should have been extended. Among them, 17 people indicated they were currently experiencing problems with violence in significant relationships. Five said that past trauma is still so severe that it effects their daily living. Two respondents indicated this issue was never raised by their worker.

Medical needs of a dependent was a significant issue for 15% of respondents. While this generally referred to the needs of a dependent child, several respondents spoke of dependent spouses or elderly parents for whom they were the primary or sole care giver.

Hardship circumstances, as a reason for extension were reported by 27% of those closed *time limits*. Several of the clients listed recent problems with transportation (4) or a car accident (7) as a recent hardship. Five people were very close to finishing schooling and thought assistance to support the last few months of school was needed.

Because the extension criteria cover six different areas, respondents reported their eligibility for each item. Of the 133 respondents, about one quarter (26%) did not feel they met any of the criteria. Another 30% felt they qualified in only one area. The largest group (34%) felt they qualified in two different areas. Ten percent of respondents felt they qualified in three areas, with only 2% seeing reasons for extension in four areas.

Respondents were then asked to state why they felt they had not been granted an extension. There were some clear patterns in the types of answers provided. The largest group of respondents to this question (16), indicated they had no idea why their case was closed or that they had just taken the word of DWS workers who said they did not qualify. Another group (13) said they were told they had not fulfilled the meeting or paperwork requirements. "I did not go to the meeting because I did not hear about it (letter from DWS got lost and it later arrived at her house). They had the meeting without her." There was also a group who felt that DWS did not see their situations as "bad enough" (11). Some people (9) felt there was bias against them for one reason or another. "The personal bias against me. I wouldn't consider appealing the decision because the repercussions would be too great. I am an outsider in a small town." There were 8 people who said they had not asked for an extension or that they did not present their case well enough (5) to get the extension. "I live in a rural area. They felt I was capable of working because I have a work history. I didn't state my barriers strongly enough." Some (5) were told that this was just the law and there was no discussion, "case closed" (literally).

Respondents’ perspectives about their eligibility for extensions clearly do not always correspond to DWS policies. This confusion about extension criteria may reflect inconsistencies in the implementation of statewide guidelines. To the extent that the guidelines allow for regional and individual variation, confusion is exacerbated.

Impacts of Termination

Housing Impact

Respondents were asked four questions about the impact of case closure on their housing:

- Has your housing situation been affected by the closing of your cash assistance?
- Has there been a time since your cash assistance closed when you could not afford a place to stay or when you could not pay your rent?
- Have you been evicted from your home since your cash assistance closed for not being able to pay your rent?
- Are there any problems with your housing that sometimes cause you difficulty such as a leaky ceiling, broken windows, problems with plumbing, running water, heat or pests?

Responses to these questions are summarized in Table 19, and are discussed below.

Table 19: Impact of Termination: Housing and Utilities

Measure	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Housing affected	47 (30%)	68 (51%)	52 (44%)	167 (41%)
Couldn't pay rent	48 (31%)	70 (53%)	63 (53%)	181 (45%)
Evicted	5 (3%)	7 (5%)	15 (13%)	27 (7%)
Housing problems	57 (37%)	35 (30%)	49 (37%)	141 (35%)
Electricity/heat turned off	11 (7%)	8 (6%)	20 (17%)	39 (10%)
Phone disconnected	25 (16%)	30 (23%)	37 (31%)	92 (23%)

Nearly half of the respondents in this study (41%) indicated that their housing situations had been affected by case closure. The groups differed significantly on this measure, with those closed for *time limits* being more likely than the other two groups to report effects on their housing situation. Just over half (51%) of the *time limits* group responded “yes” to this question, compared to 44% of the *other* group, and 30% of those with *increased income*. These differences were statistically significant ($p = .001$).

Comments made by respondents give a flavor of these differences. These comments reflect several realities. When someone loses cash assistance, and they are on most housing programs, the rent goes down. This was reported by 35 respondents. If they start working at a job that pays more than benefits earned, then rent can go up (reported by 19 respondents). Getting behind on rent was reported by 42 respondents and not being able to pay rent at all was a problem for 13 respondents. One respondent whose case was closed for *increased income* said, “It’s difficult to pay rent and buy food. The 1st check goes to rent, the 2nd paycheck goes for other expenses. Budgeting is difficult because expenses came on all of a sudden.”

In response to the second question, results were similar, with nearly half (45%) of the total sample indicating there had been a time when they could not afford a place to stay or could not pay their rent. Again, those whose cases were closed for *time limits* were more likely to respond “yes” to this question. Slightly over half (53%) of them reported having been unable to pay rent. In this case, members of the *other* group were like the *time limits* group in that the same number (53%) responded “yes.” This compares to under a third (31%) of those with *increased income*. This difference was statistically significant ($p < .001$).

Eviction was a much less common experience among these respondents. Only a few (7%) reported that they had been evicted since their cases closed. Those most likely to report eviction were in the *other* group. Over one tenth (13%) of that group responded that they had been evicted, compared to 5% of those whose cases were closed for *time limits* and 3% of those with earned income. This difference was statistically significant ($p = .006$).

General housing problems were less common than difficulties paying for housing. Over a third (35%) of the total sample reported these problems. There were no statistically significant group differences on this measure.

Utilities

Respondents were asked whether their electricity or heat had been turned off or their phones disconnected since their cases were closed.

Phone disconnection was the more common experience, with about one fourth (23%) of the sample indicating “yes.” The groups differed significantly on this measure, with the *other* group most likely to have experienced a phone disconnection. Almost a third (31%) of those in the *other* group had had their phones disconnected, compared to 23% of those in the *time limits*,

and 16% of those in the *increased income* groups. This difference was statistically significant ($p=.013$).

Loss of electricity or heat was less common. Only 10% of the total sample had had this experience. Again, those in the *other* group were most likely to have lost heat or electricity. Seventeen percent of those in the *other* group had this experience, compared to 6% of those in the *time limits* group and 7% of those in the *increased income* group. This difference was statistically significant ($p =.006$).

Medical & Dental Care

Respondents were asked whether there had been a time when they needed to, but could not afford to see a doctor, since their cases were closed. One fifth of the sample (21%) said there had been such a time. The groups differed significantly on this measure, with those in the *other* group being most likely to report having this experience. Thirty eight percent of the *other* group reported being unable to see a doctor, compared to 15% of the *increased income*, and 14% of the group whose cases were closed due to *time limits*. This difference was statistically significant ($p<.001$).

Respondents were also asked, during the same time period, whether there had been a time when their children were unable to see a doctor despite needing one. This experience was less common, with 14% of the sample responding “yes.” As in the last question, those in the *other* group were more likely to report having the experience. Nearly one fifth (18%) of the group said “yes,” compared to 11% of those closed for *increased income* and 14% of those whose cases were closed due to *time limits*. This difference was not statistically significant, however.

The same questions were asked with respect to dental care, with similar results. When asked whether there had been a time they needed to, but were unable to see a dentist since case closure, just over a fifth (22%) of the sample said “yes.” Again, those in the *other* group were more likely to report lacking dental care. Over a third (35%) of this group indicated they had had this experience, compared to 19% of those with *increased income* and 14% of those in the *time limits* group. This difference was statistically significant ($p<.001$).

With respect to their children’s dental care, 14% of the total sample indicated they had been unable to access needed care. Those in the *other* group were most likely to report having had this experience. Seventeen percent of this group, compared to 14% of the *increased income* group and 11% of those closed for *time limits* reported lacking needed dental care for their children. This difference was not statistically significant ($p =.33$). These figures are reported in Table 20 below.

Table 20: Impact of Termination: Medical Assistance

Measure	Increased Income n = 119	Time Limits n = 133	Other n = 119	Total Sample N = 407
Couldn't see MD(self)	23 (15%)	19 (14%)	45 (38%)	87 (21%)
Couldn't see MD (child)	17 (11%)	18 (14%)	20 (18%)	55 (14%)
Couldn't see dentist (self)	30 (19%)	18 (14%)	41 (35%)	89 (22%)
Couldn't see dentist (child)	21 (14%)	14 (11%)	19 (17%)	54 (14%)

Clothing

Respondents were asked whether they or their children had gone without adequate clothing because they couldn't afford it since their cases were closed. About one fourth of the sample (26%) reported that they had. The *other* and *time limit* groups were most likely to have had this experience. One third (33%) of the *other* group, and 30% of the *time limit* group said "yes," compared to 17% of those whose cases were closed for *increased income*. This difference was statistically significant ($p = .005$). These responses can be found in Table 19 below.

Nutrition

Several questions were asked about respondents' experiences with food since case closure. These were developed by the U. S. Department of Agriculture to gauge nutritional status. They were:

- Since your cash assistance closed, were you or anyone in your family ever hungry but didn't eat because you couldn't afford enough food?
- How often are the following statements true? (Often, Sometimes, Never)
 "The food I bought just didn't last, and I didn't have money to get more."
 "I couldn't afford to eat balanced meals."
- Which of these statements best describes the food you ate last month?
 1- Enough of the kinds of food we want
 2- Enough, but not always the kind of food we want to eat
 3- Sometimes not enough to eat
 4- Often not enough to eat.

Results generally reveal the slightly enhanced nutritional status of respondents whose cases were closed due to *increased income*. But even this group reported difficulties in this area.

When asked whether they or a family member had been hungry, but hadn't eaten because of financial limitations, nearly one fifth (18%) of the total sample said, "yes." Those most likely to report this experience were members of the *time limits* and *other* groups. In these two groups, 21% said "yes." Only 13% of those in the group with *increased income* reported this experience. This difference was not statistically significant ($p = .116$). More than half of the respondents (36) who commented on this question indicated they themselves go without food so that their children will have enough. "I feed the kids and lots of times, there isn't enough left for me." While willing to sacrifice, several made comments about having poor diets, losing weight and having times when everyone in the family is hungry. Some people said they ran out of food because they had to use food stamp money to pay rent and other bills.

A comparison of those who indicated that "often" the food they bought just didn't last, reveals a similar pattern. A fifth (22%) of the sample said they often had this experience. Those most likely to have it were those whose cases were closed for *time limits* (27%) and those closed for *other* reasons (27%). Only 15% of respondents whose cases were closed for *increased income* reported that they had often run out of food. This difference approached statistical significance ($p = .068$).

The same pattern held when respondents were asked to indicate how often they could not afford to eat balanced meals. Under a fifth (18%) reported having had the experience, with those in the *other* (19%) and *time limits* (22%) groups most likely to report that they often could not afford balanced meals. Only 13% of those whose cases were closed for *increased income* reported this experience. This difference was not statistically significant. These results can be found in Table 21 below.

Table 21: Impact of Termination: Clothing and Food

Measure	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Lack adequate clothing	26 (17%)	40 (30%)	39 (33%)	105 (26%)
Gone hungry but couldn't eat because of not enough money for food	20 (13%)	28 (21%)	25 (21%)	73 (18%)
Food we bought just didn't last (often)	23 (15%)	36 (27%)	32 (27%)	91 (22%)
Couldn't afford to eat balanced meals (often)	20 (13%)	29 (22%)	23 (19%)	72 (18%)

Finally, when respondents were asked to describe the food eaten by their families in the past month, the same pattern (those with *increased income* having better nutritional status) emerged. Those with *increased income* were least likely to report that sometimes or often they did not get enough to eat. Still, 8% of this group elected these responses. Nearly twice this proportion of the *other* (20%) and *time limits* (19%) groups chose these responses. This difference was statistically significant ($p = .031$). These results are reported in Table 22.

Table 22: Food Eaten Last Month

Which statement best describes food eaten last month?	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total N = 407
Enough of the kinds of food we want.	48 (31%)	37 (28%)	30 (25%)	115 (28%)
Enough, but not always the kinds of food we want.	95 (61%)	70 (53%)	65 (55%)	230 (57%)
Sometimes not enough to eat	11 (7%)	17 (13%)	14 (12%)	42(10%)
Often not enough to eat	1 (1%)	8 (6%)	10 (8%)	19 (5%)

$p = .031$

Child Leaving Home

We were interested in understanding whether case closure would result in a loss of children for respondents. Nearly one fifth of the sample (19%) reported that one of their children had gone to live somewhere else. A total of 74 children left their homes. Those in the *other* group were most likely to report this. Over a fourth (29%) of the group said “yes,” compared to 17% of those whose cases were closed for *time limits* and 14% of those whose cases were closed for *increased income*. This difference was statistically significant ($p = .005$). These results are found in Table 23.

Table 23: Impacts of Termination: Child leaving home

Measure	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Child went to live elsewhere in past year ($p < .005$)	21 (14%)	22 (17%)	34 (29%)	77 (19%)

The most common reason given for children leaving the home was “other.” Responses here varied. One respondent said she didn’t want her son to live in the neighborhood she was in. Several did not give a reason, saying only that their children had left home to live with friends or family members. The second most common reason was removal by CPS. Thirteen respondents indicated that CPS had removed their children because of either child abuse or neglect or domestic violence. The third most common reasons were: “could not afford to care for the child,” given by nine respondents, and “child’s behavior was unmanageable,” also given by nine respondents. These results are reported in Table 24.

Table 24: Reasons Children Left the Home

Reason Given	Number & Percent of Those who Left n = 74
To establish own household	3(4%)
Got Married	3(4%)
To be closer to work/school	3(4%)
Couldn’t afford to care for child	9(12%)
Child’s behavior was unmanageable	9(12%)
Removed by CPS	13(18%)
Special medical/mental health needs	2(3%)
Other	32(43%)

General Quality of Life

Respondents were asked, in general, how life had been since their cash assistance cases had been closed. Response options were: “better,” “the same,” and “worse.” Consistent with the general theme in this area, respondents whose cases were closed for *increased income* are those most likely to report that life was “better” since case closure. Over half (52%) of this group chose this response option. This compares to 35% of those in the *other* group, and 21% of the *time limits* group. The latter groups were more likely to report life in general was “worse” since case closure. This difference was statistically significant ($p < .001$). These results are presented in Table 25.

Table 25: Impacts of Termination: General Quality of Life

In general, how is life since cash assistance case closed?	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total N = 407
Better	80 (52%)	28 (21%)	41 (35%)	149 (37%)
The Same	46 (30%)	40 (30%)	33 (28%)	119 (29%)
Worse	28 (18%)	65 (49%)	45 (38%)	138 (34%)

p<.001

Clearly, many things can affect the general quality of life. Those who said their lives were either “better” or “worse” (N = 210) were asked whether the change was *related to the closure of their cash assistance cases*. In all three groups, respondents who felt their lives were “worse” were more likely to point to case closure as the cause of the change than those who felt their lives were “better.” There were 101 respondents who reported general declines in quality of life that they specifically due to case closure. On the other hand, 56 respondents reported a general life improvement that they attributed to the closure of their financial assistance. There were differences between groups in this area. The following results are reported in the Table 26.

For those closed for *increased income*, 52% (Table 25) reported that life was better. Among these, the majority (64%) said the improvement was related to the closing of cash assistance while 36% said it was due to other factors. Of the 38% who reported life being worse since closure, a vast majority (82%) thought this was related to losing their assistance, while 18% attributed it to other factors. As one respondent who was closed for increase income and reported life was better because of case closure said, “You have dignity and self-esteem—I like being self sufficient—to take care of my own without anyone’s help. Life is easier without having to ask for help. You have your own pride.”

Of respondents who reached their *time limits*, 21% (Table 25) reported life being better since cash closure. Among these, most (57%) said this improvement was related to their case closing, whereas 43% pointed to other reasons. In this group 49% reported that life was generally worse since case closure. Among those for whom life was worse, nearly all (94%) attributed this change to losing assistance while 6% looked to other causes. One respondent who had been closed *time limits* reported, “Mentally, financially, all is worse. Eventually it might get better, but right now it is awful. It’s scary when welfare is all there is left, and now there is nothing.”

The *other* closure group falls between the other two groups as 35% (Table 25) said life was better since case closure. Among these, just under half (48%) related this improvement to the closing of their case, while 52% related it to other events. Of the 38% who found life worse since case closure, 90% attributed the change to losing assistance while 10% attributed it to other

factors. One respondent in the *other* group who said life was better due to her cash closing, reflects many people’s feelings that “better” did not always just refer to financial well-being. Life is “better because I don’t have those people on my case all the time. I don’t want them in my business. I don’t have to tell them every little thing of my life.”

Table 26: Relation Between Changes in Life and Case Closure

Life change related to case closure:	Increased Income n = 61		Time Limits n = 95		Other n = 54	
	Better	Worse	Better	Worse	Better	Worse
No	16 (36%)	3 (18%)	12 (43%)	4 (6%)	13 (52%)	3 (10%)
Yes	28 (64%)	14 (82%)	16 (57%)	61 (94%)	12 (48%)	26 (90%)
Total	44 (72%)	17 (28%)	28 (30%)	65 (70%)	25 (46%)	29 (53%)

Reaching Time Limits

To describe the impact of *time limits* on long-term welfare recipients, we asked several questions only of those whose cases were closed for *time limits*. The first questions related to clients’ perceptions of DWS. We asked, what DWS did that was especially helpful, and what DWS might have done differently as they approached the end of their financial assistance. Then we asked for feelings about not having more time on cash assistance. Finally, each respondent was given an opportunity to make suggestions about how they would improve the program.

When respondents were asked what was helpful, a majority (53%) indicated something was helpful; the remaining 47% simply replied, “nothing.” Among those who felt DWS did something helpful, four themes emerged. The first was education. Several clients mentioned training and workshops that helped them. One reported that her caseworker enrolled her in a GED course. The second theme was provision of Medicaid and food stamps. Those whose workers helped them maintain their enrollment in these programs were very grateful. The third theme was help with job seeking and training programs such as the STEP program. Several clients mentioned the help they received in finding employment. Finally, some just liked the relationships they had with their caseworkers. They felt the workers were creative and supportive in helping solve their problems.

Respondents somewhat struggled to identify what DWS could have done differently in their cases. Several simply had no suggestions. Others emphasized the need for earlier intervention. Several clients felt that the intensive efforts they received at the end should have been provided at the beginning of their 36 months. For example, one client suggested, “They

should have put me in a self-sufficiency class at the beginning of the program, not at the end. It would have prepared me more up front.” Several clients reported that they simply did not understand how the FEP program worked. Despite efforts by DWS to inform people, many did not expect *time limits* to apply to them. Others evidently did not understand that they had continued eligibility for Medicaid and food stamps. Some wished their cases had been extended, and some simply felt people did not treat them nicely. “They switched workers so many times. I had to keep repeating my story. Each worker gave me different feedback. The 2nd to last worker guaranteed an extension the final worker said absolutely not.”

We also asked clients who had reached their *time limits* to identify areas of their lives that had been affected negatively by the loss of cash assistance. The vast majority (86%) reported having problems with at least one of the areas listed. Most reported negative impacts in one to four of the areas. Most common areas where clients reported negative impacts were utilities, housing, and food. These results are reported in Table 27.

Table 27: Areas Negatively Affected by Loss of Assistance

Area Negatively Affected	Percent reporting negative effect
Utilities	49%
Housing	44%
Food	38%
Mental Health	33%
Transportation	32%
Children’s well-being	17%
Child Care Needs	17%
Physical Health	14%

To obtain a general sense of respondents reaction to the reality of *time limits* for cash assistance, each was asked to talk about their feelings toward having no more time available on cash assistance. The comments ranged widely but could generally be categorized into three groups: positive, negative and mixed or neutral.

Remembering that everyone asked this question had been closed *time limits*, there were 25 respondents (19%) who reported positive feelings toward being off assistance. As one respondent said, “ I feel good about myself working. I don’t have to clean house all day. I can make sure I am doing something for myself. Prove to my boys that work does pay.” Self esteem regarding current work experience or their belief that they can be successful gives them encouragement.

Nearly half (42%) reported negative feelings such as fear, anger and frustration. Many felt that the system failed them and did not prepare them to lose the assistance. One respondent said, "I feel scared, I want my daughter back, but don't know how to do it, I feel helpless. The system created this dependence and now they should provide more help with job skills. They should have enforced this policy 18 years ago. The system makes us welfare mothers. After so long, you feel worthless. It is hard to get a job now."

A third of the respondents have mixed feelings. They see the value of time limits and the incentive it gives to work but are worried because they see their own and other's barriers as being bigger than they can handle on their own. One person said, "I understand, but it is hard. Every situation is different. I have tried to get off it, but I can't find a job. Lots of things have been taken out of my hands. It is very hard to keep a positive outlook, but I try."

Analysis of these three groups shows that there are very few differences in the major barriers to employment. One exception is reflected in the differences in the CES-Depression scores. Depression was indicated for 40% of those expressing positive feelings. This result jumps to 58% of those with mixed or neutral feelings and to 70% for those with negative feelings toward losing cash assistance. There were also differences in the longest single length of time, on average, the person had been unemployed in the past 5 years. Those with positive responses had been unemployed for 24 months at one time. Those with mixed or neutral responses had been out of work for 26 months. Those with negative feelings had been unemployed for 35 months at the longest. Finally, another area of difference was simply the age of the respondent. Those with positive feelings were on average 5 years younger (31) than those who had negative feelings or mixed/neutral feelings (36).

Respondents were given an opportunity to make suggestions for change to the programs offered by DWS and 127 respondents provided input. Twelve people said things were fine the way they are right now. Others offered intriguing suggestions. Comments centered on the relationship between the client and the system in general, and, more specifically, the relationship with the case worker. Some asked for better qualified, different or just one consistent case worker, while others were looking for better communication between workers, supervisors and clients. There were some, like the client who reported that her worker "screamed in her face", who simply wanted to be treated with respect. Program policy and procedures created problems for others. One recommended a birth control program, complaining about "foreigners who have four kids and one on the way who get assistance." Still another wanted a better way of "checking out the SOB's that are abusing the system." Some went so far as to suggest no *time limits* for those in desperate need, or at least gradually cutting people off. Regarding the types of assistance needed, some suggested providing more adequate training and preparation, while others suggested supporting more schooling. As one person said, "work on more education and building self-esteem. Better child care system (i.e., moms who want to stay home can watch other people's kids)."

Service & Resources

Two time frames were used to examine the respondents' use of services and resources. First, because of their importance, we asked whether food stamps, Medicaid and child care had been used at any time since their cases were closed. Then, we considered whether respondents were using these and other resources at the time of the interview.

Services/Resources Used at Any Time Since Case Closure

Respondents were asked about a variety of services and resources that they, or anyone in their immediate family, had used since their cash assistance case had closed. This included any forms of state public assistance other than cash assistance, as well as a wide variety of other community resources. The first set of resources included public assistance programs accessed through DWS. The three most commonly used resources were food stamps, medicaid and child care assistance. The results for these areas are in Table 28. Respondents were also asked to indicate *why* each particular resource was not accessed. The overwhelming response was that it simply was not needed. (Note will be made when other types of answers were received.)

Food Stamps, Medicaid and Child Support

The three areas reviewed here asked if the respondent had used this resource since their cash assistance was closed. Food stamps had been received by 64% of those closed due to *increased income*. This was very similar to the 63% who had been closed *other*. Both these results are significantly lower than those closed *time limits* (84%) ($p < .001$). Medicaid results were very different as only 66% of the *other* closure group had received this resource while it was used by 81% of respondents closed *time limit* and 88% of *increased income* respondents. These differences were significantly different ($p < .001$). Child care was the least used of the three resources. Thirty seven percent of respondents closed *increased income* had used this resource while it was used by only 14% of those closed due to *time limits* and, 13% of those closed *other*. This difference was statistically significant ($p < .001$). Of those not receiving these forms of assistance, some reported being told they were ineligible either because they were making too much money or that they needed to be receiving financial assistance at the same time.

Table 28: Public Assistance Resources Used “Since Cash Assistance Closed”

Other forms of Public Assistance:	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Food Stamps	99 (64%)	111 (84%)	75 (63%)	285 (70%)
Medicaid	137 (88%)	107 (81%)	78 (66%)	322 (79%)
Child Care	58 (37%)	18 (14%)	15 (13%)	91 (22%)

State and Community Resources in Use at the Time of Interview

Respondents were asked about a variety of services and programs that they might have participated in at the time of the interview. Their responses regarding programs they used are presented in Table 29.

Table 29: Resources and Outside Assistance Used

Resource Used:	Increased Income n = 155	Time Limits n = 133	Other n = 119	Total Sample N = 407
Public Housing	23 (15%)	18 (14%)	15 (13%)	56 (14%)
Section 8 Housing	40 (26%)	41 (31%)	32 (27%)	113 (28%)
CHIP	4 (3%)	2 (2%)	8 (7%)	14 (3%)
Energy Assistance	57 (37%)	63 (47%)	34 (27%)	154 (38%)
Food Stamps	87 (56%)	113 (85%)	74 (62%)	274 (67%)
Free/reduced school meals	123 (80%)	106 (80%)	85 (72%)	314 (78%)
Medicaid	128 (83%)	106 (80%)	76 (64%)	310 (76%)
SSI	20 (13%)	15 (11%)	22 (19%)	57 (14%)
WIC	33 (21%)	26 (20%)	22 (19%)	81 (20%)
Child Care assistance	52 (34%)	17 (13%)	13 (11%)	82 (20%)
Child Support * (n=299)	42 (48%)	30 (23%)	19 (25%)	91 (31%)
Food bank/pantry	61 (39%)	60 (45%)	51 (43%)	172 (42%)
Thrift Store	87 (56%)	54 (41%)	70 (59%)	211 (52%)
Homeless Shelter	2 (1%)	1 (1%)	3 (3%)	6 (2%)
Church/religious org.	32 (21%)	29 (22%)	25 (21%)	86 (21%)
Drug/alcohol treatment	6 (4%)	9 (7%)	9 (8%)	24 (6%)
Mental Health Services	37 (24%)	32 (24%)	34 (29%)	103 (25%)
Other supports	55 (36%)	39 (29%)	43 (36%)	137 (34%)

SSI

SSI provides cash assistance based on physical disability. A minority of respondents indicated they were on SSI at the time of the interview. Respondents in the *other* closure group were most likely (19%) to be on SSI. 13% of those closed due to *increased income* used SSI, as did 11% of those closed *time limits*. Sixteen people indicated they were in the process of applying for SSI at the time of the interview.

Section 8 & Public Housing

Respondents were asked whether they had used public housing, Section 8 housing or a homeless shelter since the closure of their FEP cases. Use of a homeless shelter was only reported by 6 respondents: 2 closed for *increased income*, 1 closed *time limits*, and 3 closed for *other* reasons. The use of either public housing or Section 8 rent assistance was reported by 41% of those closed *increased income*. This compares to 45% of those closed *time limits* and 40% of those closed *other*. There were no significant group differences in these areas.

The use of Section 8 varied significantly by location. Respondents living in metropolitan and urban areas reported similar rates of enrollment, nearly a third. But only 10% of those in rural areas reported that they were enrolled in Section 8. This difference was statistically significant ($p = .003$).

Comments about why people do not enroll in housing programs included frustration over long waiting lists, paperwork challenges and not being eligible for housing programs. Several people indicated they lost their housing assistance when their cash assistance closed because the program required some source of income to remain eligible. There were also several geographical areas where housing programs were not available.

Energy Assistance (LHEAP)

The energy assistance program (LHEAP) was used by 37% of those closed *increased income*. Those closed *time limits* indicated a higher usage (47%) while those closed *other* showed lower usage (27%). This difference was statistically significant ($p = .008$).

Food Stamps, Food Pantries, School Meals, & Women, Infants and Children (WIC)

Many respondents reported using food programs. Most respondents (67%) reported that at the time of the interview they were enrolled for food stamps. The vast majority (85%) of those closed *time limits* were enrolled in the food stamp program. This was quite a bit lower for those closed *other* (62%) and those closed for *increased income* (56%). These results were statistically significant ($p < .001$).

Those who received food stamps averaged \$266 per month from this source. Among those who received food stamps ($n=268$) there were significant group differences. Those in the *time*

limits groups had the highest allocations, with an average of \$295 per month in food stamps. This compares to an average of \$289 per month for those in the *other* group, and \$208 per month for those with *increased income*.

We asked those who did not receive food stamps, why they had not used this resource. The most common response, given by 48% of those responding, was that they were not eligible for food stamps. Among the 64 respondents who said they were not eligible, 39% had incomes below the federal poverty threshold⁶.

Food banks and/or food pantries were used by 39% of those closed *increased income*. This was similar to the 45% closed *time limits* and the 43% closed *other* who also used this resource.

Free or reduced cost school meals are used by an overwhelming majority of the respondents in all categories. Eighty percent of both the *increased income* and the *time limit* groups use this resource. It is also used by 72% of those closed *other*. Respondents often said how helpful this resource was in making sure their children had enough food each day.

WIC is used in similar proportion by all three groups. It is used by 21% of those closed *increased income*, 20% of those closed *time limits* and by 19% of those closed *other*. While many people commented on the helpfulness of this program, several indicated lack of transportation or an inability to get to an office in another city as a barrier to using this resource.

Medicaid, Children's Health Insurance Program (CHIP), & Drug/Alcohol Treatment

Respondents often indicated that medical needs were their most important. About three fourths (76%) of the sample indicated that at the time of the interview they were enrolled in Medicaid. Of those closed for *increased income*, 83% reported current use of Medicaid. Respondents closed for *time limits* reported a slightly lower rate of use at 80%. Those closed for *other* reasons had a much lower rate at just 64%. This difference was statistically significant ($p = .001$).

Of those who were not receiving Medicaid, the most common explanation was that they were "not eligible." Nearly half of this group (48%) gave this response. Among those who said they were not eligible, 29 (64%) had incomes below the federal poverty threshold.⁷ Several commented that they did not understand why it was closed and/or believed it was connected to their cash assistance closing.

⁶ In fact, food stamp eligibility is based on 150% of poverty, so this represents a conservative estimate of the proportion who, based on income, appear to be eligible.

⁷Of these, 8 respondents had no children living in the home, so would be categorically ineligible for Medicaid.

The children's health insurance program, CHIP, provided coverage for some of the children of those in the *other* group, as 7% of this group used this resource. Three percent of those with *increased income* and 2% of those closed due to *time limits* also used this resource. This group difference approached statistical significance ($p = .058$). When reasons for non-participation in the CHIP program were examined, the most common given was "do not need it." Nearly half (49%) of those who did not receive CHIP said this was the reason. The next most common reason, given by 27%, was that they were not eligible.⁸ About a tenth of those not receiving CHIP (12%) had not heard of the program.

Those closed for *other* reasons were also more likely to use mental health services than those in the other two groups. Nearly a third (29%), of the *other* group reported using mental health services, compared to 24% of both those closed for *increased income* and those closed for *time limits*. Although many respondents indicated they had mental health problems, there seem to be obstacles that get in the way of treatment. The most commonly sighted barrier (12) was not having the money or medical coverage to receive assistance.

Drug and/or alcohol treatment had only been used by a total of 6% of the respondents. This resource was used by 4% of those closed *increased income*, 7% of those closed *time limits* and 8% of those closed *other*. This difference was not statistically significant.

Child Care Assistance, Child Support

Child care assistance was used at the time of the interview by one fifth (20%) of the sample. It was most often by those closed for increase income. Over a third of this group (34%) reported receiving child care assistance, compared to 13% of those closed for *time limits* and 11% of those closed for *other* reasons. This difference was statistically significant ($p < .001$).

Of the comments given as to why people do not use this resource, 11 respondents mentioned problems with getting child care assistance on time. Paperwork problems, delays, changing case workers all seemed to cause problems for people trying to coordinate between the child care provider and DWS. "They take too long processing paperwork. They don't follow-up well. They misplace my papers. The employees are not aware of the importance of paperwork."

Difference in child support rates were also statistically significant ($p < .001$), as 48% of those closed for *increased income* reported receiving child support, compared to only 23% of those closed for *time limits* and 25% of those closed for *other* reasons.

This question seemed to evoke strong emotions. Not surprisingly, there is a great deal of frustration over one parent feeling "abandoned" to single handedly provide for the children.

⁸Medicaid provides broader coverage than CHIP. A family may have responded that they did not need or were not eligible for CHIP because they were receiving Medicaid

While most of the references were to the “away parent” as being the father, there were cases where the one being sought for child support was the mother. Ten people indicated the person was in jail, 11 said they just could not find the person, and additional 9 said the person was out of the country. Six know they will never get help as the parent is on SSI, while in 4 cases the parent is deceased. Three people indicated both biological parents were living in the home.

Other Resources

Respondents were asked about seeking assistance through church and religious organizations. About one fifth of the sample (21%) reported that they had received such assistance since their cases had closed. Forty eight people provided comments when asked why they had not used church or religious assistance. Some indicated they were not active church members. Still others mentioned that they did not meet their churches’ criteria for receiving assistance (such as baptism, or willingness to work for the church). Others mentioned personal or familial embarrassment as a barrier to seeking such assistance. There were no significant group differences on this measure.

Respondents were also asked about seeking clothing or other goods from a thrift store. Only 41% of those closed for *time limits* used this resource, compared to 56% of the *increased income* group and 59% of those in the *other* group. This difference was statistically significant ($p = .006$). Reasons for not using thrift stores varied. Eight of the respondents indicated they could not afford this resource.

Other supports were an added resource for 36% of both the *increased income* and *other* closure groups. It was also used by 29% of those closed *time limits*. Many of the written comments pointed to extended family as the source of this additional support.

Reasons for Non-Use

As respondents move off FEP, it is important that they make optimum use of those programs and services that remain available to them. For that reason, we carefully examined reasons given for “non-use” of available resources. These reasons for non-use are summarized in Table 30 below.

In most cases, “did not need” was the most, or the second most commonly given reason for not using a community resource. Respondents were most likely to indicate that they did not need school meals, child care, and the CHIP program. Conversely, they were least likely to say they did not need SSI, Medicaid, and food stamps. Lack of knowledge about a program was seldom a reason for non-use. The primary two exceptions to this rule were Section 8 housing subsidies and the CHIP program. Over 10% of those who did not use these programs indicated that it was because they were not aware of them. Lack of understanding about eligibility for a program was seldom a reason for non-use. Similarly, few respondents had been denied access to a program.

The one exception here was SSI, where 27 respondents (8% of those not using SSI) indicated they had been denied. In some cases respondents felt they were not eligible for programs. This was most often true of WIC, SSI, food stamps, and Medicaid.

Table 30: Reasons for Non-Use of Community Resources

Service	No Need	Not Aware of Program	Not sure if eligible	Applied & Denied	Not Eligible	Other	Total
Food Stamps	29(22%)	0	5(4%)	5(4%)	64(48%)	30(23%)	133
Medicaid	18(19%)	0	8(8%)	3(3%)	45(47%)	22(23%)	96
Pub. Housing	156(45%)	15(4%)	10(3%)	11(3%)	62(18)	96(27%)	350
Section 8	96(33%)	33(11%)	8(3%)	10(3%)	56(19%)	91(31%)	294
CHIP	191(49%)	45(12%)	11(3%)	2(.5%)	107(27%)	34(9%)	390
LHEAP	100(40%)	20(8%)	16(6%)	3(1%)	20(8%)	93(37%)	252
SSI	59(17%)	4(1%)	10(3%)	27(8%)	229(65%)	21(6%)	350
WIC	71(23%)	0	3(1%)	0	198(61%)	54(17%)	326
Child Care	164(51%)	2(1%)	9(3%)	4(1%)	127(39%)	18(6%)	324
School Meals	46(52%)	0	1(1%)	1(1%)	33(38%)	7(8%)	88

ADDITIONAL ANALYSES

Longitudinal Comparisons

As mentioned in the methods section of this report, an attempt was made to contact and re-interview members of the original Multiple Barriers Study. To date, 168 follow-up interviews have been completed. The time span between the initial and follow-up interviews ranges from 12 to 20 months. All respondents were long term (36 plus months) recipients of public cash assistance. Respondents were first interviewed when their financial assistance cases were open. The follow-up interview was completed between two and six months after their cash assistance had closed. While some of the questions in the follow-up interview were changed, many questions and indicators of well-being remained consistent to provide for a longitudinal comparison. Areas of personal well-being, use of resources, barriers to employment, children's issues and housing will be reviewed here. Results for each area are summarized in the table

following the discussion.

The longitudinal results reported here are for 168 of the original sample of 284 long-term clients. Among those not interviewed, roughly 30 have FEP cases still open and thus are not eligible to be interviewed yet. Others were typically either not able to be located or they were not interested in participating. The distribution among the three closure groups is as follows:

Table 31: Composition of Sample: Longitudinal Sample

Increased Income	Time Limits	Other	Total
95 (57%)	9(5%)	64 (38%)	168 (100%)

Personal Well-Being

Mental and physical health concerns were issues for a large portion of the original sample. From the follow-up study, it is clear that these issues are not temporary but long term concerns. As explained previously, (pg.19) depression is the most common mental illness in the United States. Two scales were used to measure depression. The Center for Epidemiological Studies-Depression Scale (CES-D) is a continuous measure of the symptoms of depression. It does not provide a clinical diagnosis, but offers a reliability indicator of depression risk. In addition to the CES-D, a scale comprised of questions from the Diagnostics Statistical Manual of Disorders (DSMIII) was used. The DSM scale is a dichotomous measure, indicating the presence or absence of clinical depression. Typically, more of those surveyed should screen positively for depression using the CES-D scale than using the DSM measure.

The DSM scale for clinical depression revealed almost identical figures, 39% and 40%, for the two time periods. As reported in the original study, these figures are 25% higher than for the Utah Welfare population and 30% higher than the general U.S. population. Post Traumatic Stress disorder scores were also nearly identical between the two time periods, remaining nearly double the figures found in the general U.S. population. Physical health for the group declined slightly, with more of the sample reporting poor to fair health in the follow-up study. This difference was not statistically significant.

Significant changes were found in the experience of domestic violence in the past year. At the time of the second interviews, 5% more of the sample had experienced severe domestic violence in the past year ($p = .072$).

One area considered showed significant improvement: depressive symptoms as measured by the CES-D. Whereas nearly half of the group (49%) reported depressive symptoms in the clinical range upon initial interview, less than one third did so at follow up (31%) ($p < .001$).

Table 32: Indicators of personal well-being: Longitudinal Comparison

Question/Indicator: Personal Well-being	Original Study n = 168	Follow-up n = 168	Change
DSM-III Depression	66 (39%)	67 (40%)	+ 1 pt
Fair to Poor physical health	66 (39%)	73 (44%)	+ 5pts
Post Traumatic Stress Disorder	23 (14%)	21 (13%)	- 1 pt
Severe domestic violence (past 12 months)	13 (8%)	22 (13%)	+ 5 pts*
Depressive Symptoms (CES-D)	82(49%)	51(31%)	- 18 pts*

Barriers to Employment (Self-Report)

With the exception of lack of job skills, the general trend with respect to employment barriers suggests improvement. Respondents reported statistically significant gains in three areas: education, transportation, and choosing to stay home. At the follow-up interview, respondents were significantly less likely to report these areas represented barriers to employment.

Table 33: Barriers to Employment: Longitudinal Comparison

Question/Indicator: Barriers to employment	Original Study n = 168	Follow-up interview n = 168	Change
Lack of job skills	81 (48%)	89 (53%)	+ 5pts
Lack of education	83 (49%)	62 (37%)	- 12pts*
Wages too low	82 (49%)	9 (47%)	- 2pts
Physical Disability or medical condition as barrier	75 (45%)	71 (43%)	- 2pts
Lack of Transportation	73 (44%)	54 (32%)	- 12pts*
Child's health or behavior issue	71 (42%)	64 (38%)	- 4pts
Lack of good jobs available	70 (42%)	71 (42%)	- 0 -
Choose to stay home with children	56 (33%)	28 (17%)	- 16 pts*
Mental Health condition as barrier	51 (30%)	47 (28%)	- 2pts

Children’s Issues

In sharp contrast to the improvement in employment barriers, these longitudinal results suggest deterioration in measures related to the well-being of children. The proportion of respondents who reported a CPS referral increased from 44% to 50%. This change was statistically significant ($p < .001$). In addition, more respondents reported leaving children at home alone on a regular basis (possibly as a natural consequence of increased employment rates). During the initial interview, 28% of the group reported children left alone, and at follow up 37% did so. This difference was statistically significant ($p = .002$).

Table 34: Children’s Issues: Longitudinal Comparison

Question/Indicator: Children’s issues	Original Study n = 168	Follow-up interview n = 168	Change
Child protective services referrals	73 (44%)	83 (50%)	+ 6pts*
Child left home alone on regular basis	45 (28%)	58 (37%)	+ 9pts*
Any child in child care	41 (24%)	42 (24%)	+ 0
Child behavior problem indicator (for cases where the oldest child is the same in both studies)	34 (26%)	28 (22%)	- 4pts

Resources

A significantly higher proportion of the sample reported that they were employed, either part or full-time at the follow-up interview. Whereas just under half (49%) of the group was employed at the initial interview, 66% were employed at follow-up. This difference was statistically significant ($p < .001$). Despite the increased employment rate, the sample reported significantly lower incomes at follow-up. The average household income at the initial interview was \$359 higher than that reported at follow-up ($p < .001$). Use of food stamps and Medicaid also dropped significantly by the follow-up interview. Use of food pantries increased significantly. These changes were all statistically significant.

Table 35: Use of Resources: Longitudinal Comparison

Question/Indicator: Resources	Original Study n = 168	Follow-up n = 168	Change n = 168
Currently employed ft or pt (at time of survey)	83 (49%)	111 (66%)	+ 17pts*
Average monthly income	\$ 1,160	\$ 801	- \$359*
Using food stamps	139 (83%)	105 (63%)	- 20pts*
Child care assistance	40 (24%)	42 (25%)	+ 1pts
Medicaid assistance	150 (89%)	132 (79%)	- 10pts*
Food bank/pantry	49 (29%)	66 (39%)	+ 10pts*
SSI (for anyone in family)	19 (11%)	29 (17%)	+ 6pts

Housing

Respondents indicated that their housing status had changed as well. There was a statistically significant increase in home ownership, coupled with a statistically significant (larger) decrease in renting. A somewhat higher proportion of the sample reported living with extended family, but this difference was not statistically significant.

Table 36: Housing: Longitudinal Comparison

Question/Indicator: Housing	Original Study n = 168	Follow-up interview n = 168	Change
Renting	132 (79%)	111 (66%)	- 13pts*
Own (buying home)	13 (8%)	22 (13%)	+ 5pts*
Living with extended family	17 (10%)	26 (16%)	+ 6pts

In summary, the longitudinal results reported here reflect a population in transition from publicly-subsidized safety net programs (TANF, food stamps, Medicaid) into the private market. For this group, the result was decreased income and increased reliance on community food pantries. Clients' mental health problems (depression and PTSD) remain unchanged, but their

self-reported barriers to employment decreased. They were more likely to leave their children alone, and to have been investigated by CPS.

Predictors of Earned Income

Case closure, particularly for *increased income* may be a compelling measure of the success of welfare reform. But earned income is even more compelling. In order to determine which factors are associated with earned income a step-wise regression model was estimated. The dependent measure, was a client's monthly earned income. Independent measures were entered in four blocks: demographic, work/education, health/mental health, and family.

- Demographic measures included gender, age, and race.
- Work/education measures included: longest period of continuous employment in past 5 years, lack of a high school diploma or GED, criminal conviction, and the Payne score for risk of a learning disability.
- Health/mental health measures included the CES-D score, the presence of PTSD, alcohol or other drug problems, and self-reported health status as "fair" or "poor."
- Family measures included having had a CPS referral, having a child with a severe behavior problem, severe domestic violence in past 12 months, having a disabled child, number of children under age 5, and having a spouse or domestic partner.

The resulting regression equation explained 20% of the variance in earned income for this sample. The advantage of this approach to analysis is that it enables us to isolate the effects of specific measures when others are controlled for. It also offers a useful indication of the relative importance of these factors in predicting earned income. Regression coefficients for variables that reached statistical significance are presented in Table 35.

Interpretation of this table first involves a look at the "significance" column. If the column says, "ns," this indicates that the coefficient under consideration does not differ significantly from zero. For variables with significance below .05, we can say with 95% confidence that the coefficient DOES differ significantly from zero. We usually say that those with significance below .10, "approach significance." That is, there is a 90% chance that these coefficients are different from zero. The coefficient tells us the direction and magnitude of the effect of that measure on the dependent measure (earned income). If the sign on the coefficient is positive, an increase in the measure is associated with an increase in earned income. If the sign is negative, an increase in the measure is associated with a decrease in earned income.

Results of this regression indicate that five measures are associated with earned income: continuous time in employment, lack of a GED or high school diploma, depressive symptoms, and the presence of a partner. The number of children under age 5 approached statistical significance, with a probability of .082.

The largest effect came from the number of months of continuous employment, with a

coefficient of .234. The next largest effect was exerted by depressive symptoms (coefficient = .199). The sign of this coefficient was negative, indicating that an increase in depressive symptoms is associated with a decline in earned income. Presence of a partner was the next largest effect, with a coefficient of -.144 indicating that a partner is associated with reduced income. The next largest effect came from the lack of a GED or high school diploma, which had a coefficient of -.134, indicating a decline in earnings for those who do not have the educational credential. Finally, the presence of children under five years of age had a coefficient of -.092. This suggests that young children exert a modest negative impact on earnings.

**Table 37: Regression Coefficients
Predicting Earned Income**
 $R^2 = .202$

Variable	Standardized Coefficient	Significance
Longest employment past 5 yrs.	.234	<.005
Depression symptoms (CES-D)	-.199	<.005
Has a partner	-.144	.002
Neither GED or High School Diploma	-.134	.007
# children under 5 yrs.	-.092	.082
Gender	-.064	ns
Race	.038	ns
Age	-.072	ns
Criminal Conviction	.018	ns
Learning Disability	-.015	ns
PTSD	-.049	ns
Drug Problem	-.043	ns
Alcohol Problem	.068	ns
“Fair” or “poor” health	-.025	ns
Severe domestic violence past 12 mos.	.031	ns
CPS Referral	.022	ns
Severe child behavior problem	.046	ns
Disabled child	.015	ns

A Note on Male Respondents

Only 20 men were interviewed for this study, but anecdotal evidence from our interviewers suggested they might be among the most troubled of our respondents. To test this assumption, we compared men with women on several measures. In the process, a few significant gender differences were identified. First, men were more likely than the women in the sample to report that they had been convicted of a crime. Half (50%) of the men, compared to 31% of the women reported criminal convictions. This difference approached statistical significance ($p = .071$). The men in this sample were significantly ($p = .028$) less likely to have been employed in the three years prior to the interview. Where 90% of women were employed, only 74% of the men reported having had jobs. Men were considerably more likely to have a physical disability or health problem ($p = .016$). A majority of men (75%) had these problems, compared to slightly less than half of the women (47%). Men were also more likely to report alcohol ($p = .079$) and drug ($p = .052$) problems. In both cases these effects only approached statistical significance.

No statistically significant effects were observed in relation to education, type of home, CPS referral, use of food stamps and Medicaid, current employment, depression, general impacts of termination, PTSD, learning disabilities or domestic violence.

These results would tend to confirm our interviewers' impressions that the men they encountered were indeed more profoundly troubled than the women in the sample.

EXPERIENCES OF OTHER STATES

Research on the impact of welfare reform in other states is summarized in this section. To date, 20 states have reached the date of first impact for their *time limits*. These include Arizona, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Texas, Tennessee, Massachusetts, Indiana, Oregon, South Carolina, Nebraska, Louisiana, North Carolina, Virginia, Idaho, Ohio, and Utah. Research in these states has begun to focus on how families who are forced to leave TANF are doing.

Many studies are using a combination of administrative data and surveys or observations. Some examples are the Family Transition Program in Florida, evaluated by Bloom, Farrell, Kemple and Verma (1998), the Los Angeles Work First GAIN Evaluation, conducted by Freedman, Mitchell and Navarro (1999), the Indiana Welfare Reform Evaluation (principle investigator Erik Beecroft), Alabama Assets Demonstration (principle investigator Alan Werner), and the North Carolina Work First Evaluation (North Carolina Department of Health and Human Services, 1999). Moses and Mancuso (1999) conducted a study that examined families in the San Mateo area by evaluating administrative data, and they are comparing it to information obtained through the use of a survey to assess the validity of administrative data.

Other studies are using surveys as their principle source of gathering data. Among these are the evaluation of Wisconsin Works (W-2) conducted by the Hudson Institute (Swartz, Kauff, Nixon, Fraker, Hein, and Mitchell, 1999), Jobs First: Implementation and Early Impacts of Connecticut's Welfare Reform Initiative (Bloom, Melton, Michalopoulos, Scrivener, and Walter, 2000), and a study of Washington State TANF Departures and Welfare Reform (Ahn and Fogarty 1999).

Additional studies are expanding their target population to include multiple cities or states. Quint, Edin, Buck, Flink, Padilla, Simmoms-Hewit, and Valmont (1999) set out to examine the implementation and impact of welfare reform on four large urban areas: Cleveland, Los Angeles, Miami, and Philadelphia. Information was obtained from interviews, focus groups, and observations conducted with welfare agency officials and staff. Ethnographic information was gathered from interviews and focus groups with welfare recipients.

The Urban Institute is undertaking a large project called The New Federalism. They are gathering data using the National Survey of America's Families. This has yielded a substantial number of reports providing a comprehensive look at 13 states. Among those reports, Pamela Loprest has written about how families are faring after leaving welfare.

Findings/Conclusions

Many of the studies found similar conclusions. For example one common finding was that welfare case loads have dropped dramatically (Ahn and Fogarty, 1999; the Indiana Welfare Reform Evaluation, principle investigator Erik Beecroft; and Cancian, Haveman, Meyer and Wolfe, 1999). Moses and Mancuso (1999) found that the San Mateo's welfare caseload had decreased by more than 75% since 1994.

Another significant finding was that in most studies, welfare recipients experienced an increase in both employment and earnings (Moses and Mancuso, 1999; Bloom, et al, 1998; Freedman, Mitchell and Navarro, 1999; the Indiana Welfare Reform Evaluation, principle investigator Erik Beecroft; and the Iowa Family Investment Program Evaluation [principle investigator Thomas Fraker]). Additionally, the rate of recidivism showed a decrease in several studies (Bloom, et al 2000; Ahn and Fogarty, 1999; Moses and Mancuso, 1999).

Other Findings

The North Carolina study found that at the time of the survey, 63% of the respondents were working for pay, 66% of those were working more than 30 hours per week, 16% were working less than 20 hours per week and 20% had not held a job since leaving welfare. Of those not working, the most common reasons given were long term illness or disability; 20% were not working because they were enrolled in school or training programs. Of those working, 62% were in jobs that offered health insurance. Thirty four percent reported that their financial needs were

being met. No family reported being homeless. Food access had decreased and use of food banks had increased. Access to health care for children was unchanged and there was no significant change in children's school performance.

The Alabama ASSETS Demonstration study (principle investigator Alan Werner) reported different results than other studies. The ASSETS program did not lead to an increase in employment or earnings. Welfare payments actually increased in two of the three counties evaluated and among the program participants, monthly household incomes were lower and government costs were higher. This study did, however, report a reduction in overall welfare activity in two of the three counties.

Freedman, Mitchell and Navarro (1999) showed positive effects for special groups of welfare recipients: inner city residents, racial or ethnic groups, and those with low education, training or experience. Cancian, Haveman, Meyer and Wolfe (1999) found more negative outcomes for racial groups. Although they did show an increase in employment and income, African Americans were more likely to have significant barriers to employment and to leaving welfare than did their White or Hispanic counterparts in the study.

Quint et al (1999) found that three of the counties examined significant efforts in conforming to welfare reforms and have actively tried to communicate the changes to welfare recipients. Participants were in favor of the changes, but expressed concern about the consequences. All four agencies have adopted a work-first emphasis. Only one agency had enacted provisions that eliminate a family's entire grant when *time limits* are reached. Recipients were found to understand that welfare now has *time limits*, but many did not understand important elements of the reform. Respondents from the Los Angeles area (particularly Mexican born immigrants) were discouraged by the lack of employment prospects and welfare requirements. Respondents in the other three counties reported positive attitudes toward the job search requirements. Recipients were concerned about the reform's impact on their children, particularly child supervision.

Pamela Loprest of The Urban Institute found that most women who leave welfare work in the low wage labor market. One third to one half of welfare leavers reported struggles in providing enough food for their families. Almost 20% reported difficulty keeping up with the rent payment.

CASE HISTORIES

In order to ground these data in concrete experience, three case stories from respondents who were interviewed for this study will be shared. Each represents a typical client, one from each of the three closure categories. Identifying information has been changed in order to protect the confidentiality of the clients and her family.

Increased Income Case: Brenda

Finding a time to meet with “Brenda” was a challenge. She has quite a full schedule. Brenda is a 38 year old, white, LDS, divorced mother of 3 children. “Sandy”(14) and “Linda” (12) were both in school, while 4 year old “Angie” entertained us through the interview. Brenda’s case was closed due to *increased income* about 4 months ago when she got a raise at her drug store job where she works as a cashier. She received a diversion grant and this helped pay off her bills before losing the financial assistance.

Being able to close her financial assistance was a goal for Brenda. She is very proud to be a good role model for her three daughters and they have been a great support in helping her move in this positive direction. She and her daughters live in a two bedroom apartment near her work as she does not have transportation. Brenda is quite talented in making crafts and had the place decorated with many handmade items. Brenda’s history is not one that would predict success and that seems to fuel her desire to “make it against the odds.”

While Brenda grew up in a nurturing home environment, early sexual and emotional abuse, as she says, “set her down a bad path.” She spent many years in a string of severely abusive relationships (she has been married 4 times) during which she was often *not allowed* to work. Right now she is not involved in any romantic relationship and is satisfied to let it be that way for a while. Her focus is on her girls. This helps her muster the energy to go to work each day. This is often a challenge as Brenda has severe arthritis and is often in pain during the long hours she stands as a cashier. She is hoping to find something better but the location and hours work well for her right now. All three girls have severe allergies and Linda has a bad knee. Brenda wishes she could take Linda to therapy that she needs but without transportation it is impossible for them to get to the clinic where the services are provided. Angie has also been having some emotional problems, tearing out large handfuls of hair as a way of expressing frustration. Brenda is not sure what to do and would like to take her to counseling but again the timing and transportation are issues.

She is thankful to have an afternoon shift so that she can get up and get the girls off to school and get herself moving. This also works out well because she has a neighbor who is right next door for the girls if they should need anything. The three girls are usually home alone for about 4 hours four nights a week before Brenda comes home. When she gets home she insists they have their homework out and ready to show her and then it is time for bed. Having so little time with her daughters is frustrating, but financially it works for them right now.

While Brenda is grateful for her job, between the physical problems and making only \$5.75 an hour for 24 hours a week, she does get frustrated about working so hard for so little. She would like to get some sort of training to improve her job skills. Brenda is lucky to receive about \$450 dollars a month in child support, as well as food stamps, Medicaid and Section 8 housing. She says that without these extra supports she never would make it. Even though it is a struggle, Brenda sees her current situation as a “step up” from where she has been. She said, “I am finding better ways to manage my money and learning how to do things financially.” She knows her daughters are learning these lessons as well and hopes to continue teaching them how to be strong and succeed on their own.

Time Limit Closure: Lydia

“Eddy,” age 10 answered the door when I arrived to interview his mom. He said she was next door at the 7-11 making a phone call. This explained why I had never reached her by phone. “Lydia” arrived a few minutes later and agreed to the interview. Lydia is 32 years old, Hispanic, Catholic, and a single mother of four. In addition to Eddy, Lydia has a 16 year old daughter, Monica, a son Joe, 15 and three year old Jessie who was asleep on the floor throughout. Lydia is still in close contact with the father of all the children but he has been in prison for 8 years. He will be released soon but because of the conviction has lost his citizenship and will be deported when he is released. The children have all been raised here and Lydia is struggling as to what to do since he wants the family to follow him to Mexico.

Lydia lost her cash assistance four months ago. She immediately sold her car and has recently sold most of the family’s furniture to pay the rent. Since then she and the children have moved twice due to eviction. She had already received a three day notice for the little house they are in now and was expecting the sheriff to arrive that afternoon to evict them again. Staying up on bills is a continual struggle for Lydia. Slipped disks in her back have made it difficult to find work. She is under a doctor’s care and has restrictions on the type of work she should do. When she lost her assistance she was desperate and took a job with a local company. She was determined to keep a roof over the kid’s heads.

She now works a graveyard shift loading trucks but her first check was not enough to pay the deposit and first month’s rent. Lydia of course did not tell the employer of her problem for fear she would not get the job. Although painful, Lydia actually enjoys getting out and working, and then having time at home with her children. The job pays \$8.50 an hour, 20 hours a week, unfortunately this is not enough to keep up on the rent. She used to receive housing assistance but Joe got in trouble with some other kids at the last house and now the family is not eligible. The family does receive food stamps but the \$530 a month just doesn’t cover all the bills.

Lydia has experienced a long string of challenging events in her life. Physical, sexual and emotional abuse filled her childhood. At 15 she became pregnant and left school. She struggled

with a drug addiction about 8 years ago and an alcohol addiction 5 years ago. She has been clean from both for about 4 years and she talks about her AA group as one of the most important supports in her life. But during this period she was convicted of felony forgery and DUI. This record makes getting most jobs really difficult. She has struggled for years with depression and is still taking Zoloft. About 5 years ago she and Monica, Joe and Eddy were literally held prisoner in a man's home for 8 months. This event still haunts her and is especially difficult because she does not know where he is and fears he will return. The children were taken from her immediately after this and were in foster care for two years. She worked very hard to get them back.

Toward the end of the interview Monica got home from school. Lydia beamed with pride as she introduced us. Monica is a beautiful girl, quiet and polite. She came in the door and it was clear she is the strength of the family. She asked her mom how she was feeling and then asked how things had gone at Joe's court hearing. (He was on phone monitored probation when the phone service was disconnected and he was taken to detention.)

While grateful for the time she had, Lydia is frustrated by her experience on assistance and the way it ended. She feels she is trying but is never able to get one step ahead so she can begin to stabilize the family. The journey continues. As I drove by the house two days after the interview and the place was empty and there was a "For Rent" sign in the window.

Other Closure: Lori

Finding Lori was interesting. She lives with her parents on the outskirts of an urban area, where street names are few and pot holes many. When I arrived, Lori a 27 year old, White, mother of two was waiting. Tina, Lori's seven year old, sat down to watch a video and Sam, her sleepy 5 month old drifted off just as I arrived. Having the children occupied was helpful as the moment Lori met me at the door she said with tears in her eyes, "is this going to help me get some place to live?" I had to admit that it wouldn't. She just sank into a chair and began to tell me her parents, with whom she had been living for the past 5 months, had just lost their business and were going to move. They were bankrupt and were not sure how they would support themselves much less her and the children. Lori would have to find someplace of her own and she was terrified of becoming homeless.

Lori's financial assistance case was closed for non participation the same month Sam was born. Lori had been sanctioned in the two months prior to case closure for not attaining employment. It was a difficult pregnancy and Lori was concerned about losing the baby if she tried to do too much in the final trimester. She believes that workers in the local office were especially hard on her because she has two older sisters who had given the agency problems in the past. It is a small community where everyone knows everyone and family background makes a difference.

Lori felt loved as she grew up in her family but also said she experienced physical, sexual and emotional abuse as a child. Lori has neither a high school diploma nor a GED and she says this lack of education has always kept her in low paying jobs. She has worked on and off all her life as a cashier and is now in the process of weaning Sam from breast feeding so she can go back to work. When Lori became pregnant she moved into a 5th wheel trailer with the baby's father in an effort to be a family. She had experienced his violent temper in the past but thought that being pregnant might calm him down. This was not the case, in fact he became worse and she feared for her life and the baby's life. After about 6 months she moved in with her parents under the condition that she pay rent. When she had assistance she could give all her financial assistance and food stamp money to her parents. Without the cash assistance, the food stamp money would not be enough.

As she talked about the violence with her boyfriend Lori started shaking and crying. It was clear she is still traumatized by this experience. Lori repeatedly spoke about how "stupid" she was and how she would never be able to do anything. Her comments reflected very low self-esteem and her answers to particular questions indicate clinical depression and PTSD. She expressed total helplessness and despair over her future. Lori said, "I can't do these things on my own. No one can be there for me now what I am I going to do." Her almost paralyzing fear was evident. Toward the end, Tina came in to say her movie was over. Lori did her best to pull herself together and be "OK" for her daughter.

SUMMARY OF KEY FINDINGS

Key findings in this study are grouped in three areas: a) observed differences between individuals in the three closure groups; b) the impact of case closure on long-term welfare clients, particularly those who had reached their *time limits*; and c) results of the longitudinal analysis, with factors associated with increased earnings.

Group Differences

Understanding the ways that FEP clients who reached their *time limits* differ from those whose cases closed for *increased income* or *other* reasons will assist in early identification of incoming clients who are likely to reach the time limit. Several of the group differences observed here were probably present when the clients entered the program:

Individuals whose cases closed for *increased income* came from somewhat less disadvantaged backgrounds. Those in the *increased income* group were less likely to have had contact with CPS as children. Those with *increased income* were more likely to hold high school diplomas or GED's. Those in the *time limits* group were more likely to have spent time in foster care as children. Those who reached their *time limits* were also most likely to have had criminal convictions.

The social support system of clients who achieved *increased incomes* is another source of advantage. Those closed for *increased income* were more likely to be married, and had more people available to provide social support.

The occurrence of mental health problems among those who reached their *time limits* was greater than among those who had *increased income*. Respondents with *increased income* had lower rates of both depressive symptoms and Post-traumatic Stress Disorder (PTSD). Those in the *time limits* group also had greater exposure to trauma, being more likely to have experienced domestic violence in the past 12 months.

The study identified a significant racial disparity among the three groups. People of color, primarily Hispanics, were more likely to be found in the group of cases closed due to *time limits*. Whether this reflects a history of disadvantage due to racial discrimination, residence in areas with limited job opportunities, or discrimination in hiring and salaries is unclear from these data.

Impacts of Case Closure

Ninety-two respondents (23%) of the sample, reported post-closure incomes above 150% of the federal poverty threshold.

Over a third of the sample (37%) reported that their lives had improved since their cases had closed. Of course, they did not always attribute this to case closure. Nonetheless, 56 respondents (14% of the sample) felt the closure of their cases had directly improved their lives.

Over half of the sample (52%) reported incomes below the federal poverty threshold. One in four (25%) had incomes below half of the poverty threshold.

About a third of the sample (34%) reported that their lives in general had become worse since their cases were closed.

Those whose cases were closed for *time limits* and *other* reasons were most likely to say the general quality of their lives was worse than when they were on assistance. They were also most likely to report adverse consequences of loss of cash assistance, such as: housing problems, trouble paying rent, eviction, phone disconnection, loss of electricity or heat, inability to seek medical and dental care for themselves, inability to seek dental care for their children, inadequate clothing, lack of food, and a child leaving home.

Of particular interest is the extent to which former clients continue to access food stamps and Medicaid. A significant portion (30%) of the sample did not receive food stamps at the time of the interview. Among these, 64 said they were not eligible for food stamps, although it would appear from their income that they were eligible. A smaller proportion of the sample (21%) reported that they did not receive Medicaid. Among those not receiving Medicaid, 48% said they were not eligible. In this group, most (64%) had incomes below the poverty threshold, indicating they should be eligible for Medicaid.

Very few respondents (3%) reported that they were enrolled in the Children's Health Insurance Program (CHIP) program. Indeed, CHIP was the program that respondents were least likely to have knowledge of.

Longitudinal Analysis

The longitudinal results reported here reflect a population in transition from publicly-subsidized safety net programs (TANF, food stamps, Medicaid) into the private market. On the positive side, client's mental health status (depression and PTSD - as measured by the Diagnostics Statistical Manual of Disorders - DSMIII) appears to remain unchanged. Also, their self-reported barriers to employment decreased. However, there are some problematic findings. Clients were more likely to rely on food from community pantries than when they were receiving TANF. Also, they were more likely to leave their children home alone, and to have been investigated by CPS. Perhaps most alarming is the finding that despite increased rates of employment, monthly income decreased by more than \$300.00. A year after leaving welfare, respondents worked more but earned less.

Factors Predicting Respondents' Earned Income

Earned income may be the most important success indicator for the FEP program. This study identified five factors that, controlling for other factors, are associated with earned income. These factors, in order of importance, were: continuous time in employment, symptoms of depression (CES-D), having a partner, holding a GED or high school diploma, and having children under the age of five.

REFERENCES AND WEBSITES

Ahn, J. and Fogarty, D. (1999) A Study of Washington State TANF Departures and Welfare Reform. April 1999.

Alabama ASSETS Demonstration. Principle Investigator Alan Werner. Information on this study obtained from the website: www.researchforum.org

Bloom, D., Farrell, M., Kemple, J., and Verma, N. (1998) The Family Transition Program: Implementation and Interim Impacts of Florida's Initial Time Limited Welfare Program. Manpower Demonstration Research Corporation. March 1998.

Bloom, D., Melton, L., Michalopoulos, C., Scrivener, S., and Walter, J. (2000) Jobs First: Implementation and Early Impacts of Connecticut's Welfare Reform Initiative. Manpower Demonstration Research Corporation. February 2000.

Cancian, M., Haveman, R., Meyer, D., and Wolfe, B. (1999) Before and After TANF: The Economic Well Being of Women Leaving Welfare. Institute for Research on Poverty, University of Wisconsin-Madison. December 14, 1999.

Evaluation of the North Carolina Work First Program. Status of Families Leaving Work First After Reaching the 24 Month Time Limit. (1999) Prepared for the North Carolina Department of Health and Human Services. May 25, 1999.

Freedman, S., Mitchell, M., and Navarro, D. (1999) The Los Angeles Work First GAIN Evaluation: First Year Findings on Participation Patterns and Impacts. Manpower Demonstration Research Corporation. July 1999.

Indiana Welfare Reform Evaluation. Principle Investigator Erik Beecroft. Information on this study obtained from the website: www.researchforum.org

Iowa Family Investment Program (FIP) Evaluation. Principle Investigator Thomas Fraker. Information on this study obtained from the website: www.researchforum.org

Loprest, P. (1999) Families Who Left Welfare: Who Are They and How Are They Doing? The Urban Institute.

Moses, A. and Mancuso, D.C. (1999) Examining Circumstances of Individuals and Families Who Leave TANF: Assessing the Validity of Administrative Data. Interim Report. The Sphere Institute. May 7, 1999.

Quint, J., Edin, K., Buck, M., Flink, B., Padilla, Y., Simmonds-Hewit, O., and Valmont, M.E. (1999) Big Cities and Welfare Reform: Early Implementation and Ethnographic Findings from the Project on Devolution and Urban Change. Manpower Demonstration Research

Corporation. April 1999.

Swartz, R., Kauff, J., Nixon, L., Fraker, T., Hein, J., and Mitchell, S. (1999) W-2 Converting to Wisconsin Works: Where Did Families Go When AFDC Ended in Milwaukee? The Hudson Institute, 1999.

Taylor, M.J. & Barusch, A.S. (2000) Characteristics of Long-term Welfare Recipients: "just like you and me?" manuscript under review.

Relevant Websites:

www.acf.dhhs.gov (Administration for Children and Families, Department of Health and Human Services)

www.brookings.edu (The Brookings Institute)

www.cascadepolicy.org (The Cascade Policy Institute- State Based Think Tanks)

www.cbpp.org (Center on Budget and Policy Priorities)

www.hudson.org (The Hudson Institute)

www.mathematica-mpr.com (Mathematica Inc.)

www.nationalcenter.org (The National Center for Public Policy Research)

www.nawrs.org (The National Association for Welfare Research and Statistics)

www.researchforum.org (Research Forum Data Base and Website)

www.welfareinfo.org (Welfare Information Network)

www.welfaretowork.org (Welfare to Work Partnership)

www.urban.org (The Urban Institute)

APPENDIX A: SECONDARY DATA

The subjects included in the secondary data portion of the study were the original 284 respondents sampled and interviewed in phase one of the project. The intent was to follow the original sample through data collected from administrative systems. Data were accessed from two administrative systems – the Utah Department of Workforce Services (DWS) and the Utah Division of Child and Family Services (DCFS).

Case identification numbers of the original 284 respondents were sent to the two agencies providing administrative data. The data systems department of each agency matched the case records of the respondents, added relevant information to the data file, and returned an expanded data file to the research team. Data retrieved from DCFS included Child Protective Services referral, Domestic Violence Services, Foster Care Placement, and Individual and Family Counseling. Data retrieved from DWS included receipt, by month, of earned income, financial assistance, food stamps, Medicaid or child care assistance.

The expanded case files included the original interview data, plus the administrative data. The secondary data is limited by arbitrary beginning and end dates, resulting in limited ability to predict child welfare and public welfare outcomes. The earned income data is limited to income reported by the respondents to his/her DWS caseworker.

Three issues were examined through use of the secondary data, including which barriers predict higher earned income, which barriers predict a child protective services referral, and which barriers are predictive of a child out-of-home placement.

Earned income was predicted by fewer mental health barriers. In other words, the fewer the number of mental health barriers reported by a subject, the higher their earned income was likely to be.

A child protective service referral was predicted by a high score on the CES-D depression scale, a high score on the DSMIII depression scale, and family barriers. Subjects who were depressed or who had family barriers were more likely to have been referred to child protective services for abuse or neglect of a child.

Family barriers were predictive of an out-of-home placement. For each additional family barrier, there was an 80% increased likelihood that a child in the family was placed in foster care or other out-of-home placement.

APPENDIX B: METROPOLITAN, URBAN AND RURAL DESIGNATIONS**

METROPOLITAN:

City Population of 50,000 + and surrounding cities within 20 mile radius =

City	Total City Population
Bennion/Taylorsville	52,351
West Jordan	42,892
South Jordan	12,220
Ogden	63,909
Roy	24,603
Layton	41,784
Brigham City	15,644
Clearfield	21,435
Clinton	7,945
Hooper	3,468
Harrisville	3,004
Sunset	5,128
Syracuse	4,658
Washington Terrace	8,189
Orem	67,561
Pleasant Grove	13,476
Lehi	8,475
Provo	86,835
Springville	13,950
Payson	9,510
Santaquin	2,386
Salt Lake City	159,936
Bountiful	36,659
West Bountiful	4,477
Kearns	28,374
Murray	31,282
Layton	41,784
Magna	17,829
Farmington	9,028
North Salt Lake	6,474
Sandy	75,058
Midvale	11,886
West Valley City	86,976

URBAN:

City Populations between 8,000 – 50,000; (outside Metropolitan areas) – and surrounding cities within 20 mile radius.

City	Total City Population
Cedar City	13,443
Logan	32,762
North Logan	3,768
Mt. Sterling	***
Wellsville	2,206
Magna	17,829
Price	8,712
Helper	2,148
Wellington	1,632
St. George	28,502
Hurricane	3,915
Washington	4,198
La Verkin	1,771
Tooele	13,887
Grantsville	4,500

RURAL

City Populations between 1 – 8,000 and more than 20 miles from an urban or metropolitan area

City	Total City Population
Blanding	3,162
Bluff	***
Castle Dale	1,704
Centerfield	766
Delta	2,998
East Carbon	1,270
Fillmore	1,956
Francis	381
Fort Duchesne	655
Hanna	***
Huntington	1,875

Hyrum	4,829
LaPoint	
Lewiston	1,532
Montezuma Creek	***
Monument Valley	***
Moroni	1,115
Mt. Sterling	***
Myton	468
Neola	511
Panguitch	1,444
Randlett	283
Richfield	5,593
Roosevelt	3,915
Sunnyside	339
Terra	***
Vernal	6,644
White Rocks	312
Yellowstone	***

** - Population Statistics: 1990 United States Census

*** - Population figures not given in 1990 Census - all are very small communities.