The Dynamics of Leaving Welfare:

A Study of Long-Term Welfare Recipients in Utah

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EXECUTIVE SUMMARY

This report of the "Understanding Families with Multiple Barriers to Self Sufficiency" study presents data and findings from Phase III, conducted from June 2000 to July 2002. Phase III had three major components: a) longitudinal analysis of welfare leavers, especially those who were closed because they reached Utah's 3 year lifetime limit for cash assistance; b) in-depth data collection for a subset of respondents who achieved success despite possessing multiple barriers to self-sufficiency; and c) a report problem areas and intervention strategies for leavers found to be in a situation which immediately threatened their ability to provide food, clothing, shelter or physical and emotional care for themselves or their families.

Data collection for all components was initiated through in-person, in-depth interviews with 1482 respondents. Of those, 813 completed three interviews over the course of the study. The 813 respondents were followed longitudinally for at least 14 months post-closure to assess their family and personal situation over time. Twenty respondents were selected to participate in additional qualitative interviews to appraise their ability to find success despite multiple barriers. Respondents found to be in crises were referred to the intervention specialist for follow-up.

Method and findings of Phase III are presented in four sections as follows:

a) **Leaver Study: Part 1** - Leaver Sample: a leaver sample report describing cross sectional interviews which took place between 2 and 5 months post-closure with 1482 former cash recipients. The report examines many areas including: demographics, personal history, employment, poverty levels, child and family well-being, use of resources and barriers to self-sufficiency. Differences between Department of Workforce Services (DWS) Regions as well as reasons for cash closure were noted when statistically significant.

b) **Leaver Study: Part 2** - Longitudinal Sample: a longitudinal report of the 813 respondents who were followed over time. The report details employment and income, child well-being, health and mental health and barriers to self-sufficiency over time. Also examined are critical variables by group, those who reported employment at all three interviews, those who reported employment at some interviews but not others, and those who reported no employment over the study period.

c) **Against the Odds** - Success Study: a qualitative analysis of 20 respondents who were successful in making progress toward self-sufficiency, despite possession of barriers which would predict non-success.

d) **Intervention Specialist Demonstration Project**: a report of the Intervention Demonstration Project. Common crisis-level problems of welfare leavers are described, as well as services and strategies for assisting them as they navigate their way to stability.

KEY FINDINGS

1. Respondents whose cases were closed because they reached the lifetime limit for cash assistance are leaving the system with multiple, severe, and persistent barriers to self-sufficiency. They have very high rates of health/mental health, work/education and family barriers. These rates are consistently higher than those who leave the system for other reasons.

2. There is still much confusion around the time limit closure process. Required exit meetings are not routinely conducted in a way that serves the purpose of the policy. Many welfare leavers do not understand they may be eligible for other benefits such as child care assistance, Medicaid and food stamps. They either don't know of or don't understand the criteria for cash extensions.

3. Early assessment, especially for the most severe and persistent barriers is inadequate. Respondents whose cases were closed because they reached the lifetime limit on cash assistance had health and mental health issues they never discussed with their employment counselor. Criminal background, learning disabilities, and domestic violence were not likely to have been addressed during 36 months on assistance.

4. Steady employment is the best way to increase income. Respondents who reported working steadily over time had significantly higher total income than those who worked sporadically or not at all. The Always employed group saw the greatest increase in earned income over the study period.

5. All respondent groups, even those with steady employment, were very poor at the beginning of the study and remained poor at the end of the study. The average monthly earned income of the highest earning group at the end of the study was just over the federal poverty threshold.

6. Respondents who reported no employment at any time during the study had many more barriers to self-sufficiency than their Always and Sometimes employed counterparts. They relied on cash assistance, Social Security Income and sometimes dubious domestic partnerships in order to survive.

7. Perceptions of barriers can be almost as important as the presence or absence of the barrier itself. Respondents who were able to see a way beyond a difficulty were better able to make choices to move ahead.

8. Respondents reported that informal support systems are critical to their progress. Support systems can include a spouse or partner, extended family, or social service agency workers.

RECOMMENDATIONS

Recommendations which result from study findings include the following:

1. **Earlier and more effective assessments are needed for all cash assistance applicants.** With only three years to address long-standing, multiple and severe barriers, employment counselors must identify barriers as early as possible. Assessment information should be used to determine whether an applicant is ready to move into employment focused activity or whether they need a period of preparation to address barriers to employment and become employment ready.

2. **There must be a more effective exit procedure for recipients whose case is closed because they reached the three-year lifetime limit on cash assistance.** Leavers should be educated about alternative community resources they can use in times of need. They should have a clear understanding of criteria for a benefit extension, and the eligibility requirements for child care assistance, food stamps and Medicaid. The exit procedure should be followed routinely in all social service districts in the state. For example: benefit levels could be tapered off more slowly so those moving into low paying jobs can make the adjustment without moving immediately into a financial crises.

3. **Leavers whose cases are closed because they reached the three-year lifetime limit should be followed post-case closure**. The existence of a lifetime limit necessitates a minimum of one post-closure follow-up visit or phone call to ascertain that the leaver understands their eligibility and access to alternate services, and is not in immediate crisis. This should be carried out by someone outside state government so the leaver is more free to be honest with the situation without fear of losing other benefits they may be receiving.

4. **Working families need more support.** Lifetime limits on receipt of cash assistance have led many families from welfare to the ranks of the working poor. Given its wide range of responsibilities, the DWS should aggressively and creatively pursue all strategies to increase disposable income for poor families.

5. **Encourage and support employment counselors in understanding the significance their relationship with the customer could have in moving the customer toward success**. This might include training opportunities so workers can better recognize and provide resources to those experiencing barriers which regularly impede employment.

6. **Encourage and support interagency collaboration in working with customers involved with multiple agencies.** Allowances should be made for workers to engage with and possibly even meet with other workers and the customer. Plans should be developed that meet the requirements for the various agencies and are realistic requests of the common customer.

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INTRODUCTION

Study History

In 1997 the initial "Understanding Families with Multiple Barriers to Self-Sufficiency" study was funded by the Utah Department of Workforce Services (DWS) in response to HB0269 of the 1997 Utah State Legislature, which stated :

> "Before September 30, 1998, the Department of Workforce Services shall complete a study regarding the characteristics of families receiving cash assistance under Title 35A, Chapter 8, Employment Support Act, who face severe, persistent, and multiple barriers to self sufficiency".

The legislation mandated that the study provide a description of the most vulnerable families who would be facing the three-year time limit, and policy recommendations for reducing barriers to self-sufficiency. The Phase I method included analysis of existing administrative data, focus groups with front line DWS staff, and interviews with 284 long-term (36 plus months on cash assistance) welfare recipients. Analysis of the study data found that over 40% of the caseload consisted of long-term recipients. Long-term recipients were more likely to have significant family, work/education and health/mental health barriers to self sufficiency than other welfare recipients. The final report of Phase I was published in February 1999 and is available on the world wide web at http://www.socwk.utah.edu/sri/publications.html.

This data reflected the life situations of respondents still receiving cash assistance. It was then important to learn how long-term recipients "make it" after the cash assistance is closed. In the spring of 1999, Phase II of the study began to focus on those who had received 36 or more months of cash assistance and whose cash had been closed between 2 and 6 months. Data for this portion of the study was collected from June 1999 through May 2000. The first group of time limit closures occurred at the end of December 1999 and were thus included in the sample.

The report entitled, "Multiple Impacts of Welfare Reform in Utah: Experiences of Former Long-term Welfare Recipients" (http://www.socwk.utah.edu/sri/publications.html) was presented to DWS and the Workforce Services Interim Committee in June 2000 and contained responses from 407 participants. For comparison purposes the sample was divided into three groups. Those whose cash assistance had closed due to *increased income*, *time limits*, or *other*. Group comparisons revealed that, in general, those whose cash assistance had closed due to *increased income* were doing better in all areas of life. These respondents as a group came from less disadvantaged backgrounds, had stronger social supports, had generally better mental health, higher levels of education, and more extensive work histories. Respondents who had their case closed due to *time limits* were in general much worse off in all areas of life. This group experienced many more mental health issues, more recent domestic violence, lower education levels and the highest poverty rate. The *other* group was in many ways similar to the *time limit* group.

An important group in this study were those who had been interviewed in the initial study

before their case was closed and then again after case closure. Of the 407 respondents,168 met this criteria. Longitudinal comparisons showed that while employment levels in this group had risen by 17%, total monthly household income had decreased by $359.00. The use of food stamps went down 20% while use of food pantries were up 10%.

A portion of those interviewed in Phase II affirmed many aspects of welfare reform. Some spoke of gaining the self esteem needed to do it on their own. As one respondent noted, "It was the kick in the butt I needed." On the other hand, there were those who had a very different experience. Some who lost their benefits due to the time limit, had been on assistance for many years. The frightening reality of "the end of welfare as we know it" hit hard. It was difficult to walk away from a person's home when they had no food, proper clothing or a pending eviction notice.

As a result of the data gathered, the difficult situations encountered, and with the support of community advocates and DWS personnel who gathered to discuss the results of Phase II, a contract was made between DWS and the Social Research Institute of the Graduate School of Social Work to continue interviewing all those whose cash assistance closed due to the time limit or the end of an extension. This report contains the results of Phase III of the study.

Purpose of the Phase III Study

Phase III of the study was conducted between June 2000 and July 2002. The purpose of the study was to continue tracking former Family Employment Program (FEP) recipients as they left cash assistance due to time limit closures or the end of an extension. Objectives to meet this purpose were realized in three major components of this phase of the study. The first component of this phase involved the in-depth interviewing of those who have reached the time limit or whose cash assistance was closed after an extension (See Appendix 1 for an explanation of Utah's DWS criteria for extending cash assistance). This component builds on previously collected data to produce a longitudinal study. The data covers a period 14 to 22 months post closure of the recipient's financial assistance. The objectives of this component of Phase III were:

- To continue gathering in-depth data regarding long-term TANF recipients who leave cash assistance due to time limits or the end of an extension using selected measures evaluating areas such as education and work history, physical and mental health, domestic violence, barriers to employment, family and child issues and needs, and the recipients experience in working with DWS through the closure process.

- To track former long term TANF recipients longitudinally over a period of 14 to 22 months post cash closure to determine long term effects of welfare reform on the well being of families over time and to evaluate the impact of lost resources on the family and the community.

- To identify respondents who were in need of additional assistance and to provide information regarding local resources that might serve their needs or to refer the

respondent to the project's intervention specialist for intensive services.

In addition, Phase III included a qualitative study of "against the odds" recipients. These were clients whose barriers typically predict non-success, but who were found in the six month follow-up interview to be employed, have household income over the poverty line and report that life is "the same" or "better" than when they were first interviewed. They also had three or more barriers which typically lead to lower chances of success. The objectives of this portion of Phase III were:

- To identify former cash recipients who, at the time of their 6-month follow-up interview were deemed "successful" (to be defined later) and complete in-depth, in-person qualitative interviews

- To analyze the resulting data seeking a greater understanding of what supports are most effective in creating successful outcomes for families

Lastly, Phase III included an innovative demonstration project in which interview respondents found to have an immediate crisis which threatened their ability to provide food, clothing, shelter or physical and emotional care for themselves or their families, were referred to an intervention specialist. Depending on the location of the client and the particular needs, the intervention specialist provided information regarding available resources, assistance with obtaining needed goods and services, case management, and advocacy services. The objectives of this portion of Phase III were:

- To identify and quantify the type of crises faced by long term TANF recipients who were no longer receiving cash assistance

- To provide the services necessary to move the family out of crises as soon as possible depending on the level of assistance desired by the family

- To track the nature and duration of intervention services to provide information back to DWS regarding what services might be provided to customers pre-cash closure to help avert family crises

Full-time staff of the Phase III study included a project coordinator who supervised all staff and oversaw interviewing, intervention activities, data management and data entry. Other full-time staff included an intervention specialist, and one full-time interviewer who was bi-lingual in Spanish and English. There were also 5-7 part-time interviewers at any one time, three data entry persons, and two part-time statistics consultants. Serving as principal investigators for the study were two professors in the Graduate School of Social Work, University of Utah.

LEAVERS STUDY

METHOD

The protocol for this portion of the study followed the same procedures as existed in Phase II of the study and reflect ongoing tracking of time limit closures from the first closures at the end of December 1999 through December 2001.

Respondents

For the longitudinal sample all initial interviews from Phase II of the project completed between November 1999 and May 2000, a total of 297 interviews, were used. From June 2000 through May 2001, interviewing continued with those whose cash assistance had closed. The criteria for participation was two-fold. The respondent's cash assistance needed to be closed between 2 and 5 months and the person needed to have accumulated a total of at least 24 months[1] of cash assistance. Case closure could be for any reason. The 297 participants from Phase II and the additional 840 interviews from Phase III formed the 1137 person sample which would be tracked longitudinally. From June 2001 through May 2002, 347 additional interviews were completed with those whose cash assistance case closed due to reaching the 36 month time limit or the end of the extension of their cash benefits. These respondents were not followed longitudinally due to the time frame of the study. However, combined with the other time limit closure interviews, they provided valuable, in-depth information on post-closure life for the most vulnerable former recipients.

Interview Data Collection

When a customer applies for services through DWS they sign the application which, in part, states they are willing to be contacted by the University of Utah for research purposes. Given this agreement, the research staff received an identification number for each customer closed with 36 or more months on cash assistance. Each potential respondent was sent a letter informing them of the study and inviting them to call a toll free number to schedule an appointment. They were also informed that they would receive $20 for participating. If the respondent had not called after a few days, three attempts were made to contact them at their home. If no contact was made by phone, up to three home visits were made to inquire about the respondents interest in participating. If the respondent was no longer at the given address, research staff sought new contact information from DWS. Multiple efforts were made to contact each person to reduce the creaming effect of only contacting those whom it was easier to find. Respondents were located in correctional facilities, homeless shelters and living with family and friends. At any point the respondent could decline to participate. The names of those who did and did not participate were kept strictly confidential.

In the majority of cases, interviews were completed in the respondent's home. Most respondents felt comfortable there and it was convenient considering a large majority of the

[1] Total Sample: 1484 Sample Breakdown: 654 (44%) had between 24 and 35 months on public assistance after time limits were implemented; 830 (56%) had 36+ months.

respondents had children. The interviews, lasting between 60 and 90 minutes, were conducted by trained interviewers most of whom were second year social work graduate students. Because of the scope of this project, one interviewer was hired full time. The instrument used for the interviews contained questions regarding areas such as: physical and mental health, family background, work and education histories, domestic violence, experiences with DWS and specifically their case workers, criminal history, barriers to employment, and the impact of losing cash assistance. Respondents were given the opportunity to refuse to answer any question.

Between 6 and 8 months after the initial interview, respondents were again contacted to complete the *6-month* interview. Respondents were paid $10 for this interview as it only required an average of 34 minutes. Again, between 6 and 8 months after the *6-month* interview, respondents were contacted for the *12-month* interview. Respondents were compensated with $20 for participating in the 12 month interview as it took an average of 60 minutes to complete. The same protocol was used for each phase of the longitudinal study. Initial interviews which qualified respondents for the longitudinal sample ended in May 2001 so that the full interview cycle could be completed. Initial interviews continued through May 2002 in order to follow time limit closures. This explains the large difference between the number of initial interviews and the number of respondents who are included in the longitudinal portion of the study.

Respondents were pursued in all areas of the state. While rural and urban sites were visited less frequently than the metropolitan centers, every effort was made to follow a similar protocol in all areas of the state. Representative samples were obtained for all five DWS regions. (For a map of DWS Regions see Appendix 2.)

INTERVIEW FINDINGS

Since 1998, DWS has supported and funded the interviewing of public assistance recipients leaving cash assistance. Two primary sets of findings will be presented as a result of the extensive and longitudinal nature of the study. The first set of findings reflect information gathered from those whose cash assistance closed after receiving 24 or more months of assistance and will be referred to as the "leaver" sample. A particular effort was made to track everyone whose cash assistance closed due to reaching the 3 year time limit, from the first time limit closures in December 1999 through December 2001. This group contained a total of 2577 potential respondents. Of this group, 567 (22%) had moved out of the area, were not able to be located, or made no response regarding participation in the study. Of the remaining 2010, 1484 individuals were interviewed - a 74% response rate (See Table 1.1). This rate is slightly higher than that received in Phase II to the study. This can be attributed, in part, to the addition of a full time interviewer who was fluent in Spanish and increased efforts to interview respondents who were incarcerated, homeless and in addiction rehabilitation facilities.

The second set of findings reflect those who were followed over time and will be referred to as the "longitudinal" sample. This is a subset of the leaver sample. A total of 2091 respondents qualified to be part of this sample. Of this group, 481 (23%) had moved out of the area, were not able to be located or made no response regarding participation in the study. From the remaining 1610 potential respondents, 1137 completed interviews, a 71% response rate. Each

subsequent interview resulted in an increase in the response rate. Respondents were much more likely to participate once they had a positive experience with the interview process and knew what to expect. Approximately 7% of the 6-month and 6% of the 12 month samples moved out of the area or were not able to be located for the interview.

Table 1.1: Interview Response Rates

Interview	Potential Sample	Completed Interviews	Response Rate
Leaver Sample	2010	1484	74%
Longitudinal Sample Initial Interview	1610	1137	71%
6-month interview	1137	907	80%
12-month interview	907	813	90%

FINDINGS - Part 1: Leaver Sample

The findings in this portion of the report reflect the characteristics and experiences of Utah's public assistance recipients as they approached, reached and exceeded the 36 month time limit. The leaver sample contained 1484 respondents interviewed between 2 and 6 months after the closure of their cash assistance case.

There will be many types of comparisons made throughout the study. One area of particular interest involves characteristics linked to specific case closure type. This is important as an evaluation is made of the impact of time limits on the welfare population. When relevant, results from this study will be compared with Phase II results to evaluate if the profile and experiences of respondents in the closure groups change over time. The three groups presented were determined by the code given to the cash assistance portion of the respondent's public assistance case when it closed.

Those whose cases were closed due to obtaining work or obtaining more income were called the *increased income* group. This group consists of two subcategories. The majority (88%) had their case close transitional or TR, generally indicating that a person had become employed. The second subgroup (12%) had additional income in the household, typically due to increased child support, a partner's income, Social Security benefits, or other such source. Those whose cases were closed due to reaching the 36 month time limit were called the *time limit* group. Criteria for this closure code was always that the respondent came to the end of his/her 36 month time limit or the cash extension came to an end. Those whose cases were closed for any other reason were called the *other* group. This group consisted of 24 various closure codes. The most common closure reasons were outlined in Table 1.2. Comparisons will be made where differences between groups is of interest relative to the objectives of this study.

Table 1.2: Composition of Sample by Closure Reasons
N = 1484

Increased income n = 329 (22%)	Other n = 325 (22%)	Time Limit n = 830 (56%)
Working 289 (88%) Other income 40 (12%)	Non-Participation 99 (31%) Paperwork issues 80 (25%) At the client's request 60 (19%) No eligible child in home 43 (13%) Unable to locate client 8 (3%) Other 35 (11%)	All closed at the end of 36 or more months of assistance

Another area of interest involved comparing responses relative to the population density of a particular area. Respondents were divided into three areas. The "Metropolitan" designation included those living in cities with a population of over 50,000 or those living within 20 miles of these cities. The "Urban" designation included those living in cities with populations between 8,000 and 49,999 or those living within 20 miles of these cities. The "Rural" designation was for those living in towns under 8,000 and not within 20 miles of a city larger than 8,000. (See Appendix 3 for Population Group Designations by City).

Each of the 5 regions within DWS has a unique population composition. As noted in Table 1.3, the Central, Northern and Mountainland regions are primarily metropolitan centers. The Eastern and Western regions are a combination of Urban and Rural centers. Dr. Fred Janzen, Social Research Institute, Graduate School of Social Work, University of Utah, produces monthly reports for DWS reflecting many aspects of Utah's Family Employment Program (FEP) population. This group includes all families with children who are currently receiving cash assistance. Using figures from these reports it can be determined that the percentage of study

Table 1.3: DWS Regions by Population of Area

Region	Central n=645	Eastern n=188	Mntnlnd n=119	Northern N=400	Western n=132	Total N = 1484
Metropolitan	627 (97%)		110 (92%)	371 (93%)		1108 (75%)
Urban	16 (3%)	60 (32%)	1 (1%)	27 (7%)	80 (61%)	184 (12%)
Rural	2 (.3%)	128 (68%)	8 (7%)	2 (.5%)	52 (39%)	192 (13%)

$p < .001$

participants in this study accurately reflects the percentage of active cases in each region to within 1%. (Janzen, 2002) Significant differences between the regions will be noted as they occur. When possible, additional comparisons to the statewide FEP population will be made to help further identify the qualities of this population.

The focus here will be on specific issues that are of particular interest to the goals of welfare reform in general, as well as areas of concern under discussion as the federal government prepares to reauthorize public assistance programs. These will include: basic personal and demographic characteristics of the respondents and their families, employment and wage data, personal and family barriers to self-sufficiency, the impact of termination on family life, issues concerning child well-being, personal and family supports and resources, and experiences of case closure and interaction with DWS.

Personal and Demographics Characteristics

Developing a profile for the typical "welfare client" produces some interesting challenges to commonly held beliefs about this population. As data from this study is presented, it is important to remember that the scope of this study includes those who have been on assistance for an extended period of time. Forty four percent of the sample (n = 654) received between 24 and 35 months of cash assistance since January 1997. The remaining 56% of the sample (n = 830) received cash assistance for more than 36 months, thus exhausting their months of eligibility for cash assistance in Utah.

Age, Gender, Race

The average age of the respondent at the time of the interview was 32.6 years with a range between 19 and 60. Those whose cash assistance closed for the time limit were significantly older (average 33.4 yrs) than the other two groups. This difference might be explained in part by the

Table 1.4: Respondent and Family Differences by Region

Variable	Central n=645	Eastern n=188	Mntland n=119	Nrthern n=400	Western n=132	Total N = 1484
Age of respondent*	32.7	31.9	32.4	31.8	35.5	32.6
Age at first request for assistance *	22.4	22.6	23.3	21.7	25.0	22.5
Highest grade of school**	11.4	11.7	11.8	11.5	12.2	11.6
Average age of children who were on assistance**	8.4	8.4	8.0	8.5	10.1	8.5
Length of time at current residence (months)**	22.3	37.4	23.1	25.8	28.6	25.9

*$p < .001$ **$p < .01$

fact that time limit respondents received cash assistance for longer than the increased income and other groups. Regional differences might be less expected. Table 1.4 describes several areas where the respondents and their families differ by region. The Western region has a significantly older average age of respondents (35.5 yrs) while all others fall between 31.8 and 32.7 yrs.

In addition to having the oldest average age of respondents, the Western region has the oldest average age (25 yrs) for the respondent's first request for cash assistance. The average age of first request for the total leaver sample is 22.5 yrs. These age differences will have further implications as various areas in this report are reviewed.

As might be expected, the majority (96%) of sample is female. While males only comprise 4% of the sample (n = 53), their experiences are often unique given the societal norms which label public assistance recipients as "single mom's" and men as the primary "breadwinner". When analyzing the data relative to gender differences (Table 1.5) it is found that the average age of male respondents is 9 years older than that of females. Men first receive cash assistance nearly 10 years later than females. Men average just over 12 years of education which would indicate completion of high school. Typically having a high school degree translates into higher wages and this was the case as males earned an average of just over $200 dollars more per month than females. When other forms of cash assistance are included for the whole sample, males received slightly less than females even though they averaged a similar number of children per household.

Table 1.5: Gender Comparisons
N = 1484

Variable	**Male n = 53**	**Female n = 1431**
Age at interview*	41.3	32.3
Age at first request for assistance*	32.8	22.2
Average age of children*	11.0	8.4
Highest grade or level of school completed	12.5	11.6
Number of months at current residence	41	25
Employment rate - full or part time	38%	50%
Monthly earned income for employed respondents	$1286 (n = 20)	$1072 (n = 721)
Monthly household income (earned income + all other monthly cash resources)	$1014	$1157
Rate relationship with last case worker: fair- poor	55%	39%

p <.001

Experiences shared by the project interviewers and intervention specialist reflect the unique challenges faced by males receiving public assistance. This group often tells stories of people who will not believe they have mental or physical health issues. Yet, our analysis reveals that males have very similar occurrence rates for both physical health and all mental health issues evaluated here. It should be noted that Dr. Janzen's analysis of Utah's FEP population reports males comprise about 7% of the total (Janzen, 2002). Since this study only has a 4% male participation rate, it follows that a greater percentage of males than females leave the welfare roles earlier than 24 months and thus were not part of this study.

The racial composition of the sample reveals more about Utah's long term welfare population. Using Utah State data from the 2000 Census and Dr. Janzen's statistics on Utah's FEP population, significant differences were observed (Janzen, 2002). Table 1.6 shows that Utah's welfare population in general has a higher percentage of minority groups than the overall state population. This concentration of minority groups increased in the leaver sample. This means that minority respondents have a greater chance than White respondents of remaining on public assistance for more than 24 months.

Table 1.6: Racial Classifications

Racial Classification	Leaver Sample	Total FEP Population	State of Utah
African American	3% (48)	4%	1%
Native American	8% (122)	7%	1%
Asian/Pacific Islander	1% (18)	2%	2%
Hispanic (non-white)	20% (302)	14%	9%
White	62% (914)	74%	85%
Multi-Race	4% (59)	--	--
Other	1% (20)	--	4%

White respondents were in the majority in each region. Each region also had a predominant group of minority respondents. The Central, Mountainland and Northern regions all had Hispanics as the predominate minority. The Eastern and Western regions had Native Americans as the largest minority group. Given the population composition of each region, it is not surprising to find that 280 (93%) of the 302 Hispanics in the study live in metropolitan areas. Native Americans are divided between metropolitan and rural areas: 50 (41%) of 122 of the Native Americans live in metropolitan areas while 54 (44%) live in rural areas.

Religious Affiliation

Of the leaver sample, 70% indicated membership in a religion. Of those who indicated they were part of a religious group, 47% reported being active. The largest differences in

religious membership were related to DWS regions. Table 1.7 shows that the Mountainland region has the highest level of religious membership, yet it also has the greatest number who indicate they are not active. This difference approaches significance at $p = .071$.

Table 1.7: Religious Affiliation

Percent of Positive responses to question	Central n=645	Eastern n=188	Mntland n=119	Northern n=400	Western n=132
Indicate religious membership* (n = 1484)	462 (72%)	108 (57%)	97 (82%)	271 (68%)	93 (71%)
Report active involvement in religious organization (n = 1025)	221 (48%)	57 (53%)	33 (35%)	123 (46%)	45 (52%)

* $p<.001$

Interviewers noted that one of the reasons why the Eastern region might have a lower number of those reporting religious membership is that this region had the highest percentage of Native Americans. Native American respondents regularly spoke of participating in traditional Native American Spirituality but did identify this with religious "membership."

Education

"Research indicates that while work is often the means by which women exit welfare, education helps them attain self-sufficiency" (Institute for Women's Policy Research, 2002). Since self-sufficiency is one goal of welfare reform, two questions were asked which provide information regarding a respondent's education level. The first asks how many years of education a person had completed. The second asks whether the respondent had received a high school diploma, GED or neither.

In the leaver sample the average number of years of education completed was 11.6, ranging from 0 to 19 years. Given our educational system, an average of 12 would be the equivalent of a high school education, an important mark relative to employability. The Urban population area and the Western region both averaged over this important mark. Each averaged 12.2 years of education. Also, those whose cases closed for increased income had an average of 12.1 years of education whereas both the other and time limit closures were below this mark.

The lack of a high school diploma or a GED was linked to lower earned income levels in Phase II of the study making this an important variable to track. The Urban population areas, the Western region and those whose cases closed increased income all had the highest percentage of those receiving their high school diploma in their respective categories. Table 1.8 outlines how the results are reflected in each region.

Table 1.8: Education Levels by Region
N = 1484

Education Level	Central n=645	Eastern n=188	Mntnland n=119	Northern n=400	Western n=132
High School Diploma	252 (39%)	85 (45%)	54 (45%)	188 (47%)	70 (53%)
GED	100 (16%)	52 (28%)	27 (23%)	54 (14%)	32 (24%)
Neither	293 (45%)	51 (27%)	38 (32%)	158 (40%)	30 (23%)

$p < .001$

In Table 1.9 it can be seen that those whose cases closed due to increased income had a significantly higher rate of reception of a high school diploma.

Table 1.9: Level of Education Relative to Closure Code

Education Level	Increased Income n = 329	Other n = 325	Time Limits n = 830	Total Sample N = 1484
High School diploma	171 (52%)	140 (43%)	338 (41%)	649 (44%)
GED	70 (21%)	51 (16%)	144 (17%)	265 (18%)
Neither	88 (27%)	134 (41%)	348 (42%)	570 (38%)

$p < .001$

The time limit group was indicative of those who have used 36 or more months of assistance, meaning that 42% of those at the end of their eligibility period left with no high school diploma or GED. Respondents offered insights into why this figure was so high. Some respondents indicated that school was "not for me." This was often by respondents who had dropped out at a very young age or who had negative experiences with learning due to learning disabilities. Others felt that DWS programs were too restrictive in the type of schooling allowed or that the work requirement in addition to school was too much when they were also raising children. Some reported said that when they asked about education, they were simply told to "get a job". Yet, some respondents had decided to continue with school after their cash assistance closed. Just over 9% (139) of the leaver sample reported being enrolled in school. Of those in school over half (58%) had been closed time limit, while only 22% (30) closed increased income and 20% (28) closed other. In analyzing several questions throughout the study education levels were found to be significant. These cases will be noted as they arise.

Learning Disabilities:

One significant component of a person's educational experience is the presence of a learning disability. Respondents in the study answered questions from the Payne scale as a way to identify those with potential learning disabilities. The scale uses a series of 14 questions

asking respondents if they have difficulty with issues such as memorizing numbers, filling out forms, spelling simple words they know, etc. The scale is not a clinical indicator, but a screening tool to identify individuals who may be at high risk for learning disabilities. Twenty-six percent (26%) of respondents who had reached the time limit screened positively for a potential learning disability. This compared to 22% of those closed other and only 13% of those closed increased income. These differences were statistically significant at $p<.001$.

In one case a respondent mentioned that she had told her employment counselor she was identified at a very young age with a reading disability and felt she had never been taught how to compensate for it. Completing simple employment forms were too difficult for her. During her three years on assistance, she stated she never received any rehabilitation or training to compensate for her reading disability. "Diagnosing a learning disability can be a difficult task, but it is crucial because the behaviors associated with undetected learning disabilities can be misinterpreted as *poor working habits*" (Dion, et al 1999). It is difficult not to wonder how the outcomes for this customer might have changed had the learning disability been addressed.

Personal History

A review of the personal histories of the leaver sample reveals much about the backgrounds of those who remained on cash assistance for an extended period. Issues such as family background, abuse history, criminal background, and employment history provide insight into what issues long term recipients might bring to the process.

Family Background

Several questions in the study provide insight into the respondent's family of origin. Respondents were asked what type of family make-up was most prominent when they were children. "Two parent home" was the response for 948 (64%) of respondents. The majority of the

Table 1.10: Experiences in Family of Origin

Family Experience	Increased Income n = 329	Other n = 325	Time Limits n = 830	Total Sample N = 1484
Grew up in two parent home	220 (67%)	203 (63%)	525 (63%)	948 (64%)
Father has HS diploma/GED **	207 (63%)	190 (59%)	431 (52%)	828 (56%)
Mother has HS diploma/GED *	218 (66%)	211 (65%)	452 (55%)	881 (59%)
Mother was teen when first child born	171 (52%)	170 (52%)	437 (53%)	778 (52%)
Degree neglected as child: very **	51 (16%)	48 (15%)	147 (18%)	246 (17%)
Spent time in foster care/group home	47 (14%)	57 (18%)	160 (19%)	264 (18%)

* $p<.001$ ** $p<.01$

rest of the sample, 349 (24%), grew up in a single parent home with their mother. These results were similar across regions. In this area closure code differences were significant.

Most respondents (56%) indicated that their father had graduated from high school or received a GED. Similarly, 59% of respondents indicated their mother had graduated from high school or received a GED. Analysis by region indicates that the parents of respondents in the Mountainland region had significantly higher rates of receiving a high school diploma/GED versus other regions. This was true for both fathers (68%), and mothers (66%). Eighteen percent (18%) of the leaver sample did not know if their father had completed high school or received a GED. Regarding mothers, 9% of the sample did not know the answer to this question. Those whose cases closed time limits consistently had parents with less education and the highest rates of not knowing the parent's educational level. Lower levels of formal education seem to be a pattern connecting the parents of time limit closure respondents and the respondents themselves.

Just over half of the sample (52%) reported that their mother was a teen when her first child was born. Again time limit closure respondents were less likely to know the answer to this question. Six percent of the time limit respondents answered "don't know" versus 2% of the increased income and other closures ($p < .05$). When asked "to what degree did you feel neglected as a child?," time limit closure respondents were significantly more likely to respond, "yes". Time limit respondents were slightly more likely to have spent time in foster care or a group home as a child. These results are seen in Table 1.10 above.

Abuse History

Respondents were asked if they were physically, sexually or emotionally abused before the age of 18. Sixty-four percent (64%) of the leaver sample had experienced at least one of these forms of childhood abuse. There were no significant differences between regions, population areas or closure codes. There were, however, areas of significant difference relative to important areas of adult functioning. As outlined in Table 1.11 below, employment rates and the presence of a strong work history were both lower for those who had experienced childhood abuse. Respondents with a history of childhood abuse were also more likely to have had CPS referrals, positive indicators for learning disabilities, physical and mental health issues, and a history of severe domestic violence.

Clearly, childhood abuse is significantly related to many important areas of adult life. Often the abuse occurred at the hands of a family member. Since many people rely on family in times of trouble, those who have limited or no family supports due to abuse issues often are without this important component of the support system.

One respondent told of being sexually and physically abused by her uncle as a child. The abuse included strangulation and being tossed off a rafter in her family barn. By 11, this respondent had turned to drugs, prostitution and other criminal activity. At the age of 23, after spending time in prison, she returned to her family where the physical abuse continued at the hands of her father. This respondent had received little counseling and was just beginning to see the correlation between her childhood abuse and her choices as an adult.

Table 1.11: Childhood Abuse of Respondent

Childhood Abuse	No abuse reported n = 541	Childhood abuse n = 943	Total n = 1484
Employed part or full time**	292 (54%)	449 (48%)	741 (50%)
Less than 6 month work history*	451 (83%)	841 (89%)	1292 (87%)
Has had CPS Investigation *	174 (32%)	561 (60%)	735 (50%)
Learning Disability indicated*	72 (13%)	261 (28%)	333 (23%)
Physical Health problems*	192 (36%)	467 (50%)	659 (44%)
Depression Indicated (DSM - III)*	209 (39%)	622 (66%)	831 (56%)
Post Traumatic Stress Disorder indicated*	29 (5%)	171 (18%)	200 (14%)
Experienced severe dom. violence*	332 (61%)	786 (83%)	1118 (75%)

* $p<.001$ ** $p<.01$

Criminal History

Given the work focus of TANF, having a criminal record certainly creates a barrier. "Although ex-offenders may face challenges in keeping a job, their primary difficulty is finding one" (Dion, et al 1999). In the leaver sample, 35% of respondents reported having a criminal record. Region and population areas show no significant differences but that was not the case in regards to closure code. Table 1.12 shows that those closed due to time limit or other were significantly more likely to have a criminal record.

Table 1.12: Criminal Backgrounds of Respondents

Measure	Increased Income	Other	Time Limits	Total
Have been convicted of crime* (N=1484)	92 (28%)	132 (41%)	289 (35%)	513 (35%)
If yes, have spent time in jail (N= 512)	50 (54%)	79 (59%)	175 (61%)	304 (59%)
Believes criminal record influences possibility of being hired (N= 510)	45 (49%)	62 (47%)	142 (50%)	249 (49%)
If yes, DWS worker assisted in dealing with this issue as barrier (N= 235)	8 (21%)	8 (15%)	43 (30%)	59 (25%)

* $p<.01$

Of those who felt their criminal record was a problem in securing employment, 25% said they were helped by their worker to address this issue while 17% said the issue was never discussed. The intervention specialist also found it difficult to secure help from DWS, or for that matter any other community resource, to assist those who had a criminal background that was hindering employment. Agencies for such assistance do exist but often are not able to help with the most difficult problems or if the respondent has current legal issues. Very few such resources exist. This is very discouraging to respondents who are attempting to move on with their lives but have a less than perfect history.

A respondent from a rural community was referred to the intervention specialist with questions regarding available food pantries. During the initial assessment, the respondent confided that she had a criminal record and was having a difficult time finding employment. When asked why she didn't report it to her employment counselor, she stated she felt embarrassed and worried that her counselor would judge her. It was such a small community, people would talk. The respondent was encouraged to go back to DWS and ask for an employment counselor that helps "universal customers" (those not receiving public cash assistance) find employment.

Employment History

A work history, something to put on a resume, is something most adult Americans take for granted. Yet, "Among U.S. welfare recipients, almost 40% have never been employed, and almost 50% lack a high school diploma: 'basic skills, such as managing time, job hunting, and interviewing have been shown to be limited'" (Lent, 2000). There is so much learned through the experience of working. In reviewing the work history of the leaver sample, only 20 (1%) of the sample had never been employed at any time and only 40 (3%) of the leaver sample had never held a job for more than 3 months.

Table 1.13: Employment History

Employment History	**Increased Income n = 329**	**Other n = 325**	**Time Limits n = 830**	**Total Sample N =1484**
Never employed at any time in life***	-0-	4 (1%)	16 (2%)	20 (1%)
Never held job for more than 3 months**	2 (1%)	7 (2%)	31 (4%)	40 (3%)
Never held a job in past 3 years*	11 (3%)	38 (12%)	142 (17%)	191 (13%)
Highest hourly wage past 3 years	$8.57	$8.34	$7.81	$8.12
Average number of months worked at any one job in past 5 years	19	15	14	16

*p<.001 **p<.01 ***p<.05

When questioned about just the past three years, the number of people who had not been employed jumped to 191 (13%). For those who had been employed in the past three years, the average *highest* hourly wage they had received during that time was $8.12. There were significant differences between closure groups regarding this average. Those who closed increased income received the highest ($8.57) average wage, compared to those closed other ($8.34) and time limit ($7.81). The difference was significant at $p<.001$.

Length of employment history was one of the factors correlated to higher earned income in the Phase II study. Here again there were significant differences between closure groups for those who had at least 6 months of employment at any one job in the past 5 years. For the leaver sample, the average number of months worked at any one job in the past 5 years was 16 months. This is three months longer than the average found in the Phase II study. Closure group differences can be seen in Table 1.13 above and are statistically significant ($p<.001$).

Family Composition and Characteristics

The sample for the leaver study comes from Utah's Family Employment Program (FEP) population. Thus, all cases involved children and either their parents or other legal guardians. Here the composition of each family including marriage/partnerships, children, and the impact of termination of benefits on the relationships with both partners and children will be reviewed.

Marital Status

In asking the question of marital status, respondents were directed to provide the *current* and most recent marital situation. Table 1.14 provides the marital status distribution for the entire sample. These figures indicate that the "divorced" and the "single never married" categories were by far the most common responses.

Table 1.14: Marital Status
N = 1484

Married	Separated	Divorced	Widowed	Domestic Partnership	Single, never married	Other
179 (12%)	185 (13%)	468 (32%)	18 (1%)	167 (11%)	458 (31%)	9 (< 1%)

In analyzing this data it became clear that many who live in domestic partnerships function more like married couples than as single persons. Typically the finances are shared and many have been together so long they may be considered legally married by common law. Given this reality, the "married" and "domestic partnership" categories were combined and labeled *couple.* All others were combined and labeled *single.* These labels were used consistently in calculating size of household, poverty rates, etc. When viewing marital status using the categories defined above, there are significant differences relative to DWS region. These differences are visible in Table 1.15.

Table 1.15: Couple vs. Single Parent Households by Region

Marital Status	Central n=645	Eastern n=188	Mntnland n=119	Northern n=400	Western n=132
Single	526 (82%)	128 (68%)	88 (74%)	302 (76%)	94 (71%)
Couple	119 (18%)	60 (32%)	31 (26%)	98 (25%)	38 (29%)

$p<.001$

One of the important roles a partner can play is the support they provide relative to employment. When asked if the respondent had *ever* had a partner who was not supportive of them working, 546 (37%) responded in the affirmative. For current relationships, 86% of respondents said the partner was supportive of them working. The loss of cash assistance has a variety of impacts on the relationship with a partner. Respondents were asked if the relationship between themselves and their partner had a) improved, b) stayed the same, or c) become worse since the closing of the cash assistance. Table 1.16 reflects how respondents related these changes to the closing of their cash assistance.

Table 1.16: Changes in Relationship with Partner and the Closing of Cash Assistance

Variable		Relationship with partner changed for the better n = 92	Relationship with partner changed for the worse n=59	Total
Was change related to the closing of the cash assistance?	Yes	36 (39%)	54 (92%)	90 (60%)
	No	56 (61%)	5 (9%)	61(40%)

$p<.001$

Respondents gave very concrete examples of the ways closing the cash assistance affected their relationships with spouses and partners. When the relationship changed for the better, and it was related to the closing of cash assistance, respondents spoke of how it had forced them to work together as a family. They talked about relying on each other more and finding creative, inexpensive ways to have fun together. When the relationship changed for the worse respondents almost always (92%) saw a connection with the closing of the cash assistance. In these situations the closure of the cash assistance caused financial stress that strained the relationship. Often both parties were working and said they never saw each other. Family time had been greatly reduced causing more strain on parents and children alike.

Several factors are related to the presence of a partner. Single respondents were more likely to be closed due to the time limit (48%) versus those who with a partner (40%) ($p< .05$). Respondents with partners had significantly higher average monthly household incomes,

$2186.00, versus those without partners with only $1451.00/month($p < .001$). Single respondents were more likely to be employed (51%) than respondents with partners (42%) ($p<.01$).

Children

The average number of children for the leaver sample was 2.9. This figure represents ALL the respondents children regardless of age. When asked specifically for the number of children who were on the cash assistance case, sometime in the past 3 years, the average dropped to 2.4. The average age of the oldest child in the leaver sample who had recently been on the cash assistance case was 10.5 yrs. The average age of the youngest child was 6.4 yrs. There were no significant differences between regions, population centers or closure codes. One exception was that the average age of the youngest child in the Western Region. It was 8.0 yrs. This was consistent with the respondents being older in this region as well.

In the leaver sample, 45% of the respondents had a child under 5 in the home. Those whose cash assistance closed for work and those who live in a metropolitan area were more likely to have a child under 5. Regions reflect similar percentages with the exception of the Western region. The Western region had a child under 5 in only 30% of the households ($p<.01$). Households with a child under 5 are unique in several ways. The average age of the respondents with a child under 5 is much younger, 27.9 years versus 36.5 years for those who do not. The average age of first request for assistance is also much younger. Respondents with a child under 5 first received assistance at an average age of 20.5 yrs. while those with no child under 5 first requested assistance at an average age of 24.2 yrs. Respondents with a child under 5 had only been living in their current residence for an average of 17 months while those with no child under 5 were in the same residence for 33 months. As for measures of family well-being, families with a child under 5 fared the same or better than all others. This might be because many programs target families with young children. When the children get older, providing the necessities becomes more difficult.

Early in the study a question was added, asking if the respondent (or partner of the respondent) was currently pregnant. This was the case for only 62 (5%) respondents. While there were no significant differences among regions, the Mountainland Region had the lowest rate at 2% while the Western Region had the highest pregnancy rate of 9%.

Employment and Household Income

One major goal of welfare reform was to move people from welfare to work. Public assistance was no longer to be an entitlement program. With the clear reduction in the number of recipients, the question became, how are families faring who have left cash assistance? Many families move into the system during a crises, receive the short term assistance needed and move back into self-support. The leaver study looked at those who were not able to quickly move off of cash assistance. Those who closed due to time limits were never able to achieve or sustain a level of self-sufficiency that allowed them to close permanently before the end of the time limit. Employment levels and the resulting income levels for the leaver sample will be examined.

Current Employment

Employment, being a primary goal of welfare reform, is an important area of analysis. In light of this, "It is important to remember that since mid-1996, welfare caseloads have declined by more than half - from 4.4 million families in August 1996 to just over 2.1 million in September 2001. Studies of welfare leavers show that nearly 2/3 leave for employment so that well over a million individuals are expected to have entered the labor force. These drastic changes, however, took place during strong economic conditions. The recession, exacerbated by the events of September 2001, hit entry-level workers particularly hard." (The Forum, 2002). Data for the leaver sample was gathered before, during and after September 2001 and may reflect the initial impact of the events of September 11th.

Of the leaver sample, 741 (50%) respondents were employed either full or part time at the time of the interview. Table 1.17 shows that, not surprisingly, those whose cash assistance closed due to increased income have the highest employment rate. It should be remembered, however, that interviews were conducted between 2 and 6 months after the closure of cash assistance. In that short time, 25% of those whose cash had closed primarily due to employment, were no longer employed at all.

Table 1.17: Current Employment of Sample

Employment figures	Increased Income	Other	Time Limits	Total Sample
Current employment (ft or pt) *	n = 329 246 (75%)	n = 325 135 (42%)	n = 830 360 (43%)	n = 1484 741 (50%)
For those employed	n = 246	n = 135	n = 360	n = 741
Months at current job	10	7	7	8
Monthly earned income *	$1247	$1029	$981	$1078
Hours worked per week *	36	32	32	33

* $p<.001$

Those whose cash closed due to increased income had an average of 10 months time at their current job. As mentioned previously, continuous length of employment is an important factor related to increased income over time. Those closed increased income not only had more months accumulated at their current employment but they were also making more money and working more hours than those closed other or time limits. One reason for this could be the percentage of those in each group only employed part time.

Of those who were employed, 192 (78%) of those closed increased income were employed full time, compared to only 65 (48%) of those closed other and 193 (54%) of those closed time limits ($p<.001$). This certainly helps explain the lower earned income and hours worked per week for these groups.

There has been much said lately about unemployment rates and how these figures affect

different parts of our state. Analysis in Table 1.18 reflects the significant differences found among the regions regarding the unemployment rate. While the Western region clearly has the highest overall employment rate (67%), it also has the lowest rate of those employed full time, just 47%. The high percentage of part time workers is reflected in the Western region also reporting the lowest monthly earnings for those employed.

Table 1.18: Employment Rates According to Region

Employment	**Central n=645**	**Eastern n=188**	**Mntnland n=119**	**Northern n=400**	**Western n=132**
Employed *	307 (48%)	84 (45%)	62 (52%)	199 (50%)	89 (67%)
Of the employed: those full time**	192 (63%)	48 (57%)	43 (69%)	125 (63%)	42 (47%)
Monthly income of those employed*	$1164	$952	$1126	$1083	$859

*$p<.001$ ** $p<.05$

Income Relative to the Poverty Level

When the goal was set to move people from welfare to work, the hope was that this would give families a better chance to attain self-sufficiency. In order to evaluate how well this has been working for the leaver sample, household incomes were compared to a national standard, that of the Federal Poverty Threshold.

As was explained in the Phase II report, the Poverty Threshold was developed in the 1960's, by economist Mollie Orshansky. The current Federal Poverty Threshold reflects her work and is regularly adjusted for inflation. While this threshold has been criticized for many reasons, it is still the most widely referenced objective measure of economic hardship. This report uses the Federal Poverty Threshold for 2001, by size of family and number of related children under 18 yrs. For a single parent family of three the threshold was $14,269 per year or $1189 per month. For a single parent family of four it was $18,022 per year or $1502 per month.

The Federal Poverty Threshold is based on a person's earned income. In computing the income levels of the leaver sample, it was decided that other forms of cash assistance would be added to the family's total earned income because these are often a major source of financial support. Respondents were asked to indicate all other forms of monthly assistance. This included Section 8 housing allotments, food stamps, Social Security benefits, state child care assistance, child support and any other forms of regular cash assistance they received. Income from a partner was included when the respondent indicated they were married or living in a domestic partnership. By combining all sources of income it was hoped that the most accurate estimate of the respondents actual household income would be presented.

Table 1.19 reflects the comparison of the respondents monthly household income with

the poverty line. It reveals that more than half (57%) of those in the leaver sample are living below the poverty line. As could be expected, the largest differences are seen when viewing the poverty level by closure code.

Table 1.19: Household Income Relative to Poverty Levels

Poverty Level	**Increased Income n = 329**	**Other n = 325**	**Time Limits n = 830**	**Total Sample N = 1484**
Below 50% of Poverty	49 (15%)	112 (35%)	246 (30%)	407 (28%)
Between 50% and 100% of Poverty	65 (20%)	79 (24%)	281 (34%)	424 (29%)
Between 100% and 150% of Poverty	83 (25%)	67 (21%)	165 (20%)	314 (21%)
Between 150% and 200% of Poverty	67 (20%)	33 (10%)	64 (8%)	164 (11%)
Above 200% of poverty	65 (20%)	34 (11%)	74 (9%)	173 (12%)
Below the poverty threshold	114 (35%)	191 (59%)	527 (64%)	831 (57%)
Above the poverty threshold	215 (65%)	104 (42%)	303 (37%)	651 (44%)
Total	329 (100%)	325 (100%)	830 (100%)	1484 (100%)

$p<.001$

Note: Yearly Federal Poverty threshold for single parent family of 3 = $14,269; family of 4 = $18,022

Those closed for increased income would logically be doing the best as they left cash assistance generally due to employment. Yet, 35% of this group still remained below the poverty level. While 35% is high, this group fared much better than those closed other or time limits. In these groups 59% and 64% respectively remained below the poverty line.

It might be thought that the large percentage of unemployed persons account for those living below the poverty line, yet when looking *only* at those who were employed full time there were still 70 respondents (16% of those employed full time) who had income below the poverty threshold. The region where one lives makes only a small degree of difference. When looking for differences by region it is clear that the Eastern region had the largest percentage of respondents (64%) below the poverty line. The other regions range between 53% and 56%. The differences were not statistically significant. Population distribution did make a significant difference as 68% of respondents in the rural areas were below the poverty line, whereas this was the case for 54% of those in urban areas and for 57% of those in metropolitan areas ($p<.05$).

By comparing the respondent's poverty level with other factors it was found that those with income below 50% of the poverty line had the lowest average years of education, 11 years. Those above 200% of poverty had the highest average at 12.3 years.

Barriers to Employment

One result of implementing a time limit on cash assistance is the need to better assess the strengths and barriers a person has as they enter the system. More and more literature on welfare reform speaks of the needs of families with barriers to employment and how to adjust service delivery to meet these needs (Peterson, 2002; Gerdes, 1997; Derr, 2000).

This study approaches barriers to employment from two different perspectives. First, the respondent's view of their barriers to employment is reported. As will be seen in the "Success" portion of this report, this perception can have a significant impact on outcomes for the respondent. Second, a determination of the presence of barriers using screening tools and more objective measures to indicate if indeed the barrier was present. These barriers were then divided into "clusters," namely health/mental health, work/education, and family barriers. In this way not only can the number of cluster barriers be determined, but also the scope of the respondent's life affected by these barriers.

Self - Reported Barriers

Respondents were presented with a list of 21 potential barriers to employment and asked to first, indicate if the situation listed was true for their situation or family experience. Then, they were asked to say whether the barrier *prevents work, affects work, or doesn't affect work*. A respondent could be currently employed and report that a barrier "prevented work" because perhaps they had been unable to get a higher paying job or one better suited to their needs because of a barrier. Consistently, the increased income group reported a lower rate of occurrence for each barrier than did the other or time limit groups. The average number of barriers reported for the entire sample was 6 barriers. This average differed significantly by closure group. Those closed increased income averaged only 4.7 barriers, while those closed other averaged 5.5 and time limit closures averaged 6.2 ($p<.001$). There were no significant differences by region. A summary of the self-reported barriers can be found in Table 1.20.

In reviewing the specific barriers that were most difficult, all groups strongly indicated that labor market issues such as , "lack of good jobs available" and " wages too low," were prevalent barriers to employment. These were by far the most commonly reported barriers by those closed increased income. In addition, the time limit and other closure groups had high occurrence rate of barriers directly connected to job readiness such as "lack of education," "lack of job skills," and "lack of transportation." The time limit closure group also reported a high rate of personal/family barriers including "physical health issues," "mental health issues", and "child health/behavior problems."

While some barriers had a high occurrence rate they were not generally the barriers most likely to prevent work. As in the Phase II study the barrier "spouse/partner objects" was a low occurring variable but when it did occur it was the most likely to prevent work. This was also the case for "homelessness" and "language barrier" barriers. When a respondent reported that they had "chosen to stay home and not work" the prevention rate for working was high.

Table 1.20 : Self-Reported Barriers and their Impact

BARRIER	Increase Income n= 329	Prevent Work	Other n = 325	Prevent Work	Time Limits n = 830	Prevent Work	% Total Sample N = 1484	% Total Prevent
Child health/behavior**	34%	16%	31%	16%	40%	19%	37%	18%
Alcohol / Drugs	4%	14%	8%	28%	5%	21%	6%	22%
Family Illness **	17%	20%	14%	23%	21%	15%	19%	18%
Homelessness	3%	33%	6%	37%	6%	37%	5%	36%
Read/Write problems*	10%	6%	11%	19%	19%	14%	15%	14%
Physical Health*	39%	18%	47%	33%	54%	32%	49%	30%
Mental Health *	30%	12%	31%	32%	49%	27%	41%	26%
Caring for elderly relative	5%	-0-	7%	13%	7%	13%	7%	11%
Lack of Education*	34%	18%	47%	25%	52%	19%	47%	20%
Lack of job skills *	34%	24%	47%	29%	49%	23%	45%	25%
Criminal Record ***	19%	18%	28%	28%	25%	24%	24%	24%
Spouse/partner objects	4%	54%	4%	53%	3%	33%	3%	44%
Wages too Low	54%	10%	55%	17%	55%	11%	55%	12%
Caring for infant ***	13%	22%	17%	29%	13%	37%	14%	32%
More than 3 children	17%	9%	13%	9%	18%	16%	17%	14%
Language Barrier*	4%	39%	3%	30%	8%	36%	6%	36%
Lack of transportation*	28%	24%	45%	40%	49%	31%	43%	32%
Lack of good jobs	40%	23%	44%	35%	48%	29%	45%	29%
No medical if employed***	28%	15%	24%	38%	31%	29%	29%	28%
No child care funding*	23%	30%	30%	41%	34%	39%	31%	38%
Choose to stay home*	13%	60%	26%	60%	16%	77%	17%	68%
Other Barrier	21%	23%	19%	30%	21%	53%	20%	42%

* $p<.001$ **$p<.01$ *** $p<.05$

In 20% of the cases, respondents added an "other" barrier. Commonly mentioned barriers in this category included: stress of doing it all on my own as a single parent, body weight issues, the multitude of appointments and activities required by state agencies, and fears concerning entering the job market and failing.

"Cluster Barriers"

Through the various stages of this study the *cluster barriers* have been used to identify respondents most likely to face personal and family issues which might challenge their ability to become self-sufficient. These barriers are seldom transitory. They are severe, persistent and commonly the most significant issues facing long-term welfare recipients. These barriers have been divided into three groups or clusters: health/mental health barriers, work/education barriers, and family barriers. While background on each barrier has been presented in previous studies, this information will be repeated here to provide a common understanding for each barrier in this study. The barriers in each cluster will be analyzed separately and then the clusters formed to make comparisons. Particular attention will be paid to closure reason and regional differences where applicable. A summary of barriers from all clusters can be found in Table 1.21.

Health/Mental Health Cluster

Much research has been reported on the connection between mental health issues and poverty. As one recent report states:

> "Low-income families and certain minority groups experience higher-than-average rates of mental health disorders. Although men and women experience similar rates of mental illness, each experiences certain types of illnesses more often than the other... women are more prone to certain mental health conditions such as depression, PTSD, and anxiety disorders. Depression rates among women are twice that of men in a given year. Conditions such as *abuse, crime victimization, poverty, stress from the demands of the dual roles in the workplace and at home, gender discrimination and biological and hormonal changes associated with reproduction may contribute to higher rates of depression* among women (Derr, et al 2000).

Barriers in this cluster include results from tests for two mental health issues (depression and post-traumatic stress disorder), identification of physical health problems, and a respondent's self reported drug or alcohol abuse issue.

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 Diagnostics Statistical Manual of Disorders (DSM-III) was used. The DSM scale is a dichotomous measure, indicating the presence or absence of clinical depression. Because the CES-D scale is an indicator versus a diagnostic tool, a higher number of respondents should screen positively for depression using the CES-D scale than using the DSM measure. Regional differences can be seen in Table 1.22.

Results of the CES-D scale indicate significant differences between closure groups. Those closed increased income are the least likely (55%) to have a positive indication of depression. Of those closed other the result is 59% and for time limits 66% ($p<.001$). While there were group differences both in closure code and region, the overall prevalence of a positive indication for depression is striking. Not only is the prevalence much higher than that found in the general population, the overall sample rate is 3% higher than that found in Phase II of the study. The increased income group percentage had the largest increase at 15%.

To understand some of the implications of showing a positive indication for depression several other factors were considered relative to a positive CES-D score. Those with a positive indication for depression were 20% less likely to be employed, 19% less likely to have adequate clothing, 17% more likely to have gone hungry at some time since cash closure, 31% more likely to say that life had become worse since closure of cash assistance, and 16% more likely to be living below the poverty line. All above results significant at $p<.001$.

As expected, the DSM screen for clinical depression results are slightly reduced in all areas. Differences between groups are smaller than with the CES-D screen, but all depression levels are high relative to the general population and higher than rates found in Phase II of the study. Clinical depression was indicated in 51% of those closed increased income, 56% for other and 66% for time limit closures. The same factors which were effected by high CES-D depression results were repeated in the DSM screen.

Post-Traumatic Stress Disorder (PTSD): Experiencing severely traumatic events affects each person in a different way. Some respondents reported extremely traumatic events but in answering the PTSD screen did not have ongoing symptoms. Yet, when the experience created ongoing symptoms, these would often greatly impair a person's 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 serious injury or death. 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/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 debilitating. Several studies have provided direct evidence that a function of PTSD is an altered autonomic nervous system. The traumatized individual may not be able to process information efficiently until issues related to the trauma are resolved. Short-term memory and the ability to form new memories are inhibited, preventing the individual from using innate, as well as learned, skills like problem solving (Gerdes, 1997). The scale used to

Table 1.21: Cluster Barriers: Comparative Data

Barrier	Utah's Long-term Welfare Recipients			Total Sample N = 1484	General U.S. Population
	Increased Income n= 329	Other n= 325	Time limit n= 830		
Health/Mental Health Cluster					
Mental Health					
CES-Depression*	55%	59%	66%	62%	
DSM-III Depression	51%	56%	58%	56%	9.5% ‡
Post-Traumatic Stress Disorder*	9%	11%	17%	14%	3.6% §
Physical health problems*	33%	43%	50%	44%	19.9% £ (Utah only)
Drug abuse	29%	35%	30%	31%	
Alcohol abuse	33%	38%	35%	35%	
Work/Education					
Work History < 6 months at one job in past 5 years)*	9%	22%	25%	20%	
Education (No HS diploma or GED) *	27%	41%	42%	38%	12% ¤
Family Cluster					
Physical health problems - child **	28%	28%	36%	32%	
Severe Domestic violence** in past 12 mn	11%	19%	16%	15%	
Severe Domestic violence ever as adult	74%	75%	76%	75%	
Severe child ** behavior problems	19%	16%	24%	21%	
Child Protective Service referral	46%	50%	51%	50%	

* $p<.001$ ** $p<.01$

‡ - NIMH - National Institute of Mental Health: http://www.nimh.nih.gov/publicat/depression.cfm

§ - NIMH - National Institute of Mental Health: http://www.nimh.nih.gov/publicat/ptsdfacts.cfm

£ - Utah Department of Health - Utah Health Status Survey - 1996 - Utahns ages 35 - 39

¤ - 2000 Census data for people 35 - 39 http://www.census.gov/population/socdemo/education/p20-536/tab01a.pdf

measure PTSD was based on the DSM-III, and resulted in a dichotomous measure indicating the presence or absence of the condition.

There were significant differences between closure groups in the leaver sample. Those closed due to time limits (17%) were nearly twice as likely as those closed increased income to have a positive indication for PTSD. The implications of the presence of PTSD can be seen in several different areas. Respondents who had a positive indication of PTSD were 15% less likely to be employed, 11% more likely to have household income under the poverty level, 22% more likely to have gone without adequate clothing since the closing of the cash assistance, 22% more likely to have gone hungry at some time since cash closure, 23% more likely to have had a poor to fair relationship with their last case worker, and 22% more likely to have been affected "a lot" by the changing of case workers. All results above significant to at least $p<.001$.

During an interview with an inmate, it was clear that she had a high score on the PTSD test. When asked if she had received any counseling for the traumatic life events she had been through she indicated "no". When asked if she saw the correlation between her life events and incarceration, she again stated "no". It was clear to the interviewer that this respondent never had the opportunity to seek counseling and understand the impact of the traumatic events on her current circumstances.

Physical Health Issues: As indicated on the self-report barrier list, physical health issues were present for nearly half of the leaver sample. This cluster barrier screen involved the respondent rating their physical health from excellent to poor. An individual who reported their health as "fair" or "poor" was considered to have a physical health issue. This global measure is known as the Self-Reported Health Status and has been widely used as an indicator of physical health - it's predictive value is well established. Fair to poor health was reported by 44% of the sample; results from the increased income group had the lowest rate of physical health issues at 33% compared to the other group at 43% and time limit closures at 50% ($p<.001$). Regional differences were significant and are shown in Table 1.22.

Physical health issues effect many areas of life. A few examples of the implications of the effects of health issues include being 17% less likely to be employed ($p<.001$), 17% more likely to have gone without adequate clothing since cash closure ($p<.001$), and 17% more likely to have gone hungry since case closure ($p<.001$).

Substance Abuse: The prevalence of substance abuse issues is significant. "Nationally, one in five families on welfare have an adult with an alcohol or drug problem" (Dion, et al 1999).
Respondents were asked to indicate if they had ever considered cutting down on alcohol or other drugs. A positive response to consideration of cutting down on alcohol or drug use was used to indicate the presence of a drug or alcohol issue. Alcohol use was more prevalent than drug use in all closure categories but there were no significant differences between groups or regions.

Overall: Health/Mental Health Barriers: "In 2000, it was reported that between one-fourth and one-third of current welfare recipients have symptoms associated with a mental health condition. Thirty five percent (35%) of low-income families report having poor mental health in at least one of four areas, anxiety, depression, loss of emotional control, and psychological well-

being" (Derr, et al 2000). The statistics in this area are even higher in the leaver sample as our focus is on the long term recipient. At least one barrier from this cluster was present in 87% of the leaver sample. These barriers were most prevalent in the time limit group with a rate of 89%, followed by the other group at 84% and the increased income group at 83%. This difference is statistically significant at $p<.01$.

Work/Education Barriers

Barriers in this cluster were related to a respondent's work history and educational background. These barriers were measured using two specific indicators. Work history was determined by asking the respondent "what is the longest time you have worked at a job in the past 5 years?" Those whose answer was less than 6 months were indicated to have an employment barrier. The education barrier was calculated by separating those who had received a High School diploma or GED and those who had not. Not having a High School diploma or GED constituted an education barrier.

Work Barrier: Work history differences were significant relative to both closure code and region. Those closed time limit and other were more than twice as likely to have a work barrier. The Eastern region had the highest level of respondents indicating a work barrier at 26%. The region with the lowest occurrence of a work barrier was the Mountainland region at 14%.

Education Barrier: Education differences were also significant in respect to both closure code and region. Those closed increased income were significantly more likely to have received a High school diploma or GED. As indicated earlier, only 27% of those closed increased income had this barrier compared to 41% of those closed other and 42% of those closed time limit. Regional differences were significant as only 27% of those in the Eastern region did not resport these educational credentials while in the Central region this figure jumped to 45%.

Overall Work/Education Barriers: Differences in the prevalence of one of these cluster barriers would be expected as closure codes were in part based on work status. Of the overall leaver sample 49% of respondents had one or more barriers in this cluster. There were statistically significant differences as only 32% of those closed increased income had one or more of these cluster barriers while the same was true for52% of those closed other and 55% of those closed time limit ($p<.001$).

Family Barriers:

This barrier cluster brought together issues that serve as a barrier to employment and are related to the family situation. This cluster includes: severe domestic violence in the past year, an identified physical health problem in a child, indications of severe child behavior issues, and a referral made to Child Protective Services (CPS).

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 were based on a legal

definition of domestic violence. Respondents were asked about their experience with domestic violence as an adult, 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.

Unfortunately, the prevalence of domestic violence among the long-term welfare population is quite high. In results similar to the findings in Phase II of the study, 75% of the leaver sample reported severe domestic violence in a romantic relationship as an adult. There were no significant differences by closure code or region. While domestic violence is typically considered a "woman's issue, 59% of males had a positive score for the presence of severe domestic violence in their lifetime ($p<.01$).

Results regarding domestic violence in the 12 months before the respondents interview did show differences. Overall, 15% of the leaver sample reported severe domestic violence in the past year. Closure code differences reveal that only 11% of those closed increased income experienced this degree of violence in the past year. This result increased to 16% for those closed time limit and 19% for those closed other ($p<.01$). For males, 11% of the group in the study reported severe domestic violence in the past year.

Additional research from New York confirms these findings. Their study found that "about 20% of TANF clients are currently in abusive situations and up to 60% have experienced domestic violence in the past. It was also found that the women's work performance was negatively affected by their abusive partners and that their partners also attempted to prevent their working or going to school" (Hagen 2002).

Co-occurring issues with severe domestic violence can be seen when comparing those with domestic violence issues in the past year to others in the sample. Respondents with this barrier were 12% less likely to be employed. They were also 14% more likely to have income below the poverty line, and 17% more likely to have had a CPS referral. Overall, they were 13% more likely to say that life had become worse since their cash assistance was closed. All results here were significant to $p<.001$.

Frontline workers face great challenges in working with victims of domestic violence. "The issue of identifying and perhaps uncovering, domestic violence victims in welfare case loads needs to be addressed. ...without clear agency criteria and priorities, accompanied by INTENSIVE training of frontline workers, the granting of hardship and domestic violence exemptions is a difficult task for workers to complete and highly dependent on an individual worker's judgment and discretion" (Hagen 2002).

Child Physical Health Problems: The health problems of a child can serve as a difficult barrier to employment, especially for a single parent. Issues include the need to stay home with the child when ill, special child care facilities, and multiple visits to doctors, specialists and therapy depending on the child's needs. Respondents were asked to report serious medical needs

of their children. Health problems of a child was an issue for 32% of the leaver sample. There were significant differences among closure groups as this was a barrier for 28% of those closed both increased income and other. For those closed time limit the result rises to 36% ($p<.01$).

Child Behavior Problems: Child behavior issues were determined by using a screening tool called the Child Behavior Checklist. This tool is typically administered to parents or an adult living with the child. A total of 47 problem behaviors related to aggressive, delinquent, and anxious behavior were examined. The tool is not diagnostic but used as an indicator of potential problems that should be investigated further. 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. In this study the screen was completed on the oldest child in each household.

The mean age for this set of oldest children was 10.5 yrs. The sample was evenly divided 50% each of males and females. Just over one-fifth (21%) of the leaver sample reported child behavior problems. Closure code differences indicated that 24% of the time limit closure respondents had this barrier. This was the case for just 16% of those closed other and 19% of those closed due to increased income ($p<.01$). This was the only barrier where those closed increased income had a higher prevalence rate.

Child Protective Services (CPS) Referral: Respondents were asked whether, since becoming a parent, CPS had ever investigated their families. While half of the sample (50%) reported that they had been investigated by CPS [2] there were no significant group differences on this measure.

Table 1.22: Regional Differences Among Cluster Barriers

Cluster Barrier	Central n=645	Eastern n=188	Mntnland n=119	Northern n=400	Western n=132
CES-D depression indicated*	427 (67%)	96 (52%)	67 (56%)	251 (63%)	75 (57%)
Physical health issues**	285 (44%)	69 (37%)	49 (41%)	198 (50%)	58 (44%)
Less than 6 mo. work history	135 (21%)	49 (26%)	16 (14%)	79 (20%)	21 (16%)
No High School diploma or GED*	293 (45%)	51 (27%)	38 (32%)	158 (40%)	30 (23%)
DV in past year **	117 (18%)	23 (12%)	20 (17%)	48 (12%)	20 (15%)

* $p<.001$ ** $p<.05$

[2] As will be discussed further in the family well-being portion, 51 (19%) respondents indicated that CPS had removed their children from the home.

Overall Family Barriers: At least one family barrier was experienced by 70% of the leaver sample. There were significant differences among closure groups as only 62% of those closed increased income had one of these barriers while the same was true for 70% of those closed other and 74% of those closed time limit ($p<.001$).

Cluster Barriers Viewed in Combination

The previous analyses have viewed each of the cluster barriers separately. This portion of the report views the barriers in combination from two perspectives. First, the number of cluster barriers per respondent relative to closure code will be presented. Then, the various combinations of each cluster to evaluate overlap and co-occurring barriers will be studied. Figure 1 shows the number of barriers relative to the closure code.

As illustrated in the figure, 6% of those whose cash closed due to increased income had no occurrence of cluster barriers. The percentage of respondents with one or two barriers is much higher for this closure code as well. Both other and time limit closures show the peak occurrence rate to be four.

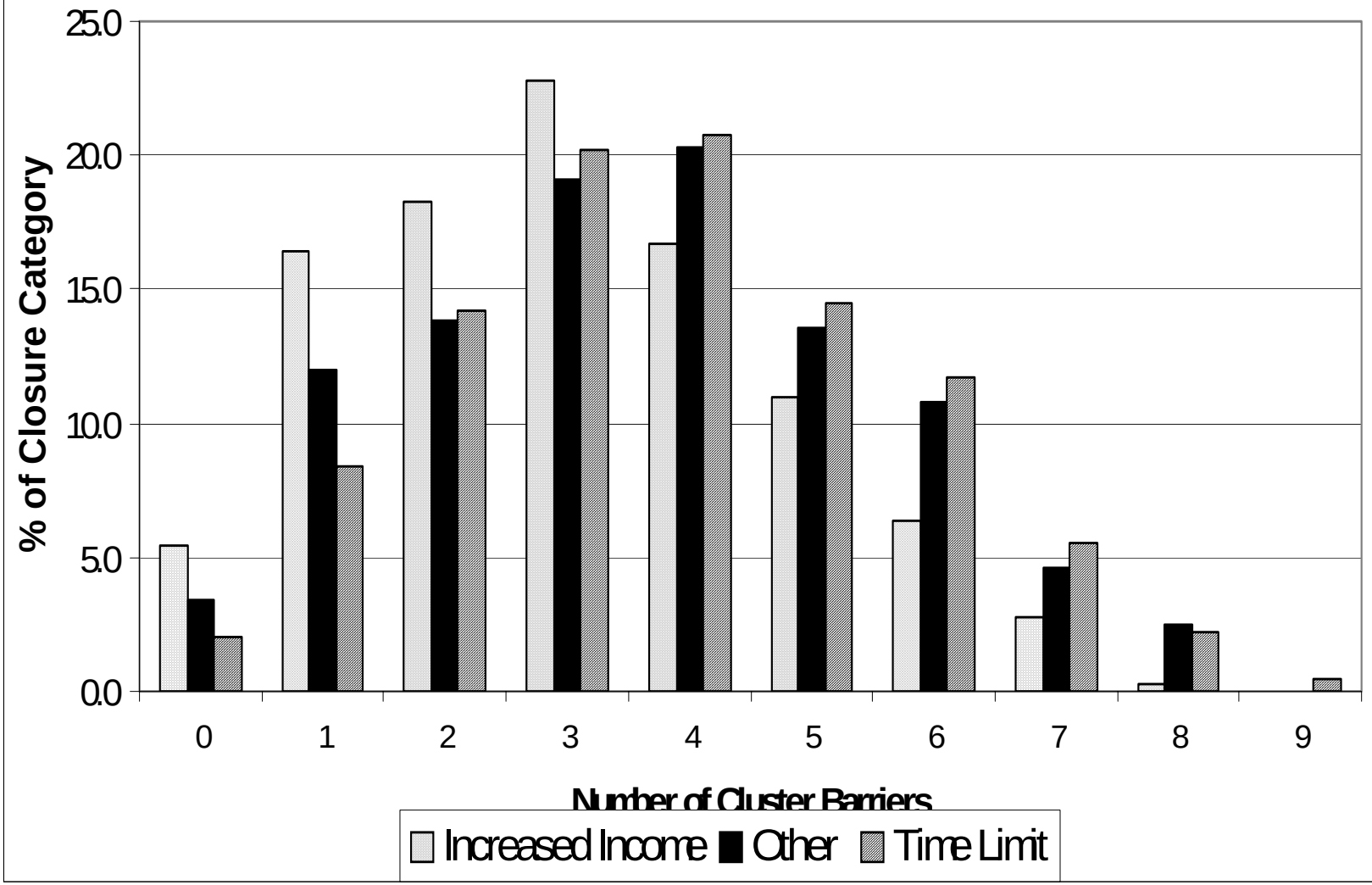
Clearly, barriers to self-sufficiency were prevalent in this leaver sample as 97% of the sample had at least one barrier and 50% of the sample had more than 3 barriers. The average number of barriers for the sample was 3.6. Differences between regions was not significant but there were significant differences between closure codes. Those closed increased income averaged 3.0 barriers per respondent. Those closed other averaged 3.6 and those closed time limit averaged 3.8 ($p<.001$).

It is not only the number of barriers that affects a person's ability to become self-sufficient but also the type of barriers. Figure 2 displays the various combinations of the cluster barriers. Significant differences were found in several areas. The greatest differences were found when analyzing those who had at least one barrier in each of the three cluster groups. Those closed due to increased income were significantly less likely to have a barrier in each area. Only 17% of this group had a barrier in each cluster area while 32% of those closed other and 38% of those closed time limits displayed these results. Regional differences were also significant, as 37% of respondents from the Central region had barriers in each cluster area. The next highest group was the Northern Region with 31%, then the Eastern Region with 28%. The Mountainland and Western Region had the lowest results with only 24% each ($p<.01$).

Viewing barriers in clusters is an important part of understanding long-term welfare families. Respondents often spoke of being able to handle a certain amount of difficulty but it was the one extra burden that came along that became overwhelming and made everything fall apart. Interviewers were often impressed with the resiliency of many respondents. They seem to be able to handle many difficult issues before becoming overwhelmed.

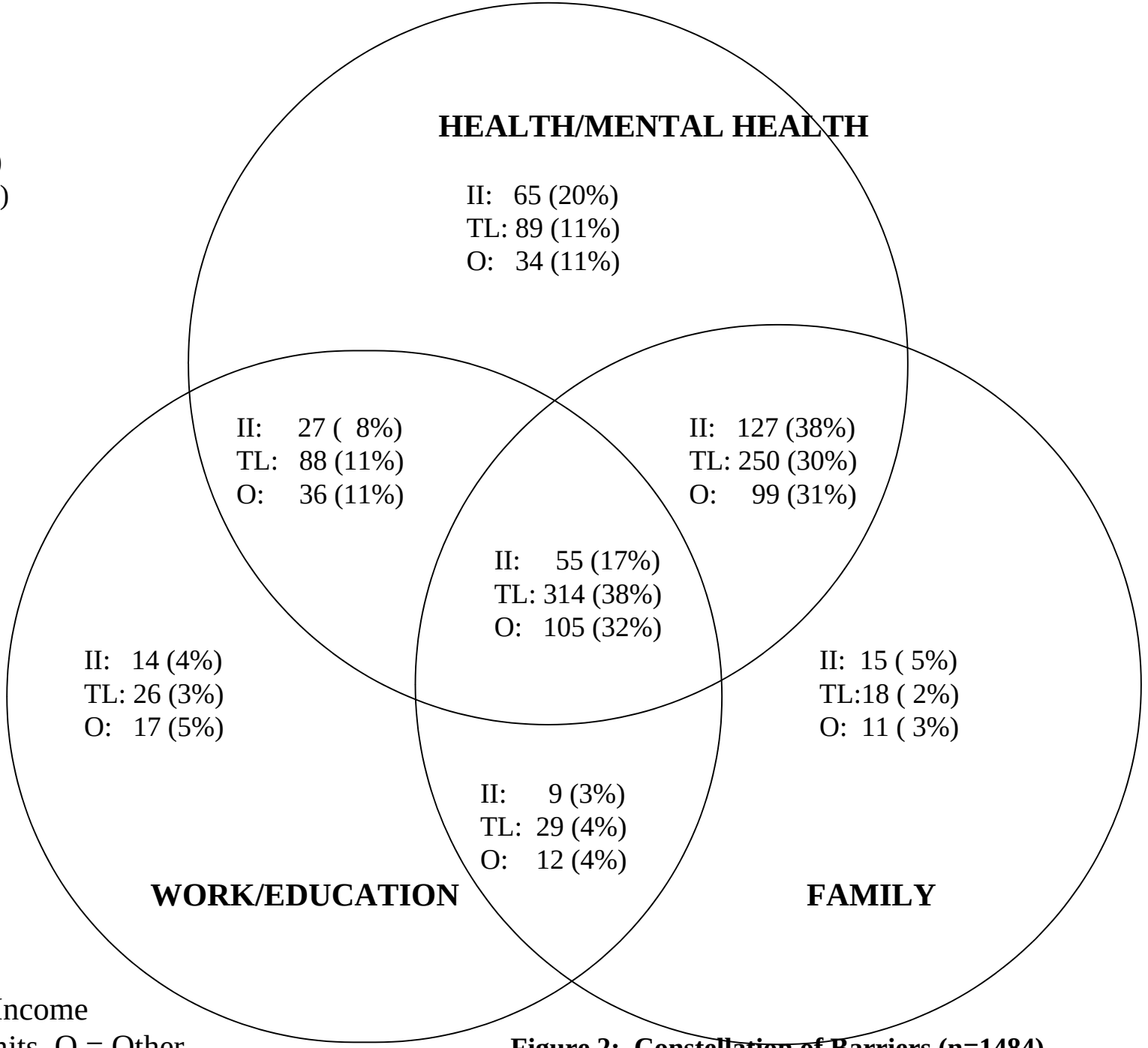
As has been noted, many respondents suffer from some degree of depression. As one respondent said, "I am just hanging on by a thread". One young mother gave birth to a premature infant that required oxygen and 24-hour home care. When she applied for an extension, the office requested that she travel back and forth bringing in paperwork. She had no transportation and 2 other children at home. She became so discouraged that she just wanted

Figure 1: Number of Cluster Barriers by Closure Code



No Barriers

II: 18 (6%)
TL: 11 (2%)
O: 17 (3%)



KEY:
II = Increased Income
TL = Time Limits O = Other

Figure 2: Constellation of Barriers (n=1484)

to "give up" asking for help. It was simply too overwhelming for her.

In another case, the intervention specialist took a client to a DWS office for an extension staffing. Upon arrival, they learned they were at the wrong office and would have to travel to the client's original office 25 miles away. (Neither the client nor the intervention specialist realized that when the client moved his case had remained at the original office.) Normally, this would not be an unreasonable request, but given the extremely fragile mental health of the client and all the other issues with which he was dealing, it became the "straw that broke the camels back." He experienced a full gran mal seizure on the front lawn of the employment center.

Family Well-being

Family well-being can be measured in many ways. Material resources, emotional supports, and family interactions play a role in building a strong family. Here, results from respondents regarding physical and emotional resources available to the family will be reviewed. The focus will be on current resources available to respondents and their families as well as the impact of case closure on the family asking, "what is different now because your case is closed?"

Current Resources

DWS Resources - Food Stamps, Medicaid, Child Care: Because food stamps, Medicaid and child care are often connected (at least in the eyes of the respondent) to the cash assistance case, extra attention will be given to these pubic assistance resources. Two sets of questions were asked regarding the respondents use of these resources. First, respondents were asked if they had received food stamps, Medicaid or child care *since their cash assistance closed*. Later in the interview respondents were asked whether they were *currently* receiving any of these resources. As displayed in Table 1.23, closure code differences were significant in every case.

Table 1.23: Food Stamp, Medicaid, Child Care Usage

Resource Used:	**Increased Income n = 329**	**Other n = 325**	**Time Limits n = 830**	**Total Sample N = 1484**
Food Stamps				
Ever, since cash closed *	252 (77%)	219 (68%)	706 (85%)	1177 (79%)
At time of interview*	209 (64%)	174 (54%)	636 (77%)	1019 (69%)
Medicaid				
Ever, since cash closed*	312 (95%)	219 (68%)	725 (87%)	1256 (85%)
At time of interview*	301 (92%)	190 (59%)	678 (82%)	1169 (79%)
Child Care				
Ever, since cash closed*	151 (46%)	46 (24%)	160 (19%)	357 (24%)
At time of interview*	111 (34%)	27 (8%)	118 (14%)	256 (17%)

* $p<.001$

In each case the percentage of respondents receiving each of the services decreased over time. Recall that interviews were completed 2 - 6 months after the cash assistance closed. Over this period of time the overall percentage of those receiving food stamps decreased by 10%. Comparing figures to the Phase II report it is clear that there is a higher rate of retention of food stamps once the cash assistance is closed. This reflects some intensive work by DWS to help front line workers and clients understand that these are separate programs and that food stamps generally do not automatically close because one reaches the time limit.

Nationally it was found that many families do not continue to receive food stamps once they leave welfare. One study reported that 57% of families leaving welfare were not receiving food stamps, even though they were eligible. Only about half the families leaving welfare used food stamps in the first three months after exit, and receipt was significantly lower in most states after families had been off the rolls for a year (Zedlewski 2002). In light of these national figures, Utah's usage rates for food stamps are impressive.

Medicaid rates are consistently higher for those closed for increased income because they are generally the beneficiaries of transitional Medicaid. Their Medicaid status is unlikely to change after just a few months off cash assistance. This was not the case over time. Those who were interviewed over time often reported frustration over Medicaid spend downs that made it impossible to retain this coverage. Recalling that 31% of the other closure group was closed non-participation helps explain why the figures for this group are so low. When the case closes non-participation it is typical that, at least for the respondent, the Medicaid closes as well.

Child care resources vary the most among the closure codes because of the nature of the service provided. Often it was one of the resources provided before a respondent left cash assistance and it simply continued. Respondents often did not understand that they could reapply just for child care assistance once the cash was closed. It was previously noted that 50% of the sample was employed full or part time at the time of the interview, yet only 17% of the sample was receiving child care assistance. Some families have children who are all old enough to care for themselves. While 17% of the sample received child care assistance, 28% report having their children in child care.

Additional Community Resources: Some respondents were experts on available resources, sharing with interviewers information that was helpful in assisting other respondents. Others however did not seem to know much about what was available or they "slipped through the cracks" with respect to eligibility requirements. It has been noted that, "Many poor families are disconnected not just from welfare, but also from other supports they need to help make ends meet" (Shields & Behrman 2002). Respondents in the study were asked to indicate if he/she was *currently* receiving several different community resources. Table 1.24 presents the list of community resources about which respondents were asked.

Food and Clothing: Of those listed, the most commonly used resources included the school lunch program, thrift stores, and food pantries. Of the leaver sample, 72% used the school lunch program. The majority of those who did not use the program did not have children of an age to use this resource. Food pantries were used by 46% of the sample. These respondents often no longer received food stamps or had them so drastically reduced they needed supplemental aide in order to meet their family's needs. Since the Women, Infants and Children

Progam (WIC) is a program for families with a child under 5, when screening to view just these families it was discovered that 47% of those who were eligible used WIC. Thrift stores provided clothing for 51% of the sample. Those who did not utilize thrift stores typically indicated that they did not like to purchase used clothing, or, they did not have the small amount of cash needed to shop at a thrift store.

Housing Resources: Of the total sample, 40% were living in some type of government assisted housing. Many spoke of housing as the one thing that kept the family together. Some respondents spoke of having boyfriends move out or even relocating disruptive children rather than lose their housing voucher. Forty percent (40%) of the leavers used the Home Energy Assistance Target Program (H.E.A.T.) for energy assistance. Those whose cash closed time limit were significantly more likely to use this program. Only 12 respondents were interviewed while they were actually living in a homeless shelter, but 38 (3%) had lived in a shelter at some time since cash closure.

Table 1.24: Resources and Outside Assistance Used

Resource Used:	**Increased Income n = 329**	**Other n = 325**	**Time Limits n = 830**	**Total Sample N = 1484**
Public Housing ***	34 (10%)	24 (7%)	105 (13%)	163 (11%)
Section 8 Housing	98 (30%)	84 (26%)	254 (31%)	436 (29%)
CHIP§	6 (2%)	9 (3%)	9 (1%)	24 (2%)
Energy Assistance *	108 (33%)	87 (27%)	399 (48%)	594 (40%)
School meal program *	232 (71%)	196 (61%)	625 (76%)	1053 (72%)
SSI	25 (8%)	29 (9%)	86 (10%)	140 (10%)
WIC	76 (23%)	71 (22%)	197 (24%)	344 (23%)
Child Support **	134 (41%)	102 (32%)	257 (31%)	493 (33%)
Food bank/pantry *	122 (37%)	149 (46%)	415 (50%)	686 (46%)
Thrift Store	165 (50%)	156 (48%)	430 (52%)	751 (51%)
Homeless Shelter	5 (2%)	14 (4%)	19 (2%)	38 (3%)
Church/religious org. ***	77 (23%)	91 (28%)	254 (31%)	422 (29%)
Drug/alcohol treatment	23 (7%)	37 (11%)	75 (9%)	135 (9%)
Mental Health Services***	91 (28%)	82 (25%)	272 (33%)	445 (30%)

* $p<.001$ ** $p<.01$ *** $p<.05$

§ “CHIP” - Children’s Health Insurance Program is Utah’s equal to “SCHIP” used in other states.

Health/Mental Health Resources: An additional form of state assisted health care for children, the Children's Health Insurance Program (CHIP) was a resource for 2% of the respondents. Ten percent (10%) of the households had one or more persons who were receiving social security benefits. Drug and/or alcohol treatment was a resource for 9% of the sample, while 30% of the sample was receiving mental health services.

Other Resources: Churches and religious organizations played an important role for some respondents. From the sample, 29% actually received some form of material assistance, such as food, clothing or rent assistance. Others spoke of members from a church group who had been supportive in times of need. Child support was a resource for 493 (33%) respondents. For those who did receive child support, the average number of children was 2.4 and the average monthly child support payment was $223 per month and ranged from $4.00 to $1200.00.

Impact of Termination

The closing of cash assistance, even when a person closes due to increased income, can have a profound effect on a respondent and the entire family. Areas of family life will be reviewed here, first examining the current situation of the family and then analyzing the impact of cash closure in that particular area.

Housing: Nearly three-fourths of the leaver sample (72%) were renting at the time of the interview. Of those who were not renting, those closed for increased income were slightly more likely to own their home, whereas those closed time limit or other were more likely to be living with extended family. Regional analysis shows that 20% of those living in the Eastern region owned their own home. This is 12% higher than the next closest region, the Northern region, of whom 8% reported home ownership. As would be expected with more homeowners, those in the Eastern Region also had the longest average length of time in their current residence, 37 months. The average for the entire leaver sample was 26 months.

Table 1.25: Effects of Cash Closure on Housing Situation

Housing: Percent of positive responses	Central n=645	Eastern n=188	Mntnland n=119	Northern n=400	Western n=132
Housing situation affected by closing of cash assist.	317 (49%)	79 (42%)	53 (45%)	212 (53%)	68 (52%)
Time since cash closed could not pay the rent**	331 (51%)	75 (40%)	59 (50%)	213 (53%)	64 (49%)
If yes, evicted since cash closed**	57 (14%)	7 (6%)	12 (16%)	27 (11%)	4 (5%)
Problems with housing that cause difficulty*	302 (32%)	85 (46%)	28 (24%)	140 (35%)	40 (30%)

*$p<.001$ **$p<.05$

All respondents in the leaver study were asked if their housing situation had been affected by the closing of their cash assistance. Fifty percent (50%) of the sample indicated that this had been the case. Regional differences were significant in several of the questions regarding housing. Table 1.25 above reflects these differences.

When asked if there was a time when they could not pay the rent since their cash closed, 50% of the leaver sample indicated this had been the case. Many indicated that family or their church leader had helped out with rent. For 12% of the sample, the situation had become even worse and they had been evicted since cash closure. The quality of housing was also evaluated. Respondents were asked if there were problems with their housing that sometimes caused them difficulty. This was the case for 34% of the sample. Problems with plumbing, inadequate heat, pests, leaky roofs and windows were common complaints. Respondents expressed frustration because housing problems were ignored by landlords and thus utility bills were very high.

Respondents whose cash assistance was closed due to the time limit or the end of an extension were asked to list specifically the areas of life they felt had been affected *in a negative way* by the closing of their cash assistance. These responses are listed in Table 1.26. With regard to housing, 52% of respondents indicated their housing had been affected in a negative way by the closing of their cash assistance. Issues such as: being evicted from their home, needing to move in with family, ending up in the shelter were some of the challenges encountered. There were also several respondents who felt forced to live with partners in situations where they did not feel safe. They saw this as the only way to make sure there was a "roof over my kids' heads."

Table 1.26: Areas Negatively Affected by Loss of Assistance
n = 753

Area Negatively Affected by closing cash	Percent reporting negative effect
Housing	52%
Utilities	58%
Food	40%
Mental Health	48%
Physical Health	26%
Children's well-being	32%
Child Care Needs	23%
Transportation	39%

Utilities: Respondents were asked if their electricity or heat had been turned off since their cash assistance was closed. Fifteen percent (15%) of the sample indicated this had been the case. When asked if his/her phone had been disconnected, 32% of respondents said this had been the case. This figure does not indicate all those who were without phone service long

before their cash closed. Interviewers needed to contact many people at home to schedule appointments since there was no phone. Of those closed for time limits, 58% indicated their utilities had been affected in a negative way. Respondents told of being far behind on utility bills. They reported that utility companies were often willing to work with them to make payment arrangements whereas other necessities such as rent or food could not be handled in this way.

Clothing: Caring for clothing needs can be difficult for many as there are few programs to assist with clothing if one has no cash. Thirty-four percent (34%) of respondents reported going without adequate clothing since their cash assistance had closed. Respondents interviewed during winter months expressed a particular need as winter clothing for children attending school was often difficult to obtain. Many spoke of teens who struggle with self-esteem issues and inadequate clothing making this much more difficult. Others said not having the clothing needed to interview for employment and to wear to work was a challenge.

The intervention specialist visited a home during the winter months where all the respondent's children were home and should have been in school. When asked why her children were not in school she stated, "they have no coats, if I send them to school the school will call CPS on me and take them away because they don't have adequate winter clothing".

Nutrition: Table 1.27 shows that 40% of those closed for time limits reported their food situation was affected in a negative way due to the closure of cash assistance. Several questions were asked regarding the respondents' experiences with their food situation to elaborate on what this means. These questions were developed by the U.S. Department of Agriculture to gauge nutritional status. They were:

1. 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?

2. How often are the following statements true? (Often, Sometimes, Never)
   a- "The food I bought just didn't last, and I didn't have money to get more."
   b- "I couldn't afford to eat balanced meals."

3. 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.

Being able to provide enough food for the family was a challenge for many respondents. Those closed for increased income were doing significantly better than those closed other or time limit. This was the reverse of the trend in other variables in which those closed due to increased income were better off. The responses to question #1 above indicate that since closure nearly one quarter (24%) of the sample had experienced times of hunger. They had no money for food. Parents often reported going without so that children could eat. Others spoke of hiding food so it would last the month. The intervention specialist was greeted at the door of one home by a three year old who excitedly told her they were having "Tang Soup" for dinner! This was all that was in the home.

The results of question 2a indicate that 30% of respondents "often" ran out of food and did not have money to get more. Results of question 2b indicate that 46% of respondents "often" were not able to provide balanced meals. Finally, the results of question #3 reveal that 23% of respondents "sometimes" or "often" do not have enough to eat. Surprisingly, age is a significant factor related to lack of food. As stated earlier, the average age of respondents is 32.6 yrs. The answers to question 3 were related to age in a linear progression. Table 1.27 reflects this statistically significant relationship. A similar linear relationship exists between the availability of food for the family and the number of cluster barriers. Those who responded to question 3 above with answer #1 averaged 3.7 barriers, those who answered #2 = 4.3 barriers, #3 = 4.9 and those who answered #4 averaged 5.3 barriers per respondent.

Table 1.27: Availability of Food for Family Relative to Respondent's Age

Questions #3: How would you describe the food you ate this past month....	Average age of respondent giving this answer:
1 - Enough of all the kinds of food we want	31.7
2 - Enough, but not always the food we want	32.6
3 - Sometime not enough to eat	33.2
4 - Often not enough to eat	35.7

$p<.001$

The results to these questions portray a struggle for many families to provide nutritious and adequate food for their families. One single mother had no transportation and the closest food store to her home was the local 7-11. She would go there on a daily basis to buy hot dogs, milk and other food items for her three small children. Not only was this expensive, but the foods she had to choose from lacked in nutritional value. These results can seem odd in light of (as was described earlier) the high number of families receiving food stamps. Anecdotal information provided by respondents sheds light on this contradiction.

It seems that those closed for increased income should have the least difficulty with providing food to their families. Yet many indicated that when they received their first pay check their food stamps were cut drastically. So while statistics indicate they are still receiving food stamps, the *amount* is so low that it does not fill the need. Those who are not receiving food stamps any more tell of being cut off because they were unable to fulfill the work requirement. The same barrier which caused them to lose their cash assistance or to reach the time limit without becoming self-sufficient was a barrier to receiving food stamps. A few respondents admitted that when they had no other cash source for the family they found themselves forced to sell their food stamps to have cash for other necessities.

Mental and physical health care: Medical coverage is one of the greatest contributors to family well-being. As reported earlier, this population had higher than average rates of mental health and physical health issues. Thus, insurance is vital to many for survival. As was noted above, 85% of respondents were currently receiving Medicaid for themselves or another person. The reason for cash closure made a significant difference in this area. Only 3% of respondents

had children who are covered by CHIP. Another 5% of the sample did indicate they were receiving health insurance through an employer. While a large percentage of the sample has had some form of health insurance, Table 1.28 details times when respondents and their children *could not afford* to see the doctor or dentist.

Table 1.28: Health Insurance Issues

Measure	**Increased Income n = 329**	**Other n = 325**	**Time Limits n = 830**	**Total Sample N = 1484**
Couldn't see MD(self)*	36 (11%)	114 (35%)	179 (22%)	329 (22%)
Couldn't see MD (child)*	31 (9%)	71 (23%)	131 (16%)	233 (16%)
Couldn't see dentist (self)*	39 (12%)	107 (33%)	156 (19%)	302 (20%)
Couldn't see dentist (child)*	36 (11%)	69 (22%)	114 (14%)	219 (15%)

*$p<.001$

It might seem surprising that there were no significant differences in regional rates relative to times a respondent or the respondent's children were unable to receive medical attention. The key to this question is the phase "could not afford" to see the medical professional. While finances are often an issues, in rural areas it was also a question of access. Finding someone who would take Medicaid insurance for medical services was difficult; for dental it was nearly impossible. Transportation and the cost of gas became a factor when one had to travel several hours for care.

Recent legislative changes in Medicaid coverage were not lost on this population. Many were very worried about how they would get the cash to cover prescription co-pays. The loss of dental coverage was also significant. The role of dental care relative to employability is often over looked. When one has no teeth it is often difficult to feel comfortable in a job interview or even interacting with others. Dental care is an important part of overall general health that those who do not have significant dental issues often take for granted.

Of those who were interviewed after reaching the time limit, 26% reported that their physical health had been affected in a negative way by the closing of their cash assistance and 48% said their mental health had been adversely affected. The added stress and worry of not having cash assistance coupled with the loss of medical insurance or benefit coverage took a toll on many who found themselves in this situation. This combination of events is particularly difficult on those who depend on mental health medications to remain stable. Loss of this form of mental health support can make life overwhelmingly difficult and the chances of moving into self-sufficiency greatly reduced as untreated mental illness impedes employability.

General Quality of Life

Given the aspects of family life listed above, respondents were asked to rate if life overall was better, the same, or worse, since the closing of their cash assistance. If they answered that life was better or worse, they were asked to indicate if the change was related to the closing of their cash assistance. For those who said life was better, 63% said this improvement was related to the closing of their cash assistance. Respondents often commented that they felt so much better about themselves since leaving assistance that it made all of life better. For example:

- "The goal was to be self-sufficient - get a job and provide for kids. Public assistance was a stepping stone not a career. It makes me feel like I am contributing, assistance was a last resort for me."
- "Got job and things are more steady. I buy stuff now with money I have earned. I work for money I spend on kids now. My kids are proud of me now, they tell others I work."
- "Things are falling into place. Job is going well - getting Section 8 and H.E.A.T. now which is making up for the cash assistance."

Table 1.29: General Quality of Life Since Closing of Cash Assistance

Variable		General quality of life changed for the better n=445	General quality of life changed for the worse n=574	Total
Was change related to closing of cash assistance?	Yes	281 (63%)	516 (90%)	800 (78%)
	No	164 (37%)	58 (10%)	224 (21%)

$p<.001$

For those who said that life in general was worse, 90% attributed it to the closure of their cash assistance. These respondents expressed many frustrations with a system that they did not believe had done enough to help them in a difficult time. Many of those who had been on assistance for a very long term felt abandoned by a system that had fostered dependency and then left them ill prepared to do it on their own. As a few respondents said:

- "When cash assistance stopped, so did the agreement to pay for school which I had been counting on. I went into a depression and everything has been pretty bad."
- "I don't have any financial security since my cash assistance closed while I'm disabled, and unable to work. This has caused me to worry a lot, in excess, adds to my depression. I can't afford housing right now on my own, I don't have any income to speak of right now."
- "I feel like I don't know how I will get money to survive. Lot of worries. Feeling worthless. Depends on friend for support. Ultimately they need to give people more encouragement to go to school so they can get above the poverty level."

Analysis reveals some characteristics of those most likely to say life is worse for them now versus those who say it is the same or better. The worse group averages the oldest age (34

yrs.), has the least education (11.3 years), the oldest average age of children (9.4 yrs.), highest average number of cluster barriers (4.1), and by far the lowest average earned income ($256 per month). Gender differences were apparent as 59% of the males said life was worse compared to 38% of the women ($p<.01$).

At the end of the survey, respondents were asked to reflect on their overall experience of being on assistance. They were asked: "What did you find to be the most helpful part of being on assistance?" Results varied widely as some respondents focused on specific programs. About 20% simply mentioned food stamps, Medicaid, cash assistance, child care or some combination of these resources. As one respondent said, "Being a single mom it helped to be able to have the food credit, bus passes, medical coverage for my children. I could at least go to the thrift stores and get my son clothes for school." Another group spoke of being able to pay bills. "Gave me peace of mind - I didn't have to worry and stress about making the bills - now one thing happens and we'll be out on the street." Many also spoke of the relief it was to know that there was a steady income. "Just knowing there was a steady income you learned how to budget." Others saw it as the stepping stone to their future. "It helped me get on my feet, become self-sufficient, to go back to school and get training. It helped me be on my own!"

Child Well-Being

While the exact content of welfare reauthorization is not yet known, it is clear that child well-being is an issue of great concern. The intense focus on welfare recipients moving from welfare to work has shifted the spotlight onto employment and related issues. What is sometime**s** overlooked is that a large majority of the people receiving public assistance are children. The impact of welfare reform on them and their futures has yet to be studied well. But, "Early data show that children in welfare families and in families that have left welfare are at similar risk for poor developmental outcomes, and that there have been no major shifts in well-being for either group" (New Federalism 2002). And although, " ... the connection between poverty and maltreatment is not fully understood, the risk of abuse or neglect is 22 times greater for children living in families with annual incomes below $15,000 than for children living in families with incomes greater than $30,000" (Greenberg, et al 2002). In this section several areas related to children will be reviewed, including how the children of respondents are faring, given the efforts to move their parents into the work force.

The following analyzing of questions specifically related to children does not exclude the previous material in this report. Issues such as education of parents, lack of food in the household, and transient living conditions make a difference in a child's life and have an influence on the skills they will need as an adult. With that in mind, several additional questions look at issues specifically related to children and the impact welfare reform may have had on their lives.

Characteristics of the Children

In the leaver sample there were 3299 total children in the 1484 families who participated. Of those children, 20% were identified as having physical/medical problems, 17% identified as having learning issues and 17% as having mental health issues.

Table 1.30: Children

Children's Health	Number of children	Number of families
Children with physical disabilities	659 (20%)	480 (32%)
Children with learning problems	564 (17%)	445 (30%)
Children with mental health issues	554 (17%)	426 (29%)
Totals	3299 (100%) children	1484 (100%) families

Children Protection Issues

As stated in the cluster barrier portion, 50% of respondents said that as a parent they had been investigated by CPS at some point. While there were no statistically significant differences between closure codes or regions, significant differences were present between race groups. The highest referral rate was 59% for White respondents. The next closest group was multi-racial respondents at 47%, followed by African Americans at 40%, Asians at 39%, Hispanics at 35% and Native Americans at 30% ($p<.001$). Also, of those who had been investigated by CPS, 63% had also been convicted of a crime ($p<.001$). Table 1.31 presents results for the 580 respondents who indicated there had been a CPS referral and describes the nature of the referral. Respondents were allowed to choose all that applied.

Table 1.31: Reasons for CPS Referrals: n=580

Referral Reason	Number of Referrals
Abuse	200 (35%)
Neglect	232 (40%)
Domestic Violence	57 (10%)
Drugs	69 (12%)
Sexual Abuse	48 (8%)
Other	75 (13%)

Abuse and neglect were the most common reasons for referral. Respondents were then asked if the report was "substantiated." A "substantiated" case was one where the CPS worker set up some kind of a plan or process for the family. It might have been as simple as parenting classes for a few weeks or as severe as removing the children from the home and developing a reunification plan. Many respondents were quick to point out, even before the question was asked, that the allegations were not substantiated and the worker never returned to the home after the initial visit. In 163 (28%) of the cases the respondent indicated that the report had been substantiated.

Being involved in a substantiated CPS case and working with DWS created a dilemma for some respondents. When asked if they found it difficult to do what CPS wanted and what DWS wanted, 67 (42%) respondents indicated this was indeed the case. There were several problems mentioned repeatedly. For those who had their children removed from their home, respondents immediately lost their cash assistance benefits, their housing voucher if they had one, and help from any other assistance programs that required the presence of children. For others whose children were still in the home, they found it very difficult to attend all the meetings, complete job search logs, and do all the other things each agency required to be considered actively participating in a multitude of "plans." A handful of respondents were in the process of losing parental rights permanently and referred to the overwhelming nature of all that was expected of them as part of the problem.

In the "neglect" category of the reasons for CPS referral, respondents told stories of "getting in trouble" for leaving their children home alone while they worked. In the study, respondents were asked if they ever had to leave a child home alone for more than an hour on a regular basis. This was the case for 23% of the sample. Most were quick to point out that the children were either old enough to care for themselves or there was a neighbor nearby who would be available if the children needed anything. A few respondents did indicate that they were uncomfortable leaving their children because of young ages or because they had to be left alone in the late afternoon and evening. Child care during these hours is difficult to find in most places and nearly impossible in the rural settings.

Child Care

Often, one of the greatest concerns for a working parent is the safety and quality of the child care provisions they have made for their children. As was mentioned earlier, 28% of the respondents indicated their children were in some type of child care situation. This represents 820 children. The most commonly used child care situation was care provided in a relatives home.

Table 1.32: Child Care Providers: n=820

Type of Child Care	Number of Children
Preschool or child care center	185 (23%)
Licensed care providers home	102 (12%)
Non-licensed care providers home	94 (11%)
In respondent's home	150 (18%)
In a relative's home	272 (33%)
Other	17 (2%)

The quality of child care was of great concern to most respondents. In rating their child care situation, 66% felt it was very good, 23% thought it good, 7% found it adequate, 2% called it poor, and 1% found it very poor. Five respondents didn't know what they thought about the

situation. Safety was a constant concern. When news reports regarding abuse in child care facilities appear in the media, there were respondents who indicated they had just left a job for fear that this might happen to their children.

Child Leaving Home

Sometimes the presence of a child in the home makes employment more difficult, thus respondents were asked if any child who had been on their cash assistance case had left home and lived some place else for any length of time in the past 12 months. For 278 (19%) respondents this had indeed happened. There were differences by closure code here. Of those who closed for increased income only 35 (11%) respondents had at least one child leave. For those closed time limit the number increases to 79 (20%) and for those closed other still higher to 163 (24%) ($p<.001$). The higher result for the other group can be understood when it is recalled that 13% of this group was closed due to having no eligible child in the home. These closure rates reflect the number of households involved. One or more children could have left from any given home.

Reviewing *why* children left reflects the reality of family situations for these respondents. Table 1.33 lists the reasons children left home. The primary reason given for a child leaving was "other." A high percentage of these responses refer to the child leaving to go live with the other parent. Respondents were prompted to answer this portion only if one or more children had actually changed their primary residence versus leaving home for an extended visit. The high number of "other" responses also reflects the complicated issues that surround something as traumatic as a child leaving their primary residence and living somewhere else.

Table 1.33: Reasons Children Left the Home

Reason Given	**Number of respondents who had at least one child leave to live somewhere else in past year n = 278**
To establish own household	20 (7%)
Got Married	5 (2%)
To be closer to work/school	10 (4%)
Couldn't afford to care for child	24 (9%)
Child's behavior was unmanageable	21 (8%)
Removed by CPS	51 (19%)
Special medical/mental health needs	3 (1%)
Other	142 (51%)

After "other", the most common reason for leaving was because the children were

removed by a social service agency. This was true in 19% of the cases. Many respondents who were interviewed in jail were part of this type of situation. Others felt very strongly that their children were taken because they were poor and not due to any harm they had inflicted on the child. Yet, 9% of the sample did indicate they had to move the children elsewhere because they could no longer afford to care for their needs. Respondents living in the shelter spoke of family members who would take in their children, but not the respondent. For 8% of those who had children leave, the reason was the child's unmanageable behavior. As was mentioned in the housing section, tenants in housing projects can lose their home if their children are unmanageable and/or involved with the law. Sometimes a child needed to leave to protect the remainder of the family's access to shelter.

Oldest Child Profile

Specific questions were asked of each respondent regarding the oldest child who was on the cash assistance case. The oldest was chosen so that respondents could focus on one child's characteristics versus all of them. Questions regarding this child's school performance, history of interaction with authorities, behavior, and relationship with the respondent were reviewed.

School Performance: Respondents were asked to evaluate their child's school performance based on their knowledge of child's school work, including report cards, and how well the child is doing in school. For the overall sample, Table 1.34 provides an outline of the children's school performance.

Table 1.34: Oldest Child's School Performance

School Work	Very Good	Good	Average	Below average	Not well at all
Oldest Child	521 (44%)	216 (18%)	260 (22%)	124 (10%)	68 (6%)

Several factors were compared to these results to look for a relationship. Mental health issues of the respondent, level of education, nor work history made a difference in the child's school performance. There were, however, significant differences relative to employment and learning disabilities. For respondents who were unemployed, 20% reported children doing "below average" or "not well at all," versus only 12% for those who were employed ($p<.05$). For respondents who had a positive indication for a learning disability, 23% reported children doing below average or not well at all. This is in comparison to only 14% of those respondents with no indication of a learning disability ($p<.01$). The age of the respondent was also significant. The average age of those who reported "very good" school performance was 32.2 yrs. As age increased the quality of school work decreased. The average age for the respondents who reported "not well at all" school performance of the children was 36.2 yrs ($p<.001$). There were also connections between the average age of the child and how well the child did in school. The average age of the children who were doing "very well" was 8.4 yrs. This age rose consistently through the scale until it reached those who were doing, "not well at all," with an average age of 11.4 yrs. In general, it seems the older children were not doing as well in school.

Behavior Problems: Several questions were asked regarding the oldest child's behavior and involvement with a variety of authorities to deal with problem issues. All questions referred to issues in the past 12 months which would have covered the period of cash closure. Table 1.35 presents the results of these questions.

Table 1.35: Child Behavior Issues

Questions: In past 12 months	**Positive Response to question**
Contacted by school for any problems...	512 (42%)
Child suspended or expelled from school...	153 (12%)
Child contact with juvenile authorities....	158 (13%)
If yes, spent time in juvenile detention (n=158)	85 (52%)
If yes, child been on probation (n=158)	79 (49%)

Respondents who had a positive indication for CES-D depression (45%) were more likely to have had contact from the school regarding their oldest child's behavior ($p<.05$). An indication of a learning disability for the respondent was again related to contact by the school at 49% ($p<.01$). There was also a significant relationship between the presence of a learning disability in the respondent and the oldest child being suspended or expelled from school. For respondents with a positive indication of a learning disability, 17% of the children had been suspended or expelled from school ($p<.05$).

When analyzing the oldest child's contact with juvenile authorities, there was a connection with the respondent's CES-D depression indicator. When depression was indicated, 15% of the respondent's oldest child had contact with juvenile authorities ($p<.05$). There was also a

Table 1.36: Positive Child Behavior Indication by Respondent's Personal Issues

Percent of Children with Behavior Checklist indicated behavior issue....	**Respondent's issue is present or absent...**	
	Yes	No
..indication of learning disability*	30%	19%
...physical health issue*	25%	18%
....DSM - III depression indicated*	27%	14%
...PTSD indicated*	30%	20%
....severe domestic violence ever*	23%	15%

* $p<.001$

significant connection with the respondent's employment. Of respondents who were unemployed, 16% reported the oldest child in contact with juvenile authorities, while those who were employed had only10% involvement ($p<.01$).

One final indicator of child behavior was the "Child Behavior Checklist" (CBC). This tool was discussed as a part of the cluster barriers and indicated when further professional involvement should be sought to evaluate the child's behavior issues. Analysis reveals that there are several areas of connection between the respondent own issues (learning disabilities, mental and physical health issues, domestic violence) and a child having a positive indication for behavior problems. Table 1.36 above outlines these issues.

Relationship With Child: Respondents were asked to indicate if the relationship with their oldest child who was on cash assistance had become better, remained the same, or become worse since the closing of cash assistance. Results are in Table 1.37. When change for the better was related to the closing of cash assistance, parents spoke of it drawing the family together.

Table 1.37: Changes in Relationship with oldest child and the Closing of Cash assistance

Variable		Relationship with oldest child changed for the better n=292	Relationship with oldest child changed for the worse n=192	Total n=484
Was change related to the closing of the cash assistance?	Yes	96 (33%)	154 (80%)	234 (52%)
	No	196 (67%)	38 (20%)	250 (48%)

$p<.001$

The respondent and the children had to work together in the common goal of "making it." Sometimes older children were working after school jobs and contributing this income to meet the family's needs. One respondent spoke of spending more quality time together as a family because they went to the park more often instead of playing video games. On the other hand, when respondents reported things getting worse due to cash closure, respondents spoke of teens resenting needing to give up after school job money to help buy food. Others had children who went to live with the other parent because that person could provide better. Respondents in general, found it very difficult to realize their children were suffering because they could not provide the necessities.

DWS - Customer Relationship and Case Closure

In this section, descriptions of respondents, department caseworkers and department policy will be reviewed in order to better understand the interaction between all parties and the outcomes which result from these encounters.

Employment Counselor and Respondent Interaction

When speaking of those who are receiving pubic assistance, one author says, "... they have a desire to be treated as human beings rather than objects. They respond positively when they have an equalized relationship with a counselor who is empathic, accepting, genuine, liberating, involved, and a sensitive listener" (Lent, 2000). In Phase II of the study, many respondents went beyond the questions and told stories related to experiences with their employment counselor. These respondents often pointed to these interactions as significant factors in their success. Some also pointed to the lack of support from employment counselors as contributing to the challenges they faced. To discover more about this important interaction and to gather this information in a more organized, questions were added to the interview schedule..

Because DWS customers often work with several department representatives at any one time, respondents were asked to focus just on their experiences with their employment counselor. The average number of employment counselors respondents had worked with in their time on assistance (or the last 3 years, whichever was shortest) was 4 workers. There were no significant differences between regions. Respondents were asked to estimate how many months they had worked with the employment counselor they had when their cash closed. The average for the sample was 14 months, ranging from 0 to180 months. There were some differences according to region. The Mountainland region had the lowest average number of months at 10.6 while the Eastern region had the greatest average at 21 months. The differences only approached statistical significance at $p<.10$. There were several respondents who had worked with their employment counselors for a very long time. These respondents often spoke of how helpful this was because the person knew their situation.

Respondents were then asked to rate the relationship they had with their last employment counselor. Responses were split very evenly over the scale. Table 1.38 displays these results.

Table 1.38: Rate Relationship with Last Employment Counselor

Rate relationship with worker	Leaver Sample Results n = 1162
Excellent	253 (22%)
Very Good	173 (15%)
Good	258 (22%)
Fair	205 (18%)
Poor	256 (22%)

There were no significant differences between regions relative to this question. To evaluate the importance of this relationship, respondents were asked to say how important they felt this relationship was in helping them meet their goals. A large majority (63%) relationship was *very* important. Only 23% thought it was *somewhat* important, and just 14% said it was *not*

at all important. In the past, respondents have spoken of experiencing alarge turnover in employment counselors, thus, respondents were asked to what degree changing employment counselors affected their ability to meet their goals. For 37% of respondents, changing counselors affected them *a lot*. There were 18% who said it only affected them *a little*, while 28% said it affect them *not at all*. Sixteen percent (16%) indicated they only had one caseworker throughout their time on assistance. Respondents were asked if they had ever requested a change in their case worker. Only 304 (26%) respondents had ever made such a request. Of those 304, 126 (42%) were given new workers, the remaining 157 (58%) were not.

While these statistics told a great deal about the logistics of a person's experience with an employment counselor, it was also important to let respondents relay in their own words exactly what kinds of things made for a good relationship or what types of things made it necessary to ask for a new worker. To that end, respondents were asked "In what ways was your last case worker most helpful to you during your time on assistance?" Of the 1162 respondents, 796 (69%) found something positive to say regarding their worker. The comments covered a wide range of issues. Comments that were repeatedly mentioned referred to the employment counselor being supportive and encouraging, returning phone calls, guiding the respondent to helpful resources, keeping the respondent informed and explaining things well, understanding the effects of employment barriers and helping the respondent get over these, and simply being kind. Representative comments, as spoken by the respondents, include:

- "When we had the extension staffing and the appeal, she really believed things I was saying and that made me feel better."
- "She didn't look at me like a case number, she did everything by individual because every person's case is different. She looked at the overall picture [saw client's mental illness and abusive relationship] and saw I was ready to work and change my life for the best."
- "I couldn't talk to nobody about what happened [sexual abuse]. I talked to her and she gave me phone numbers and people to contact."
- "She's kind and non-judgmental. She helps keep track of things."
- "She helped me fill out papers I didn't understand and she explained things to me very well."

Respondents were then asked, "In what ways was the last employment counselor not helpful during your time working with them?" Of the 1162 respondents, 502 (43%) said there was nothing unhelpful about their experience with their last case worker. Of those who did have comments, general themes included: the employment counselor was rude, mean or had a bad attitude, poor communication (not returning phone calls, missing meetings, not explaining things well, generally unavailable), repeatedly losing paperwork, unsupportive and discouraged efforts for success. Some comments which typify the experience include:

- "She was mean. She made me feel worthless. She made me feel bad for needing help. I had to get under a doctor's care it was so bad."
- "She was sick a lot so she wasn't always in. Each case worker is telling you to do different things."
- "I never could get a hold of her. I'd leave messages like crazy and she'd never get back to me."

- "She intimidated me - she called me a liar and acted like the money was coming from her own pocket."
- "She would shut my case for not turning in something I had already turned in."

Respondents referred to a wide range of experiences. In an effort to focus on the *most* significant helps, respondents were asked to think back to the *best* employment counselor they had ever had and describe the quality they liked best about that person. Of the 1162 respondents only 65 (6%) could not think of a good experience to relate. The qualities most often cited included: honesty, respect for respondent as a person, caring, understanding, friendly, and helpful. Examples of comments include:

- "She was willing to take suggestions and not just dictate 'this is what you will do'; willing to let me be a part of my life."
- "He let me know everything that was available. Never gave me an option that was not available to me. Didn't hide any of my options."
- "She was a compassionate woman, and was willing to give you the chance to prove yourself. She made me feel like I could do anything."
- "Didn't treat me like a child. I was in over my head and she had faith that I was going to accomplish what I set out to do. When I didn't she had alternatives to help me reach my goal."

Reflecting back on their experience while on assistance, respondents were asked, "If you could change one thing about the way your case was handled, what would it be?" Of the 1162 respondents, 141 (12%) had no ideas. Others had strong opinions on what might be different. For example: some would have had a new case worker, others would have kept one worker and not changed so often, some asked for more efficiency with paperwork issues, others just wanted to be treated with more respect. In the respondent's words:

- "All of the departments would work closely together. My caseworker couldn't tell me diddly squat about medical or ORS. It should all act as one unit."
- "When they wouldn't support me going back to school. That is a decision that needs to be supported, so one can get a career, not a just a job and end up on assistance again."
- "Empathy, understanding, not making me feel lazy like I didn't want to work, felt inferior, lack of compassion and understanding needing assistance after college - I'm the opposite, I'm a workaholic."
- "Stick with one caseworker who is familiar with you and your situation. Their encouragement and caring got me motivated."
- "I think they train the workers to follow program rules so much rather than being human. I have always been honest with them, but they don't treat you like an individual."

In addition to thinking about the employment counselor, respondents were asked to reflect on how their feelings about themselves had changed since leaving cash assistance. About 10% of the sample did not see their feelings about themselves changing at all when their cash closed. Of those who did, it was split fairly evenly between those who had generally more positive feelings and those whose feelings were worse. As some of those who felt better stated:

- "More secure about myself, more at ease. I feel I can do more for myself and better than when I had someone looking over my shoulder. I can work and spend money now knowing it is my money I worked for!"
- "I feel better about myself - It's embarrassing to say you are on state assistance."
- "It gives you more of an independent feeling. If I have the help, I'm a little less likely to help myself
- "I have a little more respect for myself and my children have more respect for themselves too."

Not everyone felt better due to the loss of assistance. Those whose feelings about themselves had become worse expressed ideas such as these:

- "Feel very worthless. Unable to do things most Americans do like jump out of bed, go to work, make it. I'm irritable. Angry with ex who won't help."
- "Lonely feeling - not right - no proper guidance from them, for those who have been on so long"
- "Things got really good then really bad - makes me feel like I can't succeed in the world - I am up against a wall again"

Many comments expressed mixed feelings, often depending on whether the person had just secured or lost a job. It was evident that for many of the single parents, their self-esteem involved whether or not they could provide adequately for their children. When they could, they felt very proud, when they could not, it was very difficult.

Experiences with Case Closure:

There were many reasons why a cash assistance case could be closed. Some were very specific and defined, others more broad based and flexible. In two cases the closure involved a well defined process that could be evaluated. Respondents were asked to share their experience of the process and opinions on the success or obstacles in each process. The first set of cases were those closed for non-participation, often referred to as NP. This code indicates that DWS personnel did not feel the respondent was participating in the self-sufficiency plan at an adequate level. The second, involved case closure for reaching the 36 month time limit (TL), or coming to the end of a cash extension.

Non-Participation Closure (NP):

As was noted in Table1.39, 99 (31%) respondents in the sample closed "NP". An additional 14 were closed after the 36 month time limit for non-participation in their extension period. None of these individuals indicated they had participated in the closure process for non-participation. This group was consistently told that closing NP for an extension did not require such a process. Thus the original 99 respondents were asked about their experience with the *Conciliation* process. This is a process which employment counselors are required to complete before a case can be closed non-participation. 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 participation in this process, 87 (88%) of the respondents indicated they believed their case was closed through the conciliation process. Of those who believed they did participate in such a process, 76 (86%) said they did understand what the worker was asking them to do. But, when asked if they felt like their views were taken into consideration in the process, only 20 (23%) thought this was the case. Respondents were asked to talk about what might have helped them in the process that was not offered. A variety of suggestions were offered.

- "Explain to me a lot more what they wanted. I did everything they asked"
- "If they would've backed off and not been so pushy. They asked for too much documentation. My worker and I clashed from the start."
- "I felt like they were just trying to push me off. I just wanted to stay on until the baby was born. My worker had history with my family and took it out on me."
- "Nothing, they offered me a lot of things, It was just me and I had to help myself."

A brief profile highlighting some of the ways in which the respondents closed for non-participation were significantly different from the overall sample offered insights into what might be needed to better assist these respondents in becoming self-sufficient. Many variables were analyzed to look for differences or similarities between the groups. In almost every way, the non-participation sample was nearly identical to the leaver sample. Table 1.39 outlines the few differences that were found.

Table 1.39: Non-Participation Respondents vs. Leaver sample

Area of Difference	**Non-Participation n = 99**	**Total Sample n = 1371**
Employed at interview *	32%	51%
Monthly Household income	$831	$1179
Income below the poverty line*	68%	55%
Severe domestic violence - past 12 months**	25%	15%

*$p<.001$ **$p<.01$

After reviewing the quantitative data and finding few differences, the comments of those closed non-participation led to one final area of investigation, the relationship with the employment counselor. In reviewing the questions regarding the respondents relationship with the employment counselor when the cash assistance closed, a definite trend is visible. Table 1.40 provides the results of this question comparing the sample with those closed non-participation.

Table 1.40: Non-participation Closure and Relationship with Last Employment Counselor

Rate Relationship...	**Non-Participation Closure n = 67**	**Leaver Sample n = 1078**
Excellent	5 (8%)	248 (23%)
Very Good	4 (6%)	169 (16%)
Good	11 (16%)	247 (23%)
Fair	21 (31%)	184 (17%)
Poor	26 (39%)	230 (21%)

$p<.001$

Respondents closed for non-participation had significantly poorer relationships with their employment counselors than did the remainder of the sample. The responsibility for making a relationship successful clearly involves both parties. The intent here is not to place blame but to point out the significant connection between a poor worker/respondent relationship and the likelihood of a person's cash being closed non-participation.

Families closing non-participation, or being "sanctioned" have come to the attention of researchers. The results of one recent report provides insight into the findings of this study.

> "Sanctions for non-compliance with program rules, which tend to be imposed on the worst-off families on welfare and remove many of them from the rolls. Sanctions and procedural case closings may help explain why some of the most disadvantaged families are leaving the TANF rolls. Three times as many families have left the rolls because they were sanctioned as have left because they reached a time limit. Parents from sanctioned families had less education and poorer health. Sanctions and related case closings were clustered among families that, on average, were more vulnerable than other welfare families. Some of the penalized parents had daily lives filled with complex family obligations, challenging work responsibilities, and personal turmoil. They often lacked the resources to navigate program rules. Penalties for missing a meeting or failing to file paperwork were much more common than penalties for directly refusing to work" (The Forum 2001).

Time Limit Case Closure: While we have learned much about those who closed for time limits in this study, discussion here focuses on the respondent's experience of the closure process. Each person leaving cash assistance after reaching the 36 month time limit was to

have an extension staffing during which DWS staff, including the respondent's employment counselor, the supervisor, social worker, meet with the customer to determine if they meet any of the extension criteria (See Appendix 1).

Of those closed due to the time limit (n = 830), 74% indicated they had participated in such a meeting. Of those who attended the meeting, 62% felt that they were treated fairly at the meeting. A smaller portion, 55% felt like their views were taken into consideration at the meeting. There were many strong feelings regarding the closure process. Many who had not participated in the staffing meeting reported they received little or no notice of the meeting. Some, especially those who had difficult relationships with their employment counselors, could not face a room full of people who were "all against me." Others just felt it was time to move on and did not want to extend "the inevitable." Those who did attend the sessions had equally strong feelings.

As the result of an extension staffing, 25% of respondents had, at one time, received an extension. Respondents were asked if they felt, given the departments definition of what qualified for an extension, they still met any of the criteria. Table 1.41 presents respondent's views on what issues continued to qualify them for an extension.[3]

Table 1.41: Percent of Respondents who Felt Qualified for Each Extension Category

Extension Criteria	**Percent who felt they qualified n = 728**
Work 80 hrs per month for six months of past 24 months	184 (25%)
Physical/Mental health/Substance Abuse	394 (54%)
Young Parent	- 0 -
Domestic Violence history / trauma	128 (18%)
Medical Needs of a dependent	117 (16%)
Hardship circumstances	214 (29%)

Clearly, the most common extension criteria that respondents believed they still qualified for, concerned mental and physical health issues. Many respondents spoke of having Form 1's which were ignored or rejected as not being "good enough" because it was completed by the "wrong kind of doctor." Sometimes a worker claimed that a second opinion was needed or that the doctor had not phrased the work statement correectly. This was very frustrating. There were also respondents who were simply overwhelmed by the prospect of not receiving benefits any more. They were looking for something to cling to. They felt the stress of being without assistance was enough to qualify them for an extension. As one

[3] Extension criteria presented in Table 1.41 reflects criteria used by DWS at the beginning of the study. See Appendix 1 for updated extension criteria.

respondent said, “If they would just give me back my cash assistance and then take it away slowly instead of all at once, I would be fine!”

Respondents often felt misunderstood and not “taken seriously” when they tried to explain domestic violence issues. Interestingly, the percent of the sample (18%) who reported domestic violence as an issue for which they should be extended came close to the percent of the sample (16%) who screened positively for domestic violence as part of the cluster barriers. One respondent spoke of needing to move back into a violent situation after she was denied an extension so that “even if I get beat, my kids will have a roof over their heads.”

Respondents who had not attended the extension meeting were often unfamiliar with the extension list. Of those who had attended, many were familiar with the terms and had strong ideas about why they should have received the extension. Here again, personality conflicts, from the respondent’s view, often seemed more significant than whether or not there was really a reason to be granted the extension.

As stated above, extensions were granted to 25% of those closed after the time limit. Those who did not receive extensions were asked why the extension was not granted. A large group did not know why it was closed. “They just told me it was over.” As some said:

- “My worker didn’t give me time to explain my situation - only 5 minutes and that’s not enough time.”
- “I never did care for my self-sufficiency worker. I don’t know what her deal was because everything was in writing (letter from therapist). I feel like she’s just out for the State’s behalf, not to help people or see their needs.”
- “My case worker wanted me to move to Provo so I'd be close to PCMC but I didn't want to because this is where all my supports are - so I think that's why my case worker terminated my case.”

The Changing Public Assistance Client - Newcomers vs. the Long Term Recipient

Since the initiation of time limits many questions have been raised regarding the future of those affected by the new policy. One question addressed here is, Are those who entered the system *after* the initiation of time limits any different from those who have been in the system long term?

In order to explore this question, the leaver sample was first divided so that only those who had been closed after 36 months were in the sub-sample. Then, DWS records were reviewed and those who had *first* received cash assistance after the initiation of time limits (October 1996) were separated from those who had received at least 36 months of cash assistance *before* January 1997. The “extended stay” group (n=267) had already received more than 36 months of assistance before the new three year time clock started. These recipients had received cash assistance for an average of 114 months (ranging from 75 to 155 months) prior to their interview. This means that *if* the time clock had been running before January 1997, they would already have run out of months. This group began the time limited months on cash assistance with an extensive public assistance history.

Table 1.42: Newcomers vs. Extended Stay participants
n = 440

Variables: Generally Different	**Newcomers n=173**	**Extended Stay n=267**
Average age of respondent*	30.2 yrs	40.0 yrs
Average age of children in family*	6.7 yrs	11.4 yrs
Average age of youngest child in family*	4.9 yrs	8.9 yrs
Average age at first receipt of cash assistance*	23.8 yrs	21.8 yrs
Race: White Hispanic	54% 28%	61% 22%
Length of time at current residence (months)***	22 mns	32 mns
Fair or Poor Physical health ***	46%	58%
Have been convicted of a crime *	21.5%	44%
Child Protective Services referrals *	34%	63%
Drug or alcohol use ever a problem *	38%	54%
Severe Domestic Violence ever **	71%	81%
Physical, sexual, or emotional abuse as child*	56%	70%
Physical, sexual, or emotional abuse as adult *	68%	85%
Average total number of all cluster barriers *	3.4	4.2
Variables: Much the same		
Less than 6 months of work history in past 5 years	25%	25%
Monthly Household income	$940	$1067
Employed full or part time	43%	42%
Married or domestic partnership	20%	20%
Highest grade completed in school	11.1 yrs	11.5 yrs
No high school diploma or GED	46%	40%
Learning disability indicated	26%	31%
Depression indicated (CES-D)	65%	71%
PTSD indicated	15%	17%
Sever domestic violence in past 12 months	17%	16%
Monthly income below poverty line	65%	66%

* $p<.001$ ** $p<.01$ *** $p<.05$

The "newcomer" group (n=173) entered the system after the 36 month time limit was in place. From the start, this group of recipients and their caseworkers were aware that cash assistance was time limited. Case workers were provided additional tools to them prepare people to become self-sufficient. Customers were required to be involved in particular activities in order to be considered "participating." It took some time for both the department and recipients to adjust to the new reality of a time clock on cash assistance.

The "newcomers" and "extended stay" groups were compared in many areas. Table 1.42 shows the areas with significant differences in the first portion and areas of similarity in the lower portion. Age differences were significant but explained by the group definitions. Extended stay respondents had been in the system longer and thus they, and their children were older. There was, however, another factor which indicated these differences were not as large as they could be. When the age of first receipt of cash assistance is viewed, it was noted that newcomers were entering the system an average of two years older than the extended stay group.

There were some basic differences between these two groups. As was seen earlier, racial comparisons show that minorities, especially Hispanics, comprise a larger portion of the sample of those closing for time limit. The extended stay group had lived in one place for nearly 3 years while the newcomers had stable housing for under 2 years. The extended stay group had more health problems. Newcomers had fewer CPS referrals, criminal convictions, and problems with drugs and alcohol. While both groups had high abuse rates, the extended stay group had significantly higher rates of abuse both as a child and as an adult. In every case, the statistics for the extended stay group were "worse" than for the newcomers. This made it clear that this is a distinct and highly challenged group of former recipients. Yet, in many areas the two groups were similar. Relationship rates, education, both employment history and current employment rates, mental health issues, and household earnings that keep many below the poverty line.

The differences between the groups tell of areas where newcomers might be entering the system stronger, better prepared and not in need of as many services related to these areas. Similarities between the groups indicate factors that might have kept the extended stay group in the system. These are issues that the newcomers bring with them as well, and need attention so that as newcomers leave the system they will be better prepared to face life's difficulties on their own. The extended stay recipients received public assistance for many years. The newcomers do not have this option.

Leaver Study - Summary and Conclusions

The leaver sample provided us with a snapshot of those who began to receive public assistance and, for one reason or many, were not able to quickly more back into the workforce or toward self-sufficiency.

Those whose cash closed due to the time limit clearly have many more barriers to employment. Lack of education and training, lack of work history, depression, and child care issues are all well documented both here and in past studies. Yet, over time, barriers that have seemed peripheral in the past are surfacing as significant issues that often go unaddressed. Criminal records, learning disabilities, domestic violence, and child behavior

problems are often not recognized as issues which can impact a persons employability, indeed their ability to accomplish many daily living tasks.

There was a degree of desperation present in those who felt “abandoned” by the system and see no way to re-engage, even in crises situations. This happened most often with those closed time limit or non-participation but it occurred with others as well. There was still a great deal of misinformation regarding access to services, implications of time limits, extensions, and how to raise a concern regarding unfair treatment. Much is required of people who often have very low functional skills and already feel little or no self-worth.

The recent economic decline was not a focus of this study as much of the data were collected before it started, but the numbers of respondents already living below the poverty line make it clear that this is a vulnerable population. While case loads are dropping, more than half (57%) of respondents are living below the poverty threshold. As the impact of the economic decline continues, there will be a need for more supports for those most greatly affected. Those who are no longer eligible for cash assistance will make greater use of community resources already stretched thin.

Those who reported positive relationships with their employment counselors provide great hope that as efforts are made to improve the skill level of those providing services, better outcomes can be attained. Respondents made it clear that basic respect and human dignity were what they sought. A smile and understanding word go far. Those who were successful often pointed to a worker who made that possible by believing in them and helping them get the tools they needed to move forward.

The experience of those who entered public assistance after the implementation of time limits is just beginning to surface. While participants adjust to the notion of time limited resources, the system continues to adjust to serving people’s needs in a concentrated time frame. It is a challenge for all. Recipients continue to enter the system with complicated life situations. We have yet to truly understand the implications for families and children when needs are not met and resources are no longer available.

FINDINGS - Part II: Longitudinal Sample

Longitudinal Study

This section of the final report presents findings from the 813 respondents who were interviewed three times. The first interview occurred between 2 and 6 months post-closure of cash assistance and will be referred to as Time 1. The second interview occurred 6 - 8 months after the first and will be referred to as Time 2. The third interview was completed 6 - 8 months after the second and will be referred to as Time 3. The goal was to follow respondents for between 12 and 18 months after they left the FEP program.

Of the 813 respondents, 344, or 42%, had been on assistance for a cumulative period of 36 months or more since January 1997, meaning that their cash closure at Time 1 was for time limit, or the end of an extension. The other 469 respondents were closed for a variety of reasons, and could have been back on assistance at the second or third interview.

This section of the report focuses on income and employment, physical and mental health, economic hardship, barriers to employment and child well-being. Variables are analyzed over time. Variables related to employment are also analyzed in relation to how often the respondent reported employment.

Are leavers finding and keeping employment?

Looking at a cross-section of respondents at each point in time, it was apparent that about half the total sample were employed at each interview. Approximately half (51%) of leavers were employed either full or part-time at the first interview. There was virtually no change in the percentage employed at Time 2, and only slightly more (54%) were employed at Time 3. The average number of months employed increased slightly over the course of the three interviews, in the expected upward direction, indicating that at least some respondents accrued months of employment over time.

Table 2.1 : Employment Over Time
N=813

Variable	Time 1	Time 2	Time 3
Employed	418 (51%)	414 (51%)	441 (54%)
**Months at Job $\bar{x}$	8.9	10.2	13.3

**Difference over time significant at $p<.05$

A critical variable for analysis is whether individual leavers were employed at each of the three interviews, were employed only sporadically, or were not employed at all. In examining respondents longitudinally, it was found that only 237 (29%) of the respondents were employed either full or part-time at all three interviews. On the other hand, 202 (25%) reported being unemployed at each interview. The majority of respondents were employed at

one or more interviews, but unemployed at others.

Table 2.2 : Degree of Employment
N=813

Always Employed	Sometimes Employed	Never Employed
237 (29%)	374 (46%)	202 (25%)

These data indicate that the large majority of the sample of 813 long-term respondents were employed sporadically over the course of the study.

Did income improve over time?

While income rose very modestly over the course of the study, some gains were statistically significant. The average hourly wage rose by 22 cents, from $7.74 to $7.96. Non-earned income rose slightly, from a low of $673.29 to $724.23. This increase in non-earned income is not more than would have occurred by chance. Monthly household income from all sources rose slightly for all respondents. Interestingly, the gain in total income was primarily for respondents whose income was supplemented by a husband or domestic partner. As seen in Table 2.3, single respondents' income rose by less than $50.00 overall to a high of $1272.64, while those with partners saw a significant increase of $364.11 to a high of $1984.60.. Hours worked per week remained stable over time, at between 32 and 24 hours.

Table 2.3 : Income Over Time
N=813

Variable	Time 1	Time 2	Time 3
Hours Worked/Week ($\bar{x}$)	32.9	32.9	33.8
**Hourly Wages ($\bar{x}$)	$7.74	$7.72	$7.96
Respondent's Monthly Earned Income ($\bar{x}$)	$576.40	$562.45	$615.67
Non-earned income ($\bar{x}$)	$690.86	$673.29	$724.23
Monthly HH Income for Single Respondents Only (All Sources) ($\bar{x}$)	$1231.07	$1222.88	$1272.64
**Monthly HH Income for Respondents with Domestic Partner (All Sources) ($\bar{x}$)	$1704.09	$1620.49	$1984.60
**Monthly HH Income All Respondents (All Sources) ($\bar{x}$)	$1267.21	$1410.12	$1493.32

**Difference over time is significant at $p<.05$

On the positive side, it does not appear that the overall sample saw major decreases in income over the course of the study. Earned and unearned income increased over time. Concern that all respondents might face drastic crises after termination from public assistance was probably unfounded. However, hope that respondents would move into better jobs with higher incomes over the course of the study would also be unfounded. Average income for all respondents was very low at Time 1 and remained very low at the end of the study period.

As seen in Table 2.4 below, over half the sample (52%) had total income at or below the poverty threshold ($14,269/year for a single parent family of 3) at the first interview. This decreased to 47% at the end of the study period. The decrease in those living below the poverty threshold is encouraging, but still leaves many families struggling to survive on a very low income.

Table 2.4 : Poverty Threshold Over Time
N=813

% of Poverty Threshold	**Time 1**	**Time 3**
Below 50%	219 (27%)	161 (20%)
Between 50% and 100%	204 (25%)	217 (27%)
Below the Poverty Threshold	**423 (52%)**	**378 (47%)**
Between 100% and 150%	190 (23%)	216 (27%)
Between 150% and 200%	105 (13%)	95 (12%)
Above 200%	95 (12%)	124 (14%)
Above the Poverty Threshold	**390 (48%)**	**435 (53%)**
TOTAL**	**813 (100%)**	**813 (100%)**

**Change over time is significant at p. < .001

Employment and Income for ALWAYS EMPLOYED

For respondents who were employed at all three interviews, the income picture is more optimistic. As seen in Table 2.5, hourly wage and hours worked per week rose steadily over the course of the study, from less than 34 to almost 35. Non-earned income fell at Time 2, by almost $50.00. This decrease in non-earned income seems to have affected the single respondents the most, as their total income also fell from $1791.14 too $1774.19, while the total income of the married or those with partners rose at Time 2 by about $100.00. Non-earned income rose to its original level at Time 3, and total income for all respondents rose accordingly. The highest income for Always employed respondents at each interview, was for those who reported a married or domestic partnership marital status. This group also saw the most increase in total household income over the course of the study, from $2038.26 at Time 1 to $2399.05 at Time 3.

Table 2.5: Income Over Time - Always Employed
n=237

Variable	Time 1	Time 2	Time 3
Hours Worked/Week ($\bar{x}$)*	33.8	33.9	34.7
**Hourly Wages ($\bar{x}$)	$7.67	$8.07	$8.39
Respondent's Monthly Income ($\bar{x}$)	$1118.52	$1192.15	$1238.05
Non-earned income ($\bar{x}$)	$696.85	$649.43	$696.95
Monthly HH Income for Single Respondents Only (All Sources) ($\bar{x}$)	$1791.14	$1774.19	$1823.39
**Monthly HH Income for Respondents with Domestic Partner (All Sources) ($\bar{x}$)	$2038.26	$2137.41	$2399.05
Monthly HH Income All Respondents (All Sources) ($\bar{x}$)	$1739.64	$1922.85	$1981.27

Change over time is significant at $p < .05$ * - $\bar{x}$ = the average for this group

Although the change in poverty level over the study for the Always employed group is in a positive direction, the difference is not more than would be found by chance. As seen in Table 2.6 below, the majority of the sample (80%) reported total income (including earned income, partner's income and non-earned income) above the poverty threshold at Time 3. Compared to the total sample of 813 respondents, the Always employed group was clearly better off in terms of household income.

Table 2.6: Poverty Threshold Over Time - Always Employed
n=237

% of Poverty Threshold	Time 1	Time 3
Below 50%	12 (5%)	8 (3%)
Between 50% and 100%	44 (19%)	42 (18%)
Below Poverty Threshold	**56 (24%)**	**50 (21%)**
Between 100% and 150%	82 (35%)	75 (32%)
Between 150% and 200%	50 (21%)	51 (22%)
Above 200%	49 (21%)	61 (26%)
Above Poverty Threshold	**181 (77%)**	**187 (79%)**
TOTAL	**237 (100%)**	**237 (100%)**

Income and Employment by Time 1 Count of Months on Assistance

At the beginning of the study, some respondents had been on assistance for long periods of time, and others had been on for a shorter time. At the first interview, some respondents had been on assistance for 36 or more months, meaning that at Time 1 they had either been closed for time limit or after the close of an extension. The "36 plus" group no longer had the opportunity to receive cash assistance unless an emergency qualified them for an extension. It was possible that due to the finality of case closure, this group may have had a different experience of employment and income over the study. To examine this question, the sample was divided into two comparison groups – those whose total months on cash assistance at the time of the first interview ranged from 24 to 35 months, and those whose total months at the time of the first interview equaled 36 months or more.

Table 2.7: Employment and Income Over Time
by Time 1 Count of Months on Assistance
< 36 months n=469
≥36 months n=344

Variable	**Time 1**		**Time 2**		**Time 3**	
	< 36 mo.	**≥ 36 mo.**	**< 36 mo.**	**≥ 36 mo.**	**< 36 mo.**	**≥ 36 mo.**
Employed Full or Part Time**	274 (58%)	144 (42%)	251 (54%)	163 (47%)	269 (57%)	172 (50%)
Mos at Current Job x̄	9.6	7.6	11	9.1	14.6	11.2
Hours Worked per Week x̄*	33.8	31.3	33.5	32.2	34.2	33.2
Hourly Wage x̄***	$7.95	$7.35	$8.07	$7.17	$8.27	$7.49
Total Mo. Unearned Income x̄*	$655.63	$735.35	$648.58	$704.59	$709.85	$742.41
Total Mo. HH Income for Single Respondents (All Sources) x̄*	$1326.31	$1105.05	$1279.28	$1149.21	$1315.97	$1215.93
Total Mo HH Income for Respondents with Partner (All Sources) x̄***			$1662.56	$1560.28	$2094.00	$1821.05
Total Mo. HH Income for All Respondents (All sources) x̄***			$1463.70	$1337.06	$1566.47	$1393.60

*Difference between Mos. on Assistance Groups is significant at Time 1, p. < .05
**Difference between Mos. on Assistance Groups is significant at Times 1 and 3, p. < .05
***Difference between Mos. on Assistance Groups is significant at Times 2 and 3, p. < .05

It is apparent that for all variables associated with earned income, the less-than-36-months (<36) group is ahead. The <36 month group was more likely to be employed at all three times, had higher earned income at all three times, worked more hours per week at all three times, and had more total household income at all times measured. For the 36 months or more group (≥36), the only category which was higher at all three times was unearned income.

It is apparent that even though the ≥36 month group was not able to depend on cash assistance, they were less able to find and/or maintain employment to supplement their income. This finding is consistent with previous work (Barusch, Taylor, Abu-Bader & Derr, 1999) showing that long-term recipients had far more barriers to employment than did their shorter-term counterparts.

What are sources of income and employment for those who NEVER WORKED?

A group of potential concern is the respondents who reported no employment at all three interviews. Without earned income, how were they able to survive? What were their sources of income over the study year?

As reported in Table 2.8 below, a major source of income for this group was cash assistance. Although only 4% of the Never-employed group reported receipt of cash assistance at Time 1, this rose to 13% at Time 2, and remained almost as high at Time 3. The group also appears to have increased use of CHIP over the study. Use of Section 8 housing saw a small but steady increase over the study. Receipt of SSI was another major source of income for this group, jumping from 16% at Time 1 to 23% at Time 2. At Time 3 the percent receiving SSI remained steady, with almost one quarter of this group reporting income from SSI. Use of mental health services grew steadily over time, increasing by 2% at each interview, with more than one-third of respondents reporting use of mental health services by the end of the study.

Surprisingly, receipt of child support, and use of a food bank or food pantry decreased over the study. This is counterintuitive, as it seems that without income from employment respondents would make use of community resources such as a food pantry or food bank. The decrease in number of respondents who did not receive child support is also surprising, but is a source of income largely out of the control of the respondent.

What was family and living situation of those who NEVER WORKED?

Of those who were Never employed, it is important to examine family variables to assess stability over time. Were changes in household a potential cause of, or a result of, lack of employment?

From Table 2.9, it is apparent for those who were Never employed that a source of income was a partner. The percent of respondents who were married or in a domestic partnership increased from Time 1 to Time 3. At the end of the study, 39% of the Never employed group reported living with a spouse or partner.

Table 2.8: Sources of Financial Support Over Time - Never Employed
n=202

Variable	Time 1	Time 2	Time 3
Cash Assistance Open	8 (4%)	27 (13%)	25 (12%)
Cash closed: expects to reapply	48 (24%)	34 (17%)	28 (14%)
Food Stamps	156 (77%)	163 (81%)	157 (78%)
Medicaid	163 (81%)	171 (85%)	171 (85%)
Child Care Assistance	10 (5%)	10 (5%)	6 (3%)
Anyone in HH on New Case	9 (5%)	7 (4%)	10 (5%)
Public Housing	20 (10%)	16 (8%)	14 (7%)
Section 8	61 (30%)	64 (32%)	68 (34%)
CHIP	2 (1%)	7 (4%)	9 (5%)
LHEAP	78 (39%)	84 (42%)	90 (45%)
School Lunch	144 (71%)		
SSI	32 (16%)	46 (23%)	46 (23%)
WIC	52 (26%)	48 (24%)	48 (24%)
Child Support	67 (33%)	54 (27%)	52 (26%)
Food Bank/Pantry	116 (57%)	107 (53%)	93 (46%)
Thrift Store	99 (49%)	106 (53%)	98 (49%)
Homeless Shelter	9 (5%)	9 (5%)	4 (2%)
Church or Religious Org.	61 (30%)	60 (30%)	58 (29%)
Drug/Alcohol Treatment	20 (10%)	16 (8%)	21 (10%)
Mental Health Services	68 (34%)	73 (36%)	76 (38%)

Table 2.9: Family Variables - Never Employed
n=202

Variable	Time 1	Time 2	Time 3
Neither HS Diploma or GED	99 (49%)		93 (46%)
Yrs of Education $\bar{x}$	11.1		11.3
Marital Status			
Married	40 (20%)		52 (26%)
Separated	18 (9%)		22 (11%)
Widowed	5 (3%)		2 (1%)
Divorced	63 (31%)		57 (28%)
Dom. Partnership	21 (10%)		27 (13%)
Single	55 (27%)		42 (21%)
Partner is NOT supportive of you working	113 (56%)		20 (10%)
Pregnant	11 (5%)		13 (6%)
No. of children $\bar{x}$	2.1	2.1	2.2
Age youngest child $\bar{x}$	6.3		6.7

In addition to source of income, a concern for the Never employed group was personal and child well-being. Did the Never employed families find themselves in increasingly desperate circumstances, or did they fare reasonably well?

It is apparent that three major sources of income for the Never employed group were a) cash assistance, b) SSI, and c) income from a domestic partner or spouse. At the beginning of the study, only 4% of the Never employed respondents received income from cash assistance. This rose to 12% by the end of the study. At the beginning of the study, 30% of respondents reported being married or living with a partner. By the end of the study almost 40% were married or living with a partner. The percent of respondents receiving income from SSI increased from 16% to 23%.

Self-report of management of major responsibilities, Table 2.10, appears quite stable from Time 2 to Time 3. A limitation of this variable is that it does not establish a baseline, but only measures the respondent' perception of change. For this Never employed group, a report of an area staying the same may mean barely subsisting. However, it appears that most areas of life management did not get worse from Time 2 to Time 3. Only utilities and transportation were

reported as becoming worse. However, only physical health was reported as improving from Time 2 to Time 3, and by a very small percentage. Most categories of life management stayed the same over the course of the study period.

Table 2.10: Life Management Over Time - Never Employed
n=202

Variable		Time 2	Time 3
Housing	Improved	56 (28%)	56 (28%)
	Stayed the Same	103 (51%)	112 (55%)
	Became worse	43 (21%)	34 (17%)
Child Care	Improved	16 (8%)	11 (5%)
	Stayed the Same	157 (78%)	170 (84%)
	Became worse	28 (14%)	21 (10%)
Food	Improved	35 (17%)	24 (12%)
	Stayed the Same	115 (57%)	140 (69%)
	Became worse	52 (26%)	38 (19%)
Utilities	Improved	29 (14%)	14 (7%)
	Stayed the Same	110 (55%)	123 (61%)
	Became worse	63 (31%)	65 (32%)
Transportation	Improved	34 (17%)	32 (16%)
	Stayed the Same	129 (64%)	124 (61%)
	Became worse	39 (19%)	46 (23%)
Mental Health	Improved	50 (25%)	40 (20%)
	Stayed the Same	96 (48%)	115 (57%)
	Became worse	56 (28%)	47 (23%)
Physical Health	Improved	28 (14%)	31 (15%)
	Stayed the Same	102 (51%)	105 (52%)
	Became worse	72 (36%)	65 (32%)
Children's Well Being	Improved	60 (30%)	57 (28%)
	Stayed the Same	118 (58%)	131 (65%)
	Became worse	24 (12%)	13 (6%)

Another way to gauge the state of the Never employed group is to examine health and mental health over time. It is possible that not working could be related to increasing problems with mental or physical health. These results are seen in Table 2.11.

Table 2.11: Physical and Mental Health Over Time - Never Employed
n=202

Variable	Time 1	Time 2	Time 3
Physical Health			
Excellent/Good	39 (19%)	33 (16%)	34 (17%)
Fair/Poor	104 (52%)	99 (49%)	98 (49%)
Physical Disability or Health Problem	119 (59%)		124 (61%)
No Health Ins. for Self	98 (49%)		99 (49%)
No Health Ins. for Children	72 (36%)		69 (34%)
Anyone in Family Hospitalized since Last Interview		75 (37%)	64 (32%)
Generalized Anxiety Disorder*		26 (13%)	20 (10%)
PTSD	37 (18%)		27 (13%)
CES-D Depression*	140 (69%)		121 (60%)
DSM Depression*	130 (64%)		112 (55%)
Alcohol Abuse*	76 (38%)		31 (15%)
Drug Abuse*	66 (33%)		15 (7%)
Level of Self-esteem			
Low			3 (2%)
Medium			192 (95%)
High			6 (3%)
Level of Self-efficacy			
Low			16 (8%)
Medium			95 (47%)
High			88 (44%)

Change over time is significant at $p<.05$

It does not appear to be the case that increasing problems with health are related to non-work. The only category to increase over time was physical disability or health problem, and that increase was by only a small percent. The mental health categories of depression, alcohol abuse and drug abuse decreased over time at a significant rate. Although the overall percent of physical and mental health problems is very high in this population, there was not an increase of these problems over the course of the study.

Employment and Income Over Time by Employment Group

Table 2.12: Income and Employment Over Time by Employment Group

Variable	Time 1			Time 2			Time 3		
	Always n=237	Sometimes n=374	Never n=202	Always n=237	Sometimes n=374	Never n=202	Always n=237	Sometimes n=374	Never n=202
Employed Full or Part-Time	237(100%)	181(48%)	0 (0%)	237(100%)	177(47%)	0 (0%)	237(100%)	204(55%)	0 (0%)
Mns. At Current Job	9.9	5.9	0	13.1	6.4	0	17.8	8.1	0
Hours Worked per Week	33.8	31.9	0	33.9	31.9	0	34.7	31.9	0
Hourly Wage	$7.67	$7.76	0	$8.07	$7.27	0	$8.39	$7.48	0 (0%)
Total Mo. Unearned Income	$696.85	$664.00	$735.02	$649.43	$660.03	$724.02	$696.95	$701.05	$795.42
Total Mo. HH Income for Single Respondents (All Sources	$1791.14	$1155.00	$618.41	$1774.19	$1105.54	$598.70	$1823.39	$1181.69	$699.15
Total Mo. HH Income for Respondents with Partner (All Sources)				2137.41	$1609.54	$1197.68	2399.04	$2043.47	$1563.13
Total Mo. HH Income All Respondents (All Sources)				1922.85	$1342.48	$933.78	1981.27	$1430.55	$1037.04

Table 2.12 on the previous page, presents income and employment information for each of the work groups over time. Looking at the bottom row, comparing the three work groups on total monthly household income, it is obvious that the Always employed group has the highest income at both times for total monthly household income from all sources. The Always employed group also has the highest income at all times for single households and couples households. The income of all work groups improved over time.

The family group with the highest income at all times reported, was for respondents with a spouse or domestic partner. For each of the work groups – Never, Sometimes and Always – the monthly income of the respondents with a spouse or domestic partner was at least $350.00 more than the total monthly household income for single respondents. The difference in income between married/partnered respondents and single respondents was greater according to how much the respondent worked – the Always employed single respondents were relatively closer in income to their married/partnered counterparts than were the Sometimes and Never single respondents.

The Never employed group had the highest reported non-earned income at all three times. and non-earned income increased for the Never employed over the study period by over $71.00.

Economic Hardship Over Time by Work Group

To examine sources of economic hardship over time, the total sample was divided into three sub-groups – those who reported employment at all three interviews (n=237) , those who reported no work at all three interviews (n=202), and those who reported working at only one or two of the interviews (n=374). Examination at this level of specificity allows for testing of overall trends in hardship as well as comparison between groups. The results are seen in Table 2.13.

Although the Sometimes employed and the Never employed groups reported higher levels of economic hardship in almost all categories at almost all Times, the differences between groups at both times are significant only for the hardship indicators of electricity being disconnected, phone disconnection, medical care for children, clothing and affording balanced meals. For these categories, the Never employed and Sometimes employed groups reported far more problems than the Always employed group at both interviews.

The most problematic category for all respondents appears to be paying rent. Around half of respondents in all three work groups reported problems paying rent at Time 1. This issue decreased by 17% for the Always employed group by Time 3, but still remained problematic for a large percentage of the other two groups. The hardship indicator of having electricity turned off was significantly lower for the Always employed group than the other groups at Time 1. By Time 3 this indicator had decreased as a problem for the Always employed group by a slight margin, decreased for the Sometimes employed group by a larger percentage, and increased for the Never employed group. About one-third of the Never employed and Sometimes employed groups reported having their phone disconnected at both interviews.

Surprisingly, the Sometimes employed group saw the most improvement in report of hardship indicators over time. The Sometimes employed group reported an increase of problems only for having the phone disconnected and not being able to afford a doctor for themselves. They reported decrease over time in the areas of paying rent, having the electricity turned off, affording a doctor for their children, affording a dentist for themselves and their children, having adequate clothing, family hunger, and affording balanced meals.

Table 2.13 Economic Hardship Over Time by Work Group

Variable	Time 1			Time 3		
	Always n= 237	Sometimes n=374	Never n=202	Always n= 237	Sometimes n=374	Never n=202
Couldn't Pay Rent*	104 (44%)	177 (47%)	103 (51%)	65 (27%)	173 (46%)	85 (42%)
Problems with Housing	71 (30%)	13 (36%)	59 (29%)	75 (32%)	135 (36%)	70 (35%)
Electricity Turned Off**	19 (8%)	54 (14%)	27 (13%)	16 (7%)	41 (11%)	36 (18%)
Phone Disconnected**	53 (22%)	115(31%)	72 (36%)	53 (22%)	126 (34%)	68 (34%)
Couldn't Afford Doctor for Self	41 (17%)	83 (22%)	54 (27%)	45 (19%)	96 (26%)	57 (28%)
Couldn't Afford Doctor for Children**	17 (7%)	58 (16%)	34 (17%)	18 (8%)	47 (13%)	29 (14%)
Couldn't Afford Dentist for Self	36 (15%)	82 (22%)	42 (21%)	47 (20%)	78 (21%)	44 (22%)
Couldn't Afford Dentist for Children	27 (11%)	47 (13%)	33 (16%)	29 (12%)	66 (18%)	31 (15%)
Inadequate Clothing**	57 (24%)	119 (32%)	85 (42%)	33 (14%)	99 (27%)	47 (23%)
Anyone in Family Hungry*	51 (22%)	91 (24%)	58 (29%)	24 (10%)	65 (17%)	38 (19%)
Often Couldn't Afford Balanced Meals**	38 (16%)	86 (23%)	46 (23%)	27 (11%)	65 (17%)	27 (13%)

*Difference between Work Groups greater than p.05 at Time 3
**Difference between Work Groups greater than p.05 at Times 1 and 3

The Always employed group reported an increase in the hardship indicators of paying rent, and affording dental and medical care for themselves and their children. It is possible that either increased income over time or the possibility of an end to their receipt of transitional Medicaid, contributed to an end of subsidized dental and medical care for the employed group.

What is the state of family and personal health and mental health over time for the entire sample? Is change in these variables related to employment?

Table 2.14: Health and Mental Health Over Time
N=813

Variable	Time 1	Time 2	Time 3
Physical Health: Excellent/Good Fair/Poor	188 (23%) 356 (44%)	182 (22%) 348 (43%)	173 (21%) 544 (67%)
Physical Disability or Health Problem	426 (52%)		435 (54%)
No Health Ins. for Self**	310 (38%)		408 (50%)
No Health Ins. for Children**	220 (27%)		292 (36%)
Anyone in Family Hospitalized since Last Interview*		242 (30%)	202 (25%)
Generalized Anxiety Disorder**		90 (11%)	63 (8%)
PTSD*	103 (13%)		80 (10%)
CES-D Depression**	491 (60%)		424 (52%)
DSM Depression**	458 (56%)		371 (46%)
Alcohol Abuse			90 (11%)
Drug Abuse			47 (6%)

*Change over time is significant at $p < .05$
**Change over time is significant at $p < .01$

In Table 2.14 the examination of health and mental health over time for the entire sample shows general deterioration of physical health over time, and general improvement in mental health. The percentage of respondents reporting excellent or good health remained stable over time, but the percent reporting fair or poor health increased by 24% to a total of 67% reporting a physical disability or health problem at Time 3. There was a slight increase in the percentage reporting a physical disability or health problem, from 52% to 54%. Respondents reported increases in lack of health insurance for themselves and their children. Lack of health insurance for self saw the largest increase over time, from 38% to 50%. Lack of health insurance for children rose from 27% at Time 1 to 36% at Time 3.

Conversely, mental health improved over time, from the first interview to the last. Post traumatic stress disorder decreased by 3%, to 10% at Time 3. Depression decreased quite dramatically from 60% to 52% for the CES-D score, and from 56% scoring positively for depression on the DSM scale at Time 1 to 46% at Time 3.

Table 2.15: Health and Mental Health Over Time by Work Group

N=813

Variable	Time 1			Time 3		
	Always n= 237	**Sometimes n=374**	**Never n=202**	**Always n= 237**	**Sometimes n=374**	**Never n=202**
Physical Health***						
Excellent/Good	72 (30%)	77 (21%)	39 (19%)	75 (32%)	64 (17%)	34 (17%)
Fair/Poor	76 (32%)	176 (47%)	94 (52%)	78 (33%)	163 (44%)	98 (49%)
Physical Disability or Health Problem***	90 (38%)	217 (58%)	119 (59%)	98 (41%)	213 (57%)	124 (61%)
No Health Ins. for Self*	71 (30%)	141 (38%)	98 (49%)	106 (45%)	203 (54%)	99 (49%)
No Health Ins. for Children*	47 (20%)	101 (27%)	72 (36%)	74 (31%)	149 (40%)	69 (34%)
PTSD***	19 (8%)	47 (13%)	37 (18%)	11 (5%)	42 (11%)	27 (13%)
CES-D Depression***	114 (48%)	237 (63%)	140 (69%)	90 (38%)	213 (57%)	121 (60%)
DSM Depression***	115 (49%)	213 (57%)	130 (64%)	79 (33%)	180 (48%)	112 (55%)
Alcohol Abuse**	76 (32%)	144 (39%)	76 (38%)	18 (8%)	41 (11%)	31 (15%)
Drug Abuse**	66 (28%)	120 (32%)	66 (33%)	5 (2%)	27 (7%)	15 (7%)

*Difference between groups is significant at p. < .01 only at Time 1
**Difference between groups is significant at p. < .01 only at Time 3
***Difference between groups is significant at p. < .01at Time 1 and Time3

Improvement in mental health over time is a positive trend, and it is reassuring that respondents are improving. However, it is important to put these findings in perspective. Over half of the respondents scored positively for depression at Time 1 on the more rigorous DSM scale, and at the end of the study year, the figure was still close to half. This is compared to 9.5% in the total population. The sample of respondents in this study is a group for whom sever, persistent and long-standing barriers to employment remain one year post-closure.

The question remains of whether improvement is related to employment. In order to examine the role of employment in mental and physical health, the total sample was divided into three sub-groups – those who reported employment at all three interviews, those who reported no employment at all three interviews, and those who reported employment at some interviews, but not at others. Table 2.15 on the previous page presents these results.

Differences between groups are significant at both times for the variables physical health, physical disability/medical condition, PTSD, and the two depression measures. For each of those variables the Always employed group is significantly better off than the Sometimes and Never employed groups. Although physical and mental health appears to have improved over time for all groups, employment is related to health and mental health for this sample of respondents. Those with consistent employment had better health and mental health. There is no indication that employment was causal in relation to health, or that health permitted respondents to work. It is likely that the relationship between health and employment is recursive, or that there is a circular relationship where one variable both is caused by, and causes, the possibility of the other.

Is domestic violence related to employment? Increased income?

Of respondents with a partner, do those who were Never employed have a higher rate of recent domestic violence than those who worked? This question is important because it appears that among those who were Never employed, a common route to increased income was marriage or formation of a domestic partnership. Rather than assume the partnership occurred because of a positive life choice, it is important to explore the possibility that the partnership was based on critical need for income.

Table 2.16: Domestic Violence Over Time by Work Group
N=813

Domestic Violence in the last 12 Months	Always n=237	Sometimes n=374	Never n=202
Time 1 *	22 (9%)	64 (17%)	36 (18%)
Time 3 *	24 (10%)	55 (15%)	38 (19%)

*Difference between work groups is significant at $p < .05$

As shown in Table 2.16, the Never employed group reported the highest rate of domestic violence. Both the Sometimes and the Never employed groups reported significantly higher rates of domestic violence than did the Always employed group.

Although domestic violence may be related to a variety of conditions endemic to poverty, the higher level for marginally employed respondents leaves open the concern that respondents who are unable to find or maintain employment are seeking the protection of dubious partners.

What barriers are keeping people from employment? What barriers are consistently present among those who worked and those who did not work?

Following is an analysis of self-reported barriers to work over time by work group. Data for this discussion is found in Table 2.17 below.

The above question seems ill-stated. A better question, according to the above table would be: Which barriers are *not* associated with employment? Of the 21 barriers to employment, only 3 were not significantly related to employment. For all others, with the exception of Wages too low, the Never employed group and/or the Sometimes employed group reported a much higher level of barriers than did the Always employed group. The biggest difference between groups is found in the barriers Physical Disability/Medical Condition, Mental Health Problem, Lack of Education, Lack of Job Skills, Lack of Transportation and Choose to Stay Home. For each of these barriers, the difference in the percent of respondents reporting the barrier was over 20 points between the Always and the Never groups. There was slight change over time, but the large group differences remained for those barriers.

The barriers which were consistently related to employment can be categorized. The barriers of Lack of Education and Lack of Job Skills are human capital barriers, and represent lack of preparation by the respondent. Physical Disability/Medical Condition and Mental Health Problem are barriers which may require intervention by a medical or mental health specialist. Lack of Transportation is likely a problem of the lack of enough income to buy a car – contributing to a recursive problem of not being able to transport oneself to a job site where money can be earned to buy a car. Choosing to Stay Home is a barrier which is within the control of the recipient to change. Of course, the barriers may be intertwined with each other and relationships between barriers may be causal. Mental and physical health issues may contribute to lack of education and job skills, and vice versa, and all may contribute to a choice of staying home rather than face the daunting workplace.

How does child well-being change over time? Is it related to employment?

A potential concern, both for respondents who worked and those who did not work, is child well-being. If parents do not work because of physical, medical or other barriers, this may have an effect on the well-being of children. On the other hand, if parents are working, children may be left unattended or neglected. To examine child well-being over time, the following child-related variables were analyzed over time and reflected in Table 2.18 below.

The well-being of children over time for the entire sample is mixed. The number of children with physical disabilities decreased from the time of the first interview to the third. Hunger also significantly decreased from Time 1 to Time 2. These are positive indicators of both the ability of parents to work, and the success of either employment or subsidies to increase the amount of food to the family.

Table 2.17: Self-Reported Barriers

Self-Reported Variable	Time 1			Time 3		
	Always n= 237	Sometimes n=374	Never n=202	Always n= 237	Sometimes n=374	Never n=202
Children's Health/Behavior*	77 (33%)	124 (33%)	84 (42%)	70 (30%)	125 (33%)	83 (41%)
Alcohol/Drug Use*	6 (3%)	26 (7%)	14 (7%)	3 (1%)	14 (4%)	6 (3%)
Family Illness***	42 (8%)	8 (16%)	49 (24%)	25 (11%)	68 (18%)	42 (21%)
Homelessness*	1 (<1%)	16 (4%)	16 (8%)	2 (1%)	16 (4%)	7 (4%)
Difficulty Reading/Writing***	28 (12%)	47 (13%)	44 (22%)	2 (1%)	47 (13%)	36 (18%)
Physical Disability/Med Condition***	83 (35%)	204 (55%)	108 (54%)	92 (39%)	203 (54%)	116 (57%)
Mental Health Issue***	53 (22%)	162 (43%)	101 (50%)	65 (27%)	174 (47%)	99 (49%)
Caring for Elderly Rel.	14 (6%)	26 (7%)	14 (7%)	14 (6%)	23 (6%)	15 (7%)
Lack of Education***	84 (35%)	170 (46%)	114 (56%)	82 (35%)	169 (45%)	114 (56%)
Lack of Job Skills***	81 (34%)	174 (47%)	110 (55%)	62 (26%)	149 (40%)	104 (52%)
Criminal Record***	40 (17%)	96 (26%)	49 (24%)	25 (11%)	79 (21%)	35 (17%)
Partner Objects***	3 (1%)	15 (4%)	14 (7%)	2 (1%)	9 (2%)	13 (6%)
Wages too low**	141 (60%)	209 (56%)	101 (50%)	125 (53%)	207 (55%)	84 (42%)
Caring for an infant***	25 (11%)	57 (15%)	40 (20%)	8 (3%)	38 (10%)	33 (16%)
More than 3 kids at home	38 (16%)	61 (16%)	34 (17%)	38 (16%)	61 (16%)	34 (17%)
Language Barrier	17 (1%)	13 (4%)	11 (5%)	13 (6%)	13 (4%)	9 (5%)
Lack Transportation***	58 (25%)	158 (42%)	123 (61%)	32 (14%)	156 (42%)	105 (52%)
No good jobs available**	95 (40%)	175 (47%)	99 (49%)	91 (38%)	199 (53%)	10 (52%)
Loss of medical coverage if employed**	57 (24%)	117 (31%)	59 (29%)	42 (18%)	97 (26%)	52 (26%)
No child care assist.***	45 (19%)	119 (32%)	74 (37%)	31 (13%)	93 (25%)	62 (31%)
Choose to stay home***	19 (8%)	77 (21%)	67 (33%)	2 (1%)	58 (16%)	64 (32%)

*Difference between groups significant at p. < .05 at Time 1 only
**Difference between groups significant at p. < .05 at Time 3 only
***Difference between groups significant at p. < .05 at Time 1and Time 3

Table 2.18: Child Well-being Over Time
N = 813

Child Variable	Time 1	Time 2	Time 3
In past yr, child left to live elsewhere		110 (14%)	131 (16%)
Any child left home alone regularly*	177 (22%)		205 (25%)
CPS referral EVER	411 (51%)		
CPS referral since last interview		95 (12%)	82 (10%)
Child Care negatively affected by Case Closure	69 (9%)		
Child Care Problems since Last Interview		120 (15%)	88 (11%)
Child without medical care	109 (13%)		94 (12%)
Child without dental care	107 (13%)		126 (16%)
Child without health insurance**	220 (27%)		292 (36%)
Someone in family was hungry**	200 (25%)		127 (16%)
Clinical behavior problem**	149 (18%)		189 (23%)
Child with physical disability*	249 (31%)		223 (27%)

*Difference in change over time is significant at $p < .05$
**Difference in change over time is significant at $p < .01$

On the other hand, some child-related problems increased over time. The number of families with children left home alone on a regular basis increased to a disturbing 25%. The increase in the number of families whose children have no medical insurance is also an alarming trend. Perhaps most distressing is the significant increase in the number of children with severe behavior problems. At the end of the study, almost one-quarter of families reported a child with a score on the Child Behavior Checklist indicating a serious behavior problem.

The next question is whether change in child-related variables is related to parent's employment. In order to assess the relationship between employment and child well-being, child-related variables were examined by work groups, over time. See Table 2.19 below.

All variables except hunger were significantly different by work groups. However, there are some surprising findings regarding the direction of the differences. At Time 1, the Always employed group had the highest percent of children with clinical behavior problems. The direction of this difference changed at Time 3, when the Never employed group had a slightly higher percent of Child Behavior Problems. The Always employed group left their children home alone significantly more often than the other groups at both interviews.

Table 2.19: Child Variables Over Time - by Work Group

Child Variable	Time 1 (or Time 2 if no Time 1)			Time 3		
	Always n= 237	Sometimes n=374	Never n=202	Always n= 237	Sometimes n=374	Never n=202
In past yr, child left to live elsewhere*	26 (11%)	55 (15%)	29 (14%)	36 (15%)	59 (16%)	36 (18%)
Child left home alone regularly**	68 (29%)	73 (20%)	36 (18%)	66 (28%)	96 (26%)	43 (21%)
CPS referral since last interview**	19 (8%)	43 (12%)	19 (9%)	18 (8%)	45 (12%)	23 (11%)
Child Care negatively affected by Case Closure*	35 (15%)	57 (15%)	28 (14%)	17 (7%)	50 (13%)	21 (10%)
Child without medical care**	17 (7%)	58 (16%)	34 (17%)	18 (7%)	47 (13%)	29 (14%)
Child without dental care**	27 (11%)	47 (13%)	33 (16%)	29 (12%)	66 (18%)	31 (15%)
Child without health insurance**	47 (20%)	101 (27%)	72 (36%)	74 (31%)	149 (40%)	69 (34%)
Someone in family was hungry	51 (22%)	91 (24%)	58 (29%)	24 (10%)	65 (17%)	38 (19%)
Clinical behavior problem**	49 (21%)	63 (17%)	37 (18%)	48 (20%)	89 (24%)	52 (26%)
child with physical disability**	60 (25%)	116 (31%)	73 (36%)	53 (22%)	97 (26%)	73 (36%)

*Difference between groups significant at p. < .05 at Time 1
**Difference between groups significant at p. < .05 at Time 1and Time 3

The Sometimes employed group showed the highest percentage of child-related problems at Time 1 for Child Left to Live Elsewhere and at both interviews for CPS Referral. The Never employed group had a higher percent of Children without medical or dental care, children without insurance and children with physical disabilities.

Based on the above data, it is difficult to draw definite conclusions regarding the relationship between work and child well being. Steady employment appears to be associated with child problems, as does sporadic and non-employment. More research in this area is clearly needed.

Longitudinal Study -- Summary and Conclusions

Those who did not work reported significantly more, and more serious barriers to employment than the other groups. For the Never employed group, the main avenues toward higher household income were a) the formation of a partnership, b) income from social security, or c) continued reliance on cash assistance. Of particular concern for this group is the finding that domestic violence is present more often for leavers who do not work. It is possible that multiple-barriered respondents who cannot find or maintain employment, are seeking marriage or a partnership out of desperation. Practically speaking, if they remain in violent relationships out of economic necessity, they and their children may require more resources in the long run than if they had remained on cash assistance. On an emotional level, the thought of single mothers with young children seeking shelter with an abusive mate for survival purposes is truly tragic.

Child behavior does not seem to be related to employment. The Always employed respondents had almost as many problems with regard to the child well-being variables as did the Sometimes and Never Employed groups. The Always employed group left their children home alone significantly more often than did the other two groups. The children of the Always employed respondents had a significantly higher rate of severe behavior problems at Time 1, and the percent of behavior problems for the Always employed group decreased by only 1% at Time 3. It is apparent that child well-being overall is not related to employment, but that employed and not employed respondents have different areas of child well-being which are problematic.

Findings from this longitudinal study regarding employment and income are contradictory. Employment is the main route toward higher income and family stability, yet employment is elusive, low-paying and often without health benefits. For those 237 respondents who reported employment at all three interviews, income was clearly higher. Total monthly household income for the Always employed group was almost $600.00 more than was reported for the Sometimes employed group, and almost $1000.00 more than the Never employed group. The differences remained stable at Time 3.

But, despite the relatively higher income of the Always employed, this group was still very poor. The average monthly wage for the Always employed group at the end of the study was $8.39. Almost 25% of the Always employed group reported income below the federal poverty threshold at the end of the study. And the Always employed group reported increases over time in several areas of economic hardship, including paying rent and affording medical and

dental care for themselves and their children.

The relative success of the Always employed groups is heartening, and leads to the conclusion that continuing the policy of encouraging work for FEP participants is beneficial. However, because of the extreme poverty of working respondents at the end of the study period, it appears that employment is not the total solution. These families are still struggling financially, and with health, mental health and child behavior problems. If they no longer have the option of cash assistance, they must have access to community and government resources which can help them with basic subsistence items during times of decreased income. They may also need on-going support for medical and behavioral issues for themselves and their children.

'Against the Odds' - Success Study

Introduction

Recently, a number of studies have discussed the impact of welfare reform on current welfare recipients. Some of these studies have followed welfare "leavers" to determine how they have survived these policy changes. Yet currently, there has been little done to look at individuals who are not only surviving, but thriving during the current overhaul of "welfare as we know it." By ignoring these individuals and failing to discover what has helped them be "successful" in their transition from welfare to work, very important information is lost. This information can and should instruct policy, as well as guide interaction with recipients to facilitate and promote these important qualities in people. Discovering these qualities, however, is no easy task.

Our challenge began with defining "success" in the transition from welfare to work. This definition emerged as the Department of Workforce Service (DWS) definition, our definition and ultimately the former recipient's definition were defined. Utilizing the data collected by the larger Multiple Barrier study, and through in-depth interviews with the 20 former welfare recipients deemed 'success' cases, evidence was collected showing the differences and similarities between these 20 respondents and their counterparts. The quantified similarities and differences, as well as the respondent's own words have offered insight into what moves some individuals toward success where others struggle and possibly fail.

METHODS

Sampling Method

In deciding which respondents had been "successful" in the transition from welfare to work, it was necessary to create a working definition of the term 'success.' For DWS, 'success' in this transition is defined as "employment and permanent case closure." (Utah-DWS, F.A. Manual p.105) Respondents each had a unique definition all relating somehow to how life was improving. In reviewing the research and with the Department and respondents' perception in mind, three characteristics that would be used to define 'success' were chosen. A respondent would be considered successful if:

1) the respondent was employed part or full time at the 6 month interview; and

2) household income (including: earned income by the respondent & partner, food stamps, housing assistance, child care funding, child support, SSI and any other regular monthly income) was at or above the federal poverty threshold in the initial interview; and

3) the respondent reported at the 6 month interview that life in general was "the same," or "better" than at the initial interview.

In addition, respondents who were not only doing well, but who had also overcome, or started to overcome significant barriers to self-sufficiency were added. In other words, these participants had succeeded "against the odds." To insure that our 'success' cases weren't just respondents who came into the program with few problems, a fourth criterion was added. To determine this criterion, data collected in the initial interview was used. Barriers reported by each respondent in the sample (N=211) were examined. The fourth criterion was met if:

> 4) the respondent indicated he/she had at least 3 of the following 10 barriers to employment: mental health issues, physical health issues, lack of education, poor work history, severe domestic violence, drug abuse, alcohol abuse, physical health problems of a child, severe child behavior problems, and involvement with child protective services. (See technical definitions of these terms on pages 1.22 - 1.28.)

The sample source for the "against the odds" portion of the study came from the first 211 respondents who completed the 6 month interview. This group represented long-term (36+ months) former welfare recipients whose cases had been closed between 8 – 14 months. Sampling criteria were assessed using data collected in both the initial interview and 6 month instrument completed by each of the 211 respondents. Among these 211 respondents, 26 met all four 'success' criteria.

Although it was sometimes difficult to locate respondents in the larger study , contacting and interviewing the 'success' cases was completed with relative ease. As was noted in the longitudinal study, the response rate increased each time an attempt was made to contact study participants. Everyone with whom contact was made completed the interview. A total of 20 respondents were interviewed in what will be referred to throughout this report as the 'success' interview. Each interview was conducted in the respondent's home, and he/she received a $20.00 stipend. The protocol for contacting the respondents was similar to the one set by the larger Multiple Barrier study. The first attempt to contact the respondent was through a letter, providing information about the qualitative interview and asking her/him to participate. Our second attempt to contact the potential respondents was by phone. Out of 20 completed interviews, only one respondent was not contacted by phone, but through an unannounced home visit. It was relatively easy to make contact and schedule the interviews despite long distances and challenging schedules.

Data Collection

The'success' survey used flexible, open-ended questions, which allowed the respondent to tell his or her story. Each interview was guided by a specific list of open-ended questions that addressed many different areas of the person's life. This format provided an atmosphere for gathering important qualitative information and to discuss 'success' in the person's life. The interviewer encouraged the respondent to discuss and explain his/her success, and identify resources that had been helpful. The interviews were tape recorded with the utmost care given to ensure confidentiality.

The survey questions were structured both to give a backbone to the interview and to allow for flexibility. For example, when the respondent revealed pertinent yet unsolicited information, the interviewer had the flexibility to probe deeper by asking additional questions.

Because of the nature of this research, it was not likely that every respondent would delve deeply into the same topics. The structure of the interview assisted those who were willing to discuss uncharted topics to do so. This approach allowed the researcher to better understand the unique aspects of each respondent's experience. As a result, the data cover a broad range of topics with many overlapping similarities, which made for complex and intriguing data analysis.

The qualitative data collected through these 20 interviews was augmented with quantitative data collected by the larger SRI study for both comparative and longitudinal analysis. Data from the initial interviews and 6 month interviews for all of the 211 in the total sample was used. For comparison purposes the total sample (211) for this portion will be broken down into two groups. The "success" group represents the twenty who met the criteria and completed the 'success' interview. The "sample" represents the remainder of the total sample. The Success interview was typically completed between the 6 month and 12 month interviews. In cases where the data from the initial interview, 6 month, or 12 month interviews are used, it will be noted. The following chart describes the sample size for each data set, as it changes longitudinally.

Table 3.1: Composition of Sample

Interview	"Success" Group	"Sample" Group	Total Sample
Initial	n = 20	n = 191	N = 211
6 month	n = 20	n = 191	N = 211
12 month	n = 19	n = 165	N = 185

Data Analysis

Qualitative data, gathered through the 'success' interviews were analyzed utilizing the Atlas-ti program. (For details see: www.atlasti.com) The quantitative data, gathered through the regular interviews of the larger SRI study, was analyzed utilizing SPSS (see www.spss.com). The later provided a longitudinal view reflecting both change and consistency over time. The high response rates allowed us to access longitudinal information about the entire sample, which enabled us to compare the 20 'success' respondents with the remaining sample.

Why are comparison and longitudinal information so important to this portion of the study? Much can be learned by comparing the 20 'success' respondents with their respective peers. For example, recognizing the numbers and types of barriers faced by the entire sample verses those in the 'success' category allowed us to see which barriers were more readily overcome and what resources had been beneficial. Comparative data also allowed us to see how the 'success' group differed from the whole sample. These differences could then impact policy decisions affecting those with specific barriers to employment and other needs. Utilizing comparative data also painted a picture of the 'success' respondents in contrast to their peers.

The longitudinal information is helpful in seeing how 'success' plays out over time for those in the 'success' sample - as well as for those in the remaining sample. An example of the

discovery process was found with one of the individuals interviewed in the 'success' sample. By comparing her 4 interviews, it is apparent that she has become more successful over time. Her use of government resources has been reduced as her employment opportunities and income have increased. Subsequently it seems her self-esteem has risen, her perception of her life has become more positive and by the time she completed the 12- month interview, she reported doing well both financially and psychologically. This type of attitude and achievement was not evident in the first or even second interview. It began to surface somewhat in the 'success' interview, and then was most evident by her 12 month follow-up.

Probably the most important factor in answering the research question, how does one transition from welfare to work successfully, is asking the respondent themselves. Using their own words, and hearing their individual stories is imperative to understand how they define success in their lives. The first important question being answered by this data is how the respondent see themselves as successful and what has helped them reach success. Also discovered were common supports/programs that have been helpful to respondents, as well as the things that have not been helpful or have even been hurtful to the respondent. Also, the respondents answered specific questions about their experiences with the Department and their case workers and gave insight into what a case worker either did, or might have done, to better assist them.

FINDINGS: SUCCESS SAMPLE

Through quantitative data analysis, using the 3 interviews collected by the larger study, it became obvious that the 'success' group is *not* fundamentally different from the rest of the sample as far as demographics and other criteria are concerned. This suggests that there is something dynamically different about this group - and that the differences don't lie in areas that are more stable, such as age or race, or even religious affiliation or level of education. As these similarities and differences are better understood, it is easier to determine what is helping and hindering former recipients in their transition from welfare to work.

Comparisons were made to see how the 'success' people and the remaining sample were similar and how they differed, using the larger study survey data. It was also discovered, through the respondents own words, ways that the 'success' group is "making it", while others may not.

The quantitative data gathered through the larger study's interviews are helpful in understanding how the 'success' group differs in measurable ways from the rest of the 'sample.' At the outset of this research, it was wondered if someone who is 'successful' in transitioning from welfare to work might have some qualities or personal assets that would not be easily measured by quantitative analysis and questioning. The purpose of the qualitative interviews was to try and glean insight into the personalities and characteristics of the "successful" individuals to find out what has helped them move forward in this difficult transition.

When interviewing the 'success' candidates, it was essential to be open to whatever explanation they offered as their "secret to success", in the hopes of finding ways to search for and nurture these same qualities in others struggling to take the same path. What was found proved to be as diverse as the respondents themselves and above all, profound. An attempt will be made to present their experiences and opinions, often using their words. The following topics

will be discussed, using data collected in the success interviews, and augmented by the quantitative data; basic demographics, resources used, mental health, barriers, family, finances/employment, self-esteem, physical health, experiences with DWS and caseworkers, spirituality, and keys to success. At the end will be an inspiring vignette depicting a truly 'successful' individual and his amazing journey.

Demographics:

The mean age for members of both the 'success' and 'sample' groups is 36.4 years old. The groups had very similar backgrounds as far as marital status, gender, race, religion, and education - including level, type and involvement in recent schooling endeavors. Respondents in both groups have a similar number of children at home; the 'sample' had an average of 2.2 children, while the 'success' group had an average of 2.7 children. Though the numbers are close, the difference is statistically significant ($p<.05$). The total number of months the respondent received cash assistance was also similar for both groups - averaging around 80 months.

Table 3.2: Demographics - 12 month data

Measure	**Sample n = 165**	**Success n = 19**
Age	36.4 yrs	36.4 yrs
Race - Caucasian	114 (69%)	15 (79%)
African American	3 (2%)	1 (5%)
Hispanic	30 (18%)	2 (11%)
Native American	5 (3%)	1 (5%)
Other	8 (5%)	0 (0%)
Gender: Male	8 (5%)	2 (11%)
Female	157 (95%)	17 (90%)
Level of Education:		
HS diploma	76 (46%)	9 (47%)
GED	38 (23%)	2 (11%)
Neither	53 (32%)	8 (42%)
Religious membership	119 (72%)	16 (84%)
# of Children at home*	2.2	2.7
Total # of months on assistance:	79.8	80.8

*$p<.05$

In the more dynamic elements of life (Table 3.3), there are again many areas where the 'success' and 'sample' groups are similar. For example, *family involvement in a crisis situation* and *self or familial hospitalization* in the past 6 months was the same for both groups. *Police involvement* or *involvement with the legal system* however, was significantly higher for the 'success' group in the past 6 months. One of the reasons given by the 'success' group for this involvement was their children being in trouble. The children's three main reasons for being involved with the police were shoplifting charges, truancy, and fighting. In addition, two respondents were battling for custody of their children in the courts, another was robbed, while another had a domestic violence situation with her daughter.

Table 3.3: Life Situations - 12 month data

Measure: In the past 12 months have you....	**'Sample'** **n = 165**	**'Success'** **n = 19**
...been involved in a crisis situation	46 (28%)	7 (37%)
...been involvement with Police**	53 (32%)	10 (53%)
...been hospitalized	45 (27%)	4 (21%)
...been involved with CPS investigation	20 (12%)	0 (0%)
Seen improvement in the following areas:		
Child Care	15 (9%)	1 (5%)
Food	25 (15%)	4 (21%)
Utilities	18 (11%)	4 (21%)
Transportation	38 (23%)	2 (11%)
Mental Health	35 (21%)	5 (26%)
Physical Health	26 (16%)	2 (11%)
Children's well-being	48 (29%)	6 (32%)
Reported additional area of improvement	64 (39%)	8 (42%)
Reported additional area that became worse	45 (27%)	5 (26%)
Current Activities:		
Employed Full Time*	48 (29%)	14 (74%)
Employed Part Time	36 (22%)	1 (5%)
Staying Home w/ children	64 (39%)	7 (37%)
Job Searching	21 (13%)	2 (11%)
Going to school	15 (9%)	1 (5%)
Job Training	3 (2%)	1 (5%)
Other **	30 (18%)	0 (0%)

* $p<.001$ ** $p<.05$

In the last 12 months, none of the 'success' respondents had been investigated by CPS, whereas 11% of the remaining 'sample' had CPS involvement. When an examination is made of how respondents are faring in certain aspects of their lives (the same, better or worse) the groups

responded similarly in the following areas; child care, food, utilities, transportation, mental health, physical health, and children's well-being. Both groups had similar results regarding any other areas of life that had improved or gotten worse.

Similar proportions of each group were involved in activities such as staying home, job searching and going to school. Some respondents were recovering from surgery, injuries or involved in some type of rehabilitation services, while others were incarcerated. When activities such as these were the primary activity, the respondent would answer the 'other' category to the question of "what are you currently doing?" In the 12 month data, 18% of the 'sample' answered 'other', compared to none of the 'success' group. In the 6 month data, this difference was statistically significant as 29% of the 'sample' group and 5% of the 'success' group marked 'other.' ($p<.05$) Typically when the 'other' category is marked, it refers to a negative life situation such as recovery from illness or some other emotionally or physically problematic situation . It would seem that a portion of the 'sample' sees this as a significant part of what they are doing. It seems the 'success' group does not have these situations to deal with or they do not identify them as a current life activity.

Use of Resources

As in other areas, there were many similarities between the 'sample' and 'success' groups.
In the 12 month interview, respondents in both groups reported similar levels of use for the following resources; public housing, Section 8, CHIP, HEAT assistance, food stamps, Medicaid, SSI, WIC, child care, and child support. There were also similar rates of use for drug and alcohol treatment, help from churches, mental health resources, FACT, food banks, thrift stores and homeless shelters. There were differences however, between groups in the 6 month data. Paying attention to them may help us understand how the 'success' group was able to be employed at a much higher rate than the 'sample' at that time. In the 6 month data, there were significant differences between groups in the use of food banks, mental health treatment, and child care.

Food Banks: Nearly half (44%) of the 'sample' group used food banks, compared to just 20% of 'success' group ($p<.05$). In the 12 month follow-up, the use of food banks had gone down only slightly for the 'sample' and risen slightly for the 'success' group. This difference approaches statistical significance. Whether this difference is due to the dollar amount of food stamps received by the 'success' group or if it is because they are using income to purchase food, they were less likely to use food banks to augment their monthly food source than the 'sample' group.

Mental Health: The 6 month survey shows that 55% of the 'success' group used mental health resources while only 30% of the 'sample' used them ($p<.05$). The Success interviews also revealed their reliance on mental health services and support. The similar level of usage at the time of the 12 month interview may be indicative of 'success' respondents completing treatment, possibly due to improvements in mental health.

Child Care: Thirteen percent (13%) of the 'sample' at the 6 month interview utilized childcare, while 35% of 'success' people had childcare ($p<.01$). Also, in that same interview,

when asked whether their child care situation had improved or gotten worse since their first interview, 20% of the 'sample' and 45% of the 'success' answered that it had improved. This difference is also statistically significant. ($p<.01$) The availability of child care is certainly a factor in how the 'success' group reached its 100% employment rate at the time of the 6 month interview.

Multiple studies have shown that access to quality child care is a challenge for many individuals making this transition, and yet it is vital to a successful transition from welfare to work. (U.C.Berkeley and Yale, Feb. 2000 also, Hofferth, S. L. 1990)

Table 3.4: Resources - 6 month data

Measure	**'Sample' n = 191**	**'Success' n = 20**
Use of food banks **	84 (44 %)	4 (20 %)
Use of Mental Health Services **	57 (30 %)	11 (55 %)
Use of Child Care *	25 (13 %)	7 (35 %)
Improvement Child care situation *	38 (20 %)	9 (45 %)

* $p<.01$ **$p<.05$

When looking at the differences between the two groups' use of mental health resources, one might wonder if there were different levels of mental health issues to begin with. However, there are no statistical significant differences between the two groups as far as type and frequency of mental health issues. When calculating the cluster barrier for mental health issues, it was found that 75 % of the 'sample' group and 74 % of the 'success' group meet the criteria for having the cluster barrier – mental health. The one difference was that the 'sample' group had

Table 3.5: Mental Health

Measure	**Initial 'sample'**	**Initial 'success'**	**12 Month 'sample'**	**12 Month 'success'**
Depression	98 (51%)	14 (70%)	75 (46%)	10 (53%)
PTSD	37 (26%)	5 (36%)	21 (13%)	2 (11%)
Anxiety	--	--	20 (12%)	0 (0%)
Serious Domestic Violence in lifetime	158 (83%)	18 (90%)	126 (76%)	14 (74%)
Serious Domestic Violence in the past year	32 (17%)	4 (20%)	24 (15%)	1 (5%)

more anxiety and more symptoms of depression, according to the CES–D scale in the 12 month data. Table 3.5 above shows the levels of Post-Traumatic Stress Disorder (PTSD), depression and anxiety for each group over time. Included is the occurrence of domestic violence in the

respondent's lifetime and in the past 12 months. Important to note, a lower percentage of both groups reported symptoms of depression, PTSD, and Domestic Violence in their 12 month interview.

Both groups reported similar levels of mental health problems, yet the 'success' group has somehow been able to gain access to support services and mental health resources such as therapeutic and medicinal interventions. The 'success' group discussed some of the resources they used to deal with their life stresses and depression, including therapy and anti-depressant medication. The therapy often has been used to address past abuse issues, ranging from previous domestic violence relationships to child abuse and neglect. One respondent, when asked how she worked through her depression said she used "a lot of medication, a lot of therapy, a lot of soul searching, a lot of stubbornness and determination to get through it." Those in the success group who have struggled with drug and alcohol abuse in their lives all speak very highly of the help that Cocaine/Narcotics and Alcohol Anonymous groups and sponsors have provided in their lives. One woman described the people she has met in her Cocaine Anonymous group as "my brothers and sisters – I'm closer to them than I am with my sisters at times." Each of the respondents who has utilized this service has maintained contact with their support groups and sponsors for years after becoming clean. One respondent, when asked what made her really proud said " I've had two people ask me to be their sponsor." Therapists and support groups are by far the preferred way of dealing with mental health issues for these 'success' respondents.

Housing: Though both groups utilized the same types of government assistance for housing, their subjective view of their housing situation seemed to fluctuate longitudinally. In the 6 month data, 50% of the 'success' group said their housing situation had improved in the past 6 months, while only 23% of the 'sample' group saw improvement ($p = .01$). They also saw a significant improvement in their utilities ('sample' - 34% and 'success' - 40%; ($p<.01$). However, in the 12 month study, 43% of the 'success' group viewed their housing situation in the months since their 6 month interview as "becoming worse." Only 18% of the 'sample' group claimed this same problem ($p<.05$).

What might explain this shift in attitude toward housing for the 'success' group? The responses of the 8 'success' candidates who reported their housing situation worsening, suggest diverse reasons. For example, one respondent no longer received rent assistance because her

Table 3.6: Housing

Measure – 6 Month Data	**6 month data**		**12 month data**	
	Sample n = 191	**Success n = 20**	**Sample n= 165**	**Success n = 19**
Housing Improved*	44 (23%)	10 (50%)	43 (26%)	5 (26%)
Housing Got Worse*	53 (28%)	1 (5%)	29 (18%)	8 (43%)
Utilities Improved*	27 (14%)	8 (40%)	18 (11%)	4 (21%)

*$p<.01$

income was too high, and saw this as having a negative impact on her housing situation. Another said her rent went up $200 making it too costly for her to stay in her rental house. She reported
having to move to a less desirable apartment and neighborhood and consequently feeling her housing situation was worse. Two respondents said there were times, often between jobs, where they would fall behind and be unable to pay rent. Two others live with family members and do not feel it is a positive situation. One said her mother, who was her main source for childcare for a young infant, had died. This made it more difficult to maintain employment and paying rent more challenging. One said that her landlady did not like teenagers and refused to renew her lease. Another said that she is receiving rent assistance, but her rent is still $800 and hard to afford.

In the 12 month data, respondents were asked if there was a time in the past 6 months when they could not afford their rent. Nearly half of both groups (43% -'sample'; 47% - 'success') responded "yes". This is another piece of evidence that shows the fluctuating nature of maintaining housing and that it is a challenge for many making the transition from welfare to work.

In addition to the pertinent statistics, respondents offered stories of personal experiences that contribute to our understanding of their use of resources. In the success interviews, respondents spoke of several resources that were especially helpful in their transition from welfare to work. These include education programs, reliable child care, Medicaid, and Cocaine Anonymous /Narcotics Anonymous support groups. Emotional and often financial support from family and friends was also deemed extremely important. In relation to their caseworkers, many of the respondents said that helpful experiences included receiving information and tangible resources, and, almost without exception, also feeling respected by a "caring" worker who treated them as "human" or as an individual.

'Success' respondents gave us a glimpse into what resources enabled this group to maintain employment and income above poverty. Two respondents were living in public housing, 6 received Section 8 housing assistance, averaging $422 a month for that service. Two more were using CHIP for their children's health insurance needs and 6 utilized HEAT assistance. Eleven used Food stamps, averaging $217 a month for the service, and the majority of the group,15, were receiving Medicaid. Three were on SSI (avg. $411/ month), 5 used WIC, 7 received child care assistance (avg. $591/month) and 7 were receiving child support (avg. $233/month). Overall, this group had access to and used a variety of assistance programs to augment their incomes and support their families.

When asked if they had any needs that were unmet while still on assistance, the answers mainly involved not having enough money to pay for things that the resources did not cover. For example – paying for gas for a car, the phone bill, paying to license and register a car, much needed dental care for children, clothing, diapers, and new tires for the car. This is unlike some of the more fragile former recipients, who are struggling to pay for basic essentials like housing or food. Two individuals felt that the amount they received for food stamps was not enough to cover their needs, and one specifically said her unmet needs were due to the uncaring interaction she had with her DWS caseworker.

Some in the 'success' group reported that they did not need any government resources because their income, or the family's combined income met their basic needs. Five individuals reported that they were not using any type of government assistance. Most of them expressed pride in being "off the system" and having to rely on themselves. One respondent, when asked if she was utilizing any state assistance replied "No, – I'm CLEAN!!"

Barriers: Type, Number and Impact

If one asked a DWS caseworker "what differences would you see between a successful transitioning customer and a non-successful customer?", the answers would probably include the impact of barriers to employment faced by the individual. Logic would suggest that those with the most difficult barriers and the largest number of barriers would do the most poorly. Of course, assessing and addressing barriers to employment is essential to success in this fragile transition. Facing one barrier could make things difficult, but the compounded effect of multiple barriers can be devastating.

National research on barriers to employment show that common barriers that make work difficult include physical disabilities and/or health limitations, mental health problems, health or behavioral problems of children, substance abuse, domestic violence, involvement with the child welfare system, housing instability, and basic skills and learning disabilities (Pavetti,1996). Each of these types of barriers was addressed in the instruments used in the larger study, some issues were addressed in several ways.

Recall that in selecting the 'success' or 'against the odds' group, the 4th criteria was the presence of 3 or more of the 10 cluster barriers. Measurement of the presence of these barriers was generally through a screening tool or set of questions. The purpose was to look at those who had overcome, or were in the process of overcoming, significant barriers to employment. Again, there were not many differences in the type and number of barriers faced by the 'sample' and 'success' groups. This is strong evidence that it is not only the number of barriers that thwarts one's efforts to become successful, but other factors come into play – such as resources to deal with the barrier as well as attitudes about the barrier.

Self-Reported Barriers

To gain the respondent's perspective, they were asked *their* opinion about what barriers they face. When the respondent indicated that a particular barrier was present, they were asked if the barrier *prevents work, affects work, or doesn't affect work.* In this way the respondent was able to share their personal assessment of the degree to which the barrier affected their ability to find and keep work. When analyzing the self-reported barrier responses very few differences were found regarding the type and number of barriers facing the 'sample' and 'success' groups. However, significant differences reflected in the respondent's *attitude* toward the barrier's affect on their ability to work and maintain employment were found.

In viewing the data from the Initial Interview, it was discovered that the 'sample' self-reported an average of 5 barriers to self-sufficiency per respondent, and the 'success' group reported 6 barriers. In reviewing the individual barriers, the 'success' group had a higher occurrence of family illness, caring for an infant and having 3 or more children at home. All the

other barriers were comparable for both groups and thus not noted here. This indicates that in the initial contact, the 'success' group faced slightly more barriers than the 'sample' group.

When asked if these barriers *prevent, affect, or don't affect work*, the answers were surprising. For example, 5% of the 'sample' group cited *Caring for an Elderly Relative* as a barrier to employment that they face. More than half (55%) of those saw this barrier as having an affect on their work. Of the 10 % of the 'success' group who also have this barrier, 100% said that this barrier did not affect their work. Again, 36% of the 'sample' and 30% of the 'success' group cited mental health as a barrier. Yet, 38% of the 'sample' who have this barrier said that it prevents work, while none of the 'success' group felt it prevented work. In the 'success' group, 33% said that their mental health situation doesn't affect work, with the remaining 67% reporting that it affects their work. Another strong example is the perception of lack of child care as a barrier. Here, 17% of the 'sample' and 15% of the 'success' group have this barrier while 53% of those from the 'sample' with this barrier said it prevents them from working, none of the 'success' respondents indicated that lack of child care prevents work. This difference in attitude toward or perception of their barriers is consistent throughout the 6 month data.

The most interesting data concerning barriers is found in the self-report of these two groups in the final 12 month interview. *Children's health and behavior problems* were more often a problem for the 'success' group than the 'sample.' However, they viewed the barrier's effect on their work similarly. *Family illness* was viewed as preventing work for the 'sample' group and seemed to be less of a problem for the 'success' group in regards to their ability to work. Again, comparable percentages of both groups face this barrier. *Physical disability or a medical condition* as a barrier is also similar for both groups.

There was a significant difference in the effect of the following four barriers on both groups: *mental health* is a barrier for 35% of the 'sample' and 42% of the 'success' group. The majority (89%) of the 'sample' with a mental health situation view this barrier as preventing or affecting work, whereas 50% of the 'success' individuals affected by mental health feel that it prevents or affects their work. Regarding the two barriers, *Wages Too Low* and *Lack of Good Jobs Available*, the 'success' group had less negative attitudes about how the barrier affected their ability to work or keep work. Interestingly, 42% of the 'success' group reported *More than 3 Children at Home*, while only 12% of the 'sample' reported this barrier ($p<.01$). Finally, *Lack of Transportation* was cited more often by the 'sample' than the 'success' group, a majority (85%) of those in the 'sample' group saw this barrier as preventing and affecting work, while only half (50%) of the 'success' group saw it as preventing or affecting work ($p<.05$).

When following these two groups longitudinally, it is evident that the *type* of barriers remains consistent, but the *attitude* toward that barrier can fluctuate greatly. The 'success' group revealed their feelings and perceptions of their barriers in more detail through the success interview.

Other Barriers

Hearing how the respondents viewed their barriers to employment and how they were overcoming those barriers, gave a much more interesting look at the power of the barriers, then did the quantitative report of barriers. Again, this group had 3 or more of the cluster barriers. In the success interviews, the goal was to discover what the respondents perceive as barriers to employment both previously and currently and what they are doing to overcome these barriers.

Previous barriers mentioned did include some of those discussed in the larger study, for example, domestic violence, children's health, lack of education, mental health, lack of transportation, child care and job skills. However, the answers to what current barriers they are facing were different. In general, respondents cited more transient barriers such as a child's illness, not always being available for kids, balancing doctors and dentist appointments with work schedule, and getting a driver's license. Others were issues such as, "getting organized" and doing the "mom thing." Some spoke of a bias against helping working mothers balance work requirements and the realities of single parenthood. One respondent felt her worsening health was a barrier, another said her mental health will always be a struggle and a few, again, cited lack of child care as a problem affecting work. Though these individuals may still be dealing with the larger barriers, evidence of their more positive attitude or perception of their barriers is given by how they answer the question "what barriers to employment do you have?" Their self-reports back up the earlier finding that though the 'success' group has a similar number of barriers as their peers, they view their barriers in a different light. They are more likely to see the barriers as affecting or not affecting work, rather than preventing work. Two respondents said that they did not have any barriers to employment, again a result of their perception of their situation.

When asked how they are overcoming their barriers, a few responded that they used their own personal skills or characteristics to overcome their struggles, for example, using persistence, a positive attitude, getting organized and using a budget. Others said finding transportation, getting a computer, finding a good place to work that is good to single moms, finding an acceptable child care situation, and getting help from doctors. One woman said that her way of dealing with her barriers is to "keep the job. Not look back….look toward the future more."

Employment

One criteria used to purposively select the 'success' group was full or part time employment at the time of their 6 month interview. At the time of this selection, employment status during their initial interviews, and of course what their status would be at their 12 month follow-up, was not evaluated. Looking at these 20 individuals across time, it was found that they had been employed more often than the 'sample.'

In their initial interview, 22% of the 'sample' and 60% of the 'success' group were employed full time. This is a significant difference ($p<.001$). Part time employment was 27% for the 'sample' group and 20% for the 'success' group.

At 6 month - the level of employment for the 'success' group was 100% due to the purposive sampling. However, a distinction was made between those working *either* full or part

time. It turned out that 100% of the 'success' group was employed full-time at the time of their 6 month interview. The full time employment rate for the 'sample' group dropped slightly to 20%. ($p<.001$) and an additional 24% of the 'sample' group was employed part-time at their 6 month interview.

In the 12 month follow-up, the full-time employment rate of the 'sample' group rose slightly to 29% and the 'success' group's full-time employment status dropped to 74%. However, the differences between the two group's level of employment was still highly significant ($p<.001$). Part time employment was 22% for the 'sample' group and 5% for the 'success' group. The 'success' group was consistently more employed, especially full-time, than was the 'sample' group. What is it about these individuals - who have similar barriers, backgrounds, and use of resources - that makes them more able to maintain employment at a higher rate then the rest of their cohort?

Table 3.7: Employment Rates

Employment	Initial Interview		6 Month Interview		12 Month Interview	
	Sample n = 191	Success n = 20	Sample n = 191	Success n = 20	Sample n = 165	Success n = 19
Full –Time	41 (22%)*	12 (60%)	38 (20%)*	20 (100%)	48 (29%)*	14 (74%)
Part –Time	52 (27%)	4 (20%)	46 (24%)**	0 (0%)	37 (22%)	1 (5%)

*$p<.001$ ** $p<.01$

'Successful' individuals have certain qualities that have enabled them to find and keep work. A few of these have already been discussed – access to child care, and more positive attitudes about their barriers. Resiliency and the ability to continue when times are tough are difficult attributes to measure. The success interviews did provide some insights that help us understand what might make the 'success' group just different enough to 'succeed' in this difficult transition.

The findings suggest that the 20 'success' former cash assistance recipients are doing relatively well now compared to other times in their lives, including times when they were receiving cash assistance. However, very few of the interviewees suggest that they are "out of the woods" and completely independent of state and/or other forms of support. Most of these respondents have a system in place that provides both emotional and substantive support, such as financial, transportation or childcare assistance. Also, many of them continue to rely heavily on the auxiliary assistance of food stamps, housing, Medicaid and childcare. A few commented that without these helps, they would be in dire straits. A few are no longer receiving any state assistance, but admit to relying heavily on partners or family members for financial support. Two feel they are doing well financially, independent of any outside supports.

In trying to understand the dynamics of employment and income for the 'success' group, many different angles of the employment question were examined. For example, the potential for job growth in their current position, personal likes and dislikes of the job, and their individual strengths and weaknesses as an employee. Respondents were also asked specifically about their current income, as well as the differences between their financial situations now compared to other times in their lives.

Regarding current employment, unilaterally, the respondents "liked" their jobs. Many said they just "love" their jobs and each had positive things to say about their employment. Some examples of things they liked about their work were that it is "fun", "flexible", "good schedule", "the money", and "the independence." Other comments were – "I feel respected there", "I belong", "it's cheerful and exciting", "they understand the single mom thing", "good bosses", "in-house educational opportunities", "I can be as creative as I want", "challenging responsibilities", and "I love helping people." One respondent felt that her job was one of the only places where she could be an all-around 'success'. She said "I could succeed at work and it could make me feel that I'm not such a failure all the way around." Many said that they were "people persons" and they loved being around co-workers and customers who were "genuine and friendly."

The types of jobs held by these 20 individuals included: cashier, salesperson, telephone services, nursing homes attendant, waitress, telemarketing, management at fast food chains, car inspection, manufacturing, grocery store clerks, hair stylist, day care provider and car parts delivery driver. Only one respondent had lost their job between their 6 month interview and the 'success' interview. This was because she had given birth to a baby, and could not arrange day care she was comfortable with in order to return to work.

A far as potential for growth at their current jobs, many respondents felt there were opportunities to progress. Promotions and raises were the common ways cited as means to grow at work. A few mentioned that they have already been promoted and given a raise. Two others mentioned that education would help them advance at their place of employment and they expressed desires toward that end.

In order to better understand employment, it is important to know how a worker views her/himself in her/his role as an employee. By analyzing how the 'successful' respondents view their abilities, important elements missing from other workers, as well as what makes a worker self-confident and more employable, might be discovered. To do this, the 20 'success' individuals were asked to talk about both their strengths and weaknesses as employees. As far as strengths, 6 respondents said they were very good working with people and could be very friendly. Four respondents said that one of their strengths is "loving their work" and they believe that it helps them work harder. A good number of the sample described themselves as hard workers, dependable, honest, quick learners and ambitious. When asked what their weaknesses were as employees, some of their answers were being a perfectionist, lack of organization, getting along with co-workers and customers, "I've never been fast enough" and lack of skills.

When asked how much money the respondents were making at their current jobs, the answers were between $6.00 an hour and $15.00 an hour. Two received between $6.00 – $7.00

an hour. One is a hair stylist, so she also receives commission and tips, the other works at McDonalds. One respondent makes $12.00 an hour and will receive a raise as soon as he graduates with his Associates Degree. One respondent earned a base salary, and then earned commission for sales, with the potential of making upwards of $40,000 a year. This respondent was the only one out of the 20 with a four year college degree.

The respondent poverty level at the time of the initial interview was calculated. Recall that one of the criteria for selecting the 'success' group was household income above the poverty level. This group was not only working, but were also able to secure a minimal level of financial support per month. In their 12 month interview, poverty levels were again determined. Almost three-fourths of the 'success' group (74%) were at or above the federal poverty level. This is exactly the same percentage of the 'success' group that were employed full time at their 12 month interview. Less than half (48%) of the 'sample' group were at or above the poverty threshold.

When asked how their current financial situation compared to previous times in their life, the answers showed just how much better the majority of the 'success' cases are doing financially since case closure. This was not a difference in actual dollar amounts it had more to do with the respondents perception of the situation as well as their attitude about "getting off" assistance. Some did indicate that their finances are still fluctuating and one even said that things seem to be getting worse because she has to work longer hours to make ends meet and worries about spending less and less time with her five year old daughter. However, she is hopeful and said "I figure right now, we're just kind of in a tough spot and it will eventually work out." The rest, however, cite many ways that they feel better about their current financial situation "I have more money in my pocket, more money to spend on my son." A few were very proud of the fact that they have worked to pay off debts. Many of the respondents said that they have become a lot more responsible and disciplined because "they always paid the bills for me." One said "I'd say things are a lot better now that I'm not receiving it, cause I mean, it seemed like I was always struggling cause that was like the only thing I depended on. I didn't try to go get a job or anything, cause I knew I had the money coming in." One respondent said "it's never been this good. Not ever. NOT EVER!! I've always struggled my whole life. Married, unmarried, whatever. I always struggled. Today I'm not struggling." This is the same woman who is not using any form of government assistance.

Self-esteem and Self-efficacy:

In the 12 month interviews, self-esteem and self-efficacy were measured using Rosenberg's scale[4]. It was discovered that the 'success' group had significantly higher levels of self-esteem than the 'sample' group. The self-efficacy scale did not show a significant difference, though the 'success' group had a higher percentage of those who scored high.

[4]* The Rosenberg scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. An example of a question asked is "On the whole, I am satisfied with myself."

Increased independence and accomplishment, whether it's advancement or recognition, in their working life, would likely improve the way the 20 'success' individuals view themselves and their abilities. Having looked at both the quantitative, qualitative and comparative data, many ideas emerged as to why the 'success' group had a significantly higher level of self-esteem than did the 'sample' group. Employment and perception of jobs, opportunity for advancement and possibly even level of income may play a role. Fewer health problems, more children as supports, access to helpful resources, especially mental health and support resources and the presence of an employed and supportive partner may also be elements in this equation. As the 20 respondents talked about their financial and emotional situations, often they would make references to their

Table 3.8: Self-Esteem and Self-Efficacy

Measure - Rosenberg Scales – self-esteem and self-efficacy	**Sample N = 165**	**Success N = 19**
12 Month – Self-esteem Score		
Low	8 (5%)	0 (0%)
Medium	84 (51%)	5 (21%)
High	73 (44%)	14 (79%)
12 Month – Self-efficacy Score		
Low	5 (3%)	0 (0%)
Medium	68 (42%)	4 (21%)
High	91 (56%)	15 (79%)

* Scoring for Self-esteem and Self-efficacy:
Low: between 10 – 20 pts, Medium: between 21 - 30 pts, High: 31 – 40 pts

self-esteem. More times than not, it was in a positive context such as "I feel good about myself" and "I'm actually where I can say I'm happy." For the most part, these types of comments were unsolicited. They typically talked about feeling better about themselves in comparison with how they felt while on assistance. One described it this way: "don't stay on it (assistance) very long, cause…you get into a depressed cycle, you stay in it. You feel worthless." One explained the depth of the connection for her between poverty and self-esteem when she said, " Being poor can really harm your self-esteem, especially the kids." A few respondents directly connect their increased self-esteem with their employment and education opportunities. This makes sense, as they have increased opportunities to be rewarded, acknowledged and feel they are accomplishing things in their life. This seems obvious, but for some who have spent 80 months or more totally relying on cash assistance, a sense of accomplishment by their own volition can have a powerful effect on self-esteem.

Physical Health

The 'success' group was more likely to be physically healthy than the 'sample' group. This was true in their initial interviews as well as their 12 month follow-up interviews. Initially, 43% of the 'sample' group and 35% of the 'success' group had health problems. In the 12 month

data, 41 % of the 'sample' group had a physical health barrier, while 21% of 'success' group had physical health issues. Both groups reported less physical health problems over time. The 'success' group's drop in health issues is significant and consistent with their ability to find and maintain work.

It makes sense that the 'success' group would be healthier than the 'sample' group, as the ability to keep and maintain work, any type of work, requires basic physical capability and health. When asked about their health, the majority of the 20 'success' individuals reported that their health was "better", "good" or "great." Their most common complaints were aches and pains, being overweight, smoking too much, sleeping problems and back pain. One respondent carries Hepatitis B and another, Hepatitis C, but both find that problems flare up only periodically and they are still able to maintain work. Overall, they are relatively healthy.

Partners

In the June, 2000 Multiple Barriers report, it was noted that the presence of a partner was a predictor of lower earned income. The stability of the relationship with that partner was not assessed at that time. Since then, examination of the longitudinal effects of the presence of a partner reveals that partners continue to have a profound effect on a respondent's earned income, but surprisingly, the effects have been in the opposite direction for the 'success' group. It was also learned that partners have played a large role in the emotional situation of the respondent.

In the initial interview 50% of the 'sample' had a partner as did 35% of the 'success' group. Those who had partners reported that 33 % of the 'sample's partners were employed, while 15% of the 'success' group's partners were employed. Most (80%) of the 'sample's partners were supportive of the respondent working, as were 70% of the 'success' group's partners. When asked if they had ever had a partner who was not supportive of work, 40% of the 'sample' responded yes, while 55% of the 'success' group said yes. It would seem initially, that the 'success' group did not have economically or emotionally supportive partners, particularly in regards to work.

In the 6 month data 55%, of the 'success' group reported having a partner. The 'sample' group recorded a slight drop to 47%. The employment rate of the 'sample's partners stayed the same at 80% while all of the 'success' partners at the 6 month interview were employed full-time. It would seem then, that in the 6 months since their initial interview, 'success' candidates not only found partners, but found those who were employed. Both groups' partners had similar wages and found similar levels of satisfaction with their jobs. They also contributed similarly to family expenses (28% of the 'sample and 25% of the 'success' partners contribute to family expenses). Only half of the partners who were employed in both groups were contributing to household expenses. Why might this be so low? Sometimes partners were not living in the same households as the respondents and did not provide for those needs. Partners might also be paying child support elsewhere or had other expenses that prevented contributing. Whatever the reason, the result, was that the 'success' group continued to survive largely without the financial help of a partner.

The presence of a partner again rose for both groups in their 12 month interview with the 'success' group reporting 68% and the 'sample' 53%. In the 12 month data, 100% of the 'success' group's partners were again supportive of the respondents' work compared to 87% of the 'sample' group partners. Regarding employment of the partner, 70 % of the 'sample group's partners were employed in the last year while 83% of the 'success' group's partners were employed over the past year. The rate of a partner's contribution to family expenses increased slightly for both groups. ('sample' – 30%; 'success' – 42%) Important to note, the average amount of money the 'success' partner's were contributing a month was $1,476.

Regarding stability of these relationships over time, respondents were asked if there were changes in their relationships since their last interviews. In response, 27% of the 'sample' group and 26% of the 'success' group acknowledged there were changes in their relationships, while 35% of the 'sample' and 26% of 'success' had no relationship at the 6 month or the 12 month interview. There were no changes for 38% of the 'sample' and 47% of the 'success' groups.

Of the 26% of the 'success' group who said there were changes in their relationship 69% said that their relationship had improved with their partner. In the 'sample' group 50% reported improvement. This possible positive change would suggest that the 'success' group had been experiencing support for their work and possible consistency for the children. Even if the financial contributions of the partner were not significant, the relationships, on the whole were going relatively well. Another question asked to determine the support level of the partner was if they considered their partner as one of their closest supports. The difference between the responses of the two groups was significant. Thirty two percent (32%) of the 'sample' group reported that their partner or spouse was one of their closest support, while 63% of the 'success' group reported the same thing ($p<.01$).

In summary, the partners and spouses of the 'success' group respondents were more likely to be emotionally supportive, consistent over time, employed themselves and supportive of the respondent's work than were the partners of the 'sample' group.

Social Support

Social support can be measured by two types of assistance: "instrumental" or "emotional." Instrumental assistance involves help with the tasks of daily life and is determined by questions such as "is there someone who could lend you money if you really needed it?" Emotional assistance includes moral support and encouragement and is determined by questions such as "is there someone you could call day or night if you were upset?" Providing data from the 12 month interview, Table 3.9 shows the positive responses to 9 questions that explore the respondent's use of both instrumental and emotional assistance. The 'success' group reported having fewer people in their lives that they could "count on to listen" to them ($p<.05$). Everyone in the 'success' group reported offering these same types of help to others in their lives ($p<.05$).

When these questions were analyzed from the initial interview, there were no significant differences in the two groups' answers. There were a few interesting things when comparing the answers over time. In the initial interview 68% of the 'sample' and 55 % of the 'success' group had someone to lend them money if they really needed it. A year later, more in each group

answered yes to that question – 76 % and 79 %. The 'success' group was more likely to be offering assistance to others than were the 'sample' group ($p<.05$). Also, when respondents were asked, at the initial interview, who they considered their supports in their lives – only one in four of the 'success' group answered that their spouse/partner was a support to them. A year later 63% of them said that their partner was an important source of support. In their initial interview, 36.1% of the 'sample' group reported that their partners were a support to them. This percentage dropped slightly in their 12 month interview to 32%.

Table 3.9: Social Support - 12 month

Task: "Is there someone…." (% who respond "yes")	**Sample n = 165**	**Success n = 19**
..you could count on to run errands	129 (78%)	16 (84%)
…you could count on to lend you some money	125 (76%)	15 (79%)
…to give you encouragement and reassurance	155 (94%)	18 (95%)
…you feel really understands you	140 (85%)	15 (79%)
…you could call day or night if you were upset	150 (91%)	15 (79%)
…you could count on to listen to you *	158 (96%)	16 (84%)
…you could count on to watch children on a regular basis	112 (68%)	13 (71%)
….you could count on to watch children in an emergency	147 (89%)	18 (94%)
…you could count on to lend you a car or give you a ride	142 (86%)	18 (95%)
…who counts on you for similar helps*	134 (81%)	19 (100%)

*$p<.05$

Family

Family support was an important part of success for most respondents. 'Success' respondents were asked questions about their familial situations. Two important questions were: "what things have helped your family?" and "what would make your family stronger?"

Four respondents said that the support of extended family and friends has helped them in their transition from welfare to work. Three respondents noted that improved communication within the immediate family has been helpful. Faith, positive attitudes, and cooperation were also mentioned. One respondent felt that being independent of the state served an important role in forcing the family to "stand up on our feet…and pull together as a family." Another felt her example of work was a benefit to her children. She said "I think by me working and showing 'em, you know, you can do better by working than just sitting on your butt on welfare."

A number of the respondents felt that they had more stability financially and in their home lives since being off assistance. This was because they were holding full-time jobs and, at the time of the interview, able to afford, though only paycheck to paycheck, the cost of living. Granted,

this stability, in most cases, still included use of housing assistance, some food assistance, and 75% continued to receive Medicaid. Some of the 'success' respondents acknowledged these services as very helpful in their transition to work. One said that mental health services and the availability of medical benefits were essential in helping her family.

When asked what would help make their families stronger, their answers revolved around stability. They desired increased stability with work and with housing for the most part. When discussing their experiences while receiving assistance, it was evident that instability and the "unknown" are some of the most difficult feelings to deal with for most respondents.

Some of the specific answers to how their families could be strengthened were finding a partner, getting a better job, and less government interference in life. One individual felt that there was not anything the family needed and that they were doing "pretty good." Five respondents noted that more family unity would help them. This included things like improved communication, spending time together, and not "getting upset so easily." One respondent poignantly said about her family, that "we don't want to go through it [poverty] and so I think that gives us all the will and want to be able to not be back in that place. To do better."

Time Limit Issues

To understand what happens to respondents who have had their cash assistance closed due to time limits, questions were asked specific to this situation in all three of the surveys. Seven (7) of the 20 success people, reported that their cases were closed when they reached their time limits. One would expect that 'success' cases would not be closing for time limits, since the June 2000 report showed us that of all the groups, those closed for time limits are the most fragile. However, taking a closer look at these 7 individuals –a fluctuating story is found. Remember, that these individuals were chosen because they were working and above the poverty level, which is not the typical of many who reach the time limit.

The longitudinal data show that at the 6 month interview, a significant number of individuals in the 'success' group who were closed for time limits felt they qualified for an extension of benefits due to meeting the work requirement ($p<.05$). Also, they felt they qualified under the criteria specifying that they were caring for the medical needs of a dependent ($p<.05$). Their reasons for wanting an extension did not involve personal barriers – such as domestic violence, mental/physical health, or substance abuse.

Experiences with DWS

To understand the 'success' group's experiences with DWS, it is helpful to note some of the comments made by respondents during the 12 month interview, as well as comments from the success interview. When asked what their worker did that was most helpful while they were receiving assistance, a number of them cited the worker's interpersonal skills and the connection or relationship between them. One said "she motivated me to work" while another said her worker was "always helpful." In a telling description, one respondent said that the worker "wasn't judgmental, very supportive and went beyond what was required to help." Some of the things these workers did that the respondents found most helpful included: keeping good records, being on time with paperwork, returning respondent phone calls, and "treating me like a person."

Respondents felt their workers could have made improvements by assessing needs/barriers, reducing contradictory information and duplicate paperwork, and by being more understanding and supportive.

The 20 'success' respondents also shared their opinions about ways that the system could improve. Many said that the key to improvement would be for workers to treat the respondents as an individual and with more respect. Many also wanted a more efficient paperwork system as well as fairer policy in dealing with problems with daycare or other benefits. One respondent had an idea to implement a "transitional worker" who would follow respondents for a certain amount of time during and after case closure in order to monitor the transition and insure the respondent was able to stand on their own feet. Interestingly, most of the respondent's said they would "never" go on assistance again, due, in part to the negative interpersonal experiences they had with DWS employees. Many respondents, when asked to give advice to future recipients, offered warnings about "the system" and said that if possible, people should avoid ever getting on assistance. Almost every one of the respondents were well aware of the struggles facing future recipients, and shared this common piece of advice: "hang in there" and "things will get better."

Other common themes emerged in their comments about DWS and the workers they encountered. The negative comments typically stemmed from excessive paperwork requirements and disorganization they felt was the fault of caseworkers. There was also a common complaint about the system not allowing them to ever "get ahead." As for positive comments, the respondents mainly pointed to specific workers who cared about them as individuals and provided much needed help, especially during emergencies. Also, the majority of these 20 individuals cited mental health issues such as depression, that they felt were completely overlooked by their workers. They felt these issues played a crucial role in their previous unemployment. Poor initial assessment, lack of caring, lack of individualization with plans and the prevention of future helps, such as a savings plan or education options were some of the other issues cited by respondents as negative outcomes working with DWS.

There were positive comments made by respondents about their caseworkers and DWS as well. A few said they were grateful for the "security" of cash assistance and the consistency of having a medical card and food stamps. A number of the respondents, having problems with their workers, went to the supervisor for help, and felt they were treated with respect by the supervisor. They appreciated emergency help, like rent or food money, and the day care benefits. Many also noted their appreciation for job training and other programs offered by DWS to help them improve their ability to find and maintain employment.

The majority of compliments regarding DWS were directed toward individual workers. "She treated me like a person" and "she was really understanding and tried to help me…show me ways to go about…to stay off the aid." Compliments for these workers include: honest, brilliant, organized, helpful, supportive, "not mushy and soft, very firm", patient, "nice to me", helpful, and supportive - "she believed in me and believed that I could do it." A few discussed the way that having the worker "know" them, treat them as individuals, and working with them long-term really helped them to move forward. Two also discussed how the worker helped them set and keep goals and explore what would be more helpful to get the respondent working.

In order to find out how the respondent would prefer to be treated and helped in their transition from welfare to work, they were asked to share advice they would give to DWS and caseworkers. Similar themes emerged from the respondents for both logistics and interpersonal interaction with customers. Increasing consistency, understanding, good communication and reducing paperwork and the run-around were common pieces of advice. Other ideas were to "push for education", provide more training and classes, and ensure transitional help in order to prevent falling back into the system. Respondents also wanted the assessment process to be started earlier, in order to catch mental health issues and other issues that go unchecked too far into their 3 years of assistance. More resources, individualize plans and allowing saving plans are more ideas offered by the respondents. In order to improve interpersonal interaction and produce positive results for respondents, their advice was to have the workers "get to know the respondent better and be more personal with them - they need people with a heart" and to increase understanding – "that's the key…if they can relate to someone, to understand people.."

As was seen in the previous quantitative sections, only a few significantly different features distinguish the two groups and many issues are the same. When interviewing the 'success' candidates, it was essential that there was an openness to whatever explanation they offered as their "secret to success", in the hopes of finding ways to search for and nurture these same qualities in others struggling to take the same path. What was found proved to be as diverse as the respondents themselves and above all - profound. Here their experiences and opinions will be presented, often using their words. At the end will be a vignette depicting a successful individual and his inspiring journeys.

Spirituality

A discussion about the respondent's spirituality was not originally part of the interview, however, throughout the interviews it became evident that spirituality plays an important role in the respondent's lives and their view of success. Eleven of the 20 respondents discussed spirituality in their one-on-one interviews. They cited church attendance, prayer, faith in God and divine intervention as things that have helped them in their lives. Those overcoming drug and alcohol problems, were the first to acknowledge spirituality and God in their lives. Often their words reiterated the principle that they learned in their support groups, of relying on a "higher power" to get through struggles.

The following is a dramatic example of how spirituality helped one respondent. This particular woman used drugs for 20 years, supporting her habit by "using the system." She had her children taken from her by Child Protective Services numerous times and she finally found herself in solitary confinement in jail with the judge's words ringing in her head – "this is your last chance." This situation and her resulting spiritual experience, where she "found God", is what she sees as the turning point in her life. "I finally had peace and serenity and I felt loved." Two years later at the interview, this woman was clean and sober, making $15.00 an hour, she owns her own home and car, and is working on developing her own candle making business.

"Success"

The ultimate and most direct questions asked to the respondents were about success. Respondents were asked to describe how they saw themselves as successful and what were the keys to their success. Respondents view themselves as 'successes' by: staying clean and sober, not giving up, "living from day to day", and staying employed. Eleven of the 20 respondents said that the way their family is doing and the way their children are turning out is an important way they are successful. Accomplishing goals, such as schooling, maintaining jobs or receiving promotions were also noted. Each of the responses showed the respondent's pride in being able to survive what life has dealt them – feeling proud of "coming this far."

Here are a few of the "keys to success" given by respondents; getting off drugs and alcohol, getting away from my abusive husband, using mental health services and support, prayer, improved confidence and self-esteem, support from family and friends, and education.

Each respondent was asked to brag about something that happened in the past year. The answers were diverse and profound. One woman cried as she described being clean and sober for her father's funeral and getting "to be there for my family." Others described getting jobs and promotions, having someone (like a boss) believe in them, and being honest in all aspects of their life. Others felt that seeing their children have their own successes, having their family close and relationships improving carry bragging rights. One woman beamed as she talked about being able to pay rent, utilities and buy a television with just one paycheck. Another respondent poignantly shared what she would brag about from the last year, "getting out of bed to get the job, to show up for my daughter, for my job, for my fiancee, just experiencing life every day."

Finally, as these individuals look toward the future, what is it that they are looking forward to? Going to college, becoming a teacher, a nurse, a psychologist, getting better paying jobs with benefits, having a retirement fund and ultimately "proving to myself that I can do it and I'm gonna pull through this."

Though each respondent's level of "success" in relation to employment and income level varies, there were obvious and common themes that emerged throughout each interview. Support from friends, family, and mental health services were important elements in the 'success' of the respondents. Stability as far as relationships, work environments, and for some, caseworkers at DWS, also helped the process for many of them. Another common attribute of nearly all the 20 respondents is too subjective to measure and even hard to describe, but important to note, and that is their sense of humor. Each respondent was able to laugh as well as make the interviewer laugh. Resiliency research has shown that a sense of humor is one of a few key factors that can determine if a person will be able to overcome difficult obstacles and become successful in life endeavors (Smith, 1997).

Vignette:

A hopeful definition of "success" for these former recipients is to move out of poverty, maintain gainful employment, earn a living wage, and enjoy the privileges of the middle class. If this were our working definition, then almost all of the 'success' candidates still have a long way to go. However, there is one individual who has already started down this success path.

Fred is a 51 year old white male who owns his own home in Magna, Utah. He had recently graduated with his Associates Degree from Salt Lake Community College in manufacturing. Fred works full-time at a large manufacturing company, making $12.40 an hour with benefits. His employer subsidized his education and is offering more in-house training and a job promotion with a pay increase soon. In addition to his full-time job, Fred is also employed part time by the community college as a manufacturing process class instructor – teaching engineering students how to manufacture their own designs. Fred reports that he enjoys both jobs and has especially enjoyed his educational experience at the Community College.

It would seem that Fred has a lot going for him. At least, he does now, but this has not always been the case. Approximately 1 1/2 years before Fred was interviewed as a 'success' candidate, he was interviewed in the larger multiple barrier study. Fred was struggling with severe emotional and psychological problems at the time of his first interview. He was on the verge of losing his apartment and was struggling to provide even the minimum essentials for his family. He was struggling with his physical health, was not receiving Medicaid, and received only $23 a month in food stamps. The interviewer who met with him for his initial interview left the interview concerned for his well-being, as he seemed depressed, withdrawn and hopeless. How then, in such a short time, did he make such amazing progress?

First let's look at the barriers facing Fred as he attempted to provide income for his family. Fred had a lot of issues from his past that he was dealing with that made it difficult for him to maintain work. He was physically, sexually, and emotionally abused as a child and had other problems that were part of his self-reported mental health barrier. Fred dealt with this barrier by getting himself into therapy and receiving help with his emotional and psychological needs. He also reported that his wife and other family members were supportive of him and helped him through the challenges.

Fred also initially reported other barriers to employment: family illness, physical health, wages too low and low job prospects. He also noted that these barriers affected his ability to work. In his 12 month follow-up, Fred reported that his physical and mental health and low wages were still barriers but this time he reported that they had "no affect" on his work. In his 12 month follow-up, he had high levels of self-esteem and self-efficacy.

In order to see how such a drastic change could take place, it is helpful to look at some of the things that Fred had going for him. Noted in the 'success' interview were these important factors; good work history, employable skills, the desire for and access to education, motivation to get mental health therapy, and a supportive partner. When asked what the key was to his success – Fred cited the support of his wife and children. He also said that going back to school has been one of the most beneficial things he has done, because it has "given me a lot of self-confidence…and maturity." Interestingly, he also said that hitting "rock bottom" had been a motivating factor for him, "being that far down has…motivated me to never want to be there again….I won't go back there."

Limitations

Any study of this kind suffers from limited generalizability. A small purposive sample was drawn, not to test hypotheses or draw broad conclusions, but to generate ideas for later exploration. Thus the results reported here should be seen as illustrative rather than definitive.

The many possible implications of this study are easier to analyze when they are broken down into the practical and the theoretical. First and foremost, the outcome of this study shows that further research needs to be done in the area of 'success' in the transition from welfare to work. Next, it is important that theory and research instruct the practical application of this data in order to benefit those making this difficult transition.

Through this research, it was learned that there are a number of measurable areas that were crucial to the progress of the 'success' candidates. These were determined by both the quantitative analysis of their self-reports over time, and the qualitative 'success' interview. A few of these things include; stable housing, access to quality and affordable childcare, the presence of a support network (often including a supportive and working partner), and the prospect of growth and education. It is already clear that access to Medicaid and food stamps throughout the transition was imperative for success. It is also evident that access to mental health services plays a significant and beneficial role.

Recommendations

Knowing what the research teaches us about important helps for the transitioning client isn't enough. This knowledge must be translated into practice in order to help the client progress. The following suggestions are ways to help implement these ideas in practical ways.

Early and appropriate barrier identification is essential in helping clients make effective employment plans. Proper assessment is the first step to effectively addressing the barriers that hurt or prevent employment. For example, early assessment of depression or other mental health issues, including drug and alcohol abuse, can lead to earlier interventions and better outcomes. The outcome would be that the client begins to deal with their barrier(s) and become employable before they hit the time limit.

It was also learned that access to certain resources is crucial in the transition as well. Making sure clients have information and options concerning available resources will make a difference for clients in this transition. Determining what makes these resources inaccessible for clients and then finding ways to correct the problems, will provide opportunities for clients to utilize help from outside organizations, such as mental health services, support groups thus reducing the strain on case-workers and DWS funds.

Those who are doing the best and describe being "successful" also generally have a strong support system in place. When a caseworker suggests that a client moves out of their small town to the big city to find employment, it might be helpful for the caseworker to take the support network of the client into account before suggesting they leave their supports without first having a new support system in place, or educational opportunities or a plan for 'success.'

Respondents also shared ways that DWS could improve logistic procedures in order to better serve the customer. Some ways include streamlining paperwork, maintaining better contact with clients as well as overall improving their interpersonal interaction with recipients. Most of the 'success' candidates recognized that part of the problem with their interactions with caseworkers has to do with the fact that they are working with low paid and overworked front line workers. The clients have said themselves, they feel that paying employment counselors more, offering better training, and requiring more qualifications for the job, could help alleviate some of the negative experiences common among recipients.

"Success" Study - Summary and Conclusions

This study was undertaken to identify the characteristics of long-term welfare recipients who are successful "against the odds." That is, who have barriers to employment, yet met the criteria for identification as a success: part or full-time employment; household income above the poverty threshold, and reporting that their life was either the same or better at their 6 month follow-up interview. Twenty recipients were interviewed.

Results highlight the similarities between the relatively rare "success" cases and the remainder of the sample of long-term welfare recipients. They were comparable on major demographic variables such as age, race, religious affiliation, level of education and duration of assistance. The two groups differed significantly in other respects. First, the "success" group was significantly more likely to be employed full-time. The group also reported significantly more involvement with police (possibly in connection with their "rock bottom" experiences). The 'success' cases reported significantly less use of food banks, but greater use of mental health services and child care.

The groups did not differ significantly on any of the mental health measures, though they did report higher self-esteem than the rest of the sample. 'Success' respondents also tended to be more physically healthy than the general sample.

The groups differed on a few barriers with the success group more likely to report family illness, caring for an infant, or having three or more children at home. An important general theme in these data was the success groups' *response* to the barriers they experienced. This group was less likely than the sample to report that a barrier prevented work – a finding that may reflect key attitudinal differences or simply the result of successful work experiences.

Members of the success group were very positive about their employment, with most reporting that they just *loved* their jobs. Twelve months after their initial interviews, the 20 'success' cases had higher rates of full-time employment and were more likely to have incomes above the poverty threshold.

Attitudinal differences between the success group and the rest of the sample might easily be mis-interpreted. The success group reported higher self-esteem, experienced barriers as less likely to interfere with work, and reported that they enjoyed their jobs. It is tempting to conclude that these attitudes are the much-sought "keys to success." We might even suppose that a program could be developed to inculcate these attitudes in all welfare recipients. Unfortunately,

human traits like self-esteem are established over a lifetime of experience and seldom show significant changes with short-term intervention. Indeed, the attitudes may be as much the results and the causes of success experiences. Most likely, these rare individuals have enjoyed a critical number of key successes in their lives, which have established and maintained positive self-concepts and employment attitudes. The challenge for intervention is probably to bring as many welfare respondents as possible up to the critical threshold for success experiences – a threshold that is likely to vary from individual to individual.

INTERVENTION SPECIALIST - DEMONSTRATION PROJECT

Introduction

For three years interviewers from the Multiple Barrier Study had been going into the homes of current and former cash assistance recipients to better understand their lives and gather data for Utah's Department of Workforce Services (DWS). While some former recipients were doing well and on their way to self-sufficiency, time and again interviewers returned to the office with stories of families in medical, food, housing and/or financial crises.

Interviewers were employed to collect data, not to provide direct services. They often reported feeling helpless in the midst of a respondent's circumstances which required immediate crisis intervention. The intervention demonstration idea gained momentum during meetings between study project staff, DWS personnel, and community advocates. All three groups agreed that an experimental intervention service, which would provide data on types of crises and effective service responses for post-TANF recipients, was needed. Since the Multiple Barrier Study staff was the only group systematically contacting TANF leavers, it was logical that the intervention demonstration should be incorporated in this study. While phone contact was possible statewide, the intensive case management services of the intervention specialist were limited to clients living in Salt Lake County.

During September 2000, 16 applicants were interviewed for the intervention specialist position. The qualifications for the intervention specialist included:

- a Bachelor's degree in Social Work or equivalency
- two years research, clinical or related experience
- experience with low income populations
- knowledge of community resources and referral systems
- demonstrated communication and organizational skills
- flexibility in work schedule and ability to function with minimal supervision

The intervention specialist was hired on October 9th. Her job description, developed within the guidelines of the initial proposal, took shape over the next few months. Interviewing was already in progress and referrals were made from the first day. The unique nature of this position required a period of trial and error for the job to come into focus. After the first few months the project team had developed a more specific job description. The role of the intervention specialist was to:

- receive referrals from interviewers for respondents who were in immediate crisis and could identify specific barriers that they felt were stopping them from moving forward in their efforts to become self-sufficient;

- (for respondents within Salt Lake County) - make immediate telephone or in person contact with the respondent and develop a plan for resolving the crises; provide case management including connections with community resources, support the respondent's efforts to resolve the crises situation and advocate for the respondent when needed;

- (for respondents outside of Salt Lake County) - make telephone or letter contact with respondent and provide information regarding local services and/or contact numbers that may help the respondent receive assistance;

- document the reasons for each referral, the steps of intervention, and the outcome of each case and summarize this information each month;

- educate and update interviewers on community resources and special services that could be passed on to all respondents in an efficient manner. Summer lunch programs and Sub-for-Santa sign up days are examples of items the intervention specialist listed on a monthly resource sheet that interviewers could provide to families at the time of the interview.

METHOD

For purposes of the intervention demonstration, a crisis was defined as "an immediate situation that threatened a respondent's ability to provide food, clothing, shelter or physical and emotional care for themselves or their families".

Referral Protocol

During an interview, if the client either spoke of or alluded to a severe barrier or crisis, the interviewer would make a note and, at the end of the interview, ask if the respondent would like an explanation of the role of the intervention specialist. If the respondent agreed, the interviewer would have her/him sign a release of information form and the referral would be given to the intervention specialist. This method of referral was the same for both those living inside and out of Salt Lake County. Once the release of information was received, the intervention specialist made contact with the client.

While intense case management services were specifically offered for residents of Salt Lake County, telephone support and referrals were provided for respondents in crisis in all areas of the state. The intervention demonstration was integrated into the research project, and all contacts, types of crises and interventions were recorded and documented, in conjunction with the other data collected in the study.

Contact and Engaging the Client

Respondents living out of Salt Lake County received a maximum of three telephone calls. If no contact was made, a letter was mailed. The intervention specialist waited one month for a response before closing the case. If the respondent lived within Salt Lake County maximum of three telephone calls were made. If there was no response a home visit was completed. If neither the telephone calls or home visit resulted in contacting the client, a letter was mailed and the intervention specialist waited one month for a response before closing the case. The termination of telephone services and the client moving often made it difficult to find those who had signed a release of information requesting assistance. Some had the issue

resolved before the intervention specialist made contact, while others decided not to use the services of the intervention specialist. There were 76 (21%) clients who closed for these reasons.

Early in the intervention process an initial assessment was made by the intervention specialist regarding the degree of service needed by each client. Included was an evaluation of the client's barriers to attaining services such as lacking transportation or a telephone, or having small children with medical needs. Also, the client's mental state and cognitive functioning were assessed. Could the person follow simple instructions? Would he/she follow though? Was he/she able to go out in public alone? Every effort was made to support the client's strengths and abilities and not to do for them anything they could do for themselves.

For some clients, providing resources over the phone and giving encouragement and support was all they needed. This group was referred to as "telephone intervention clients." For others, the intervention specialist needed to be physically present to accompany clients to meetings, secure and complete paperwork, obtain food and other resources, and transport these items to the client's home. These clients were referred to as "intensive case management clients." Of course many clients shifted between categories over time depending on the need of the moment.

Participation Rates

Monthly Caseloads

As was stated, interviews were already in progress when the intervention specialist was hired. The new position had been anxiously awaited and interviewers were relieved to know they now had a person to whom they could refer those in need. In the first 2 months, as the protocol was being established, there were 10 intensive case management clients and 10 telephone intervention clients. The referrals increased each month with the largest number of active cases reported in June 2001, 66 telephone and 14 intensive clients. The average monthly case load of active telephone clients was 42 and 15 on-going intensive clients. The combined total averaged 57 active cases per month. From October 2000 to April 2002, a total of 359 referrals were made to the intervention specialist. Table 4.1 below shows the distribution over the 19 month period.

The interviewers referred 343 respondents. Sixteen additional referrals came from outside sources such as New Horizons, housing authorities, Weber Mental Health, Salt Lake County Health Department and former clients, for a total of 359 referrals.

Monthly Intensive and Telephone Cases

Of the 359 referrals, 235 were from within Salt Lake County and 124 were from outside the county. Of the 235 Salt Lake County referrals, 188 cases required telephone contact and/or mailing of resource material. Some telephone cases were resolved with one or two calls, others required more time and many telephone calls to various agencies. Many respondents felt they did not need the intervention specialist to come to their home, rather, they were able to obtain the information and support needed over the telephone. The remaining 47 cases required intensive

case management services including visits to the client's home. While all of the 124 out of Salt Lake County cases received telephone and/or mail contact, 44 of these cases required extended telephone contact. These 44 cases would have received the intensive case management services offered to Salt Lake County residents if they had lived in the area.

Table 4.1: Total Referrals by Month

Month	Intensive	Telephone	Total
October 2000	4	2	6
November 2000	6	8	14
December 2000	3	19	22
January 2001	3	39	42
February 2001	4	15	19
March 2001	4	12	16
April 2001	3	7	10
May 2001	2	27	29
June 2001	3	30	33
July 2001	2	17	19
August 2001	0	28	28
September 2001	2	18	20
October 2001	2	14	16
November 2001	2	14	16
December 2001	1	17	18
January 2002	3	12	15
February 2002	0	15	15
March 2002	1	13	14
April 2002	0	5	5
May 2002	2	2	4
Total	47	312	359

FINDINGS: INTERVENTION DEMONSTRATION

As stated in the Phase III contract, the primary purpose of this demonstration project was to provide findings to DWS regarding the specific activities of the intervention specialist. Such information was to include: a) reasons for referral; b) services provided; c) length of time of intervention specialist involvement; d) outcomes and case resolution.

REASONS FOR REFERRAL AND SERVICES PROVIDED

Interviewers were asked to provide a very brief statement to the intervention specialist listing the specific reasons why the respondent was referred and the urgency of the situation. (When the situation was extremely critical the intervention specialist was contacted immediately and made an effort to contact the family the same day.) Respondents were often referred for more than one reason. Once the intervention specialist was involved, more issues tended to surface. Referral reasons and services provided were divided into two groups. The first group included services provided primarily through DWS. The second group focuses on services provided primarily through other agencies

Referrals for Services Provided through DWS

Table 4.2 below presents a summary of the referrals for DWS based services for intensive case management and telephone intervention clients from both inside and outside of Salt Lake County.

Table 4.2: Resources Coordinated by Intervention Specialist
Most Common Requests Involving DWS - Total 632

Resource	Salt Lake County (intensive) 47 cases	Salt Lake County (telephone) 188 cases	Out of County (telephone) 80 cases	Out of County (intense telephone) 44 cases	Total
Medicaid	23	95	37	21	176
Food Stamps	29	80	40	12	161
Cash Assistance	26	60	33	15	134
Child Care	4	41	9	8	62
Education/ Training	6	23	12	3	44
CHIP		9	2		11
Other DWS Services	10	22	5	7	44
Total per area	98	330	138	66	632

Medicaid:. Questions regarding Medicaid comprised 28% of the referrals. Most Medicaid referrals fell into three areas. The first group involved working parents who qualify for Medicaid but, due to their income have a very high spend down which they can not afford. The employer may or may not offer insurance but again it was too expensive to purchase. These families were quickly referred to CHIP as a source of insurance for their children, but this left parents uninsured. This created worry as they could not care for their own health needs and stay healthy to care for their children. The second group involved inappropriate closures or late mailing of Medicaid cards. Clients would call the intervention specialist in a panic because they had not received their card on time and they needed their medicine. The final group were individuals who no longer qualified for family Medicaid. Many of these clients were in desperate need of some type of counseling. They had typically been in the system for many years and were now in their late 40's or early 50's with either a learning disability, addiction, or a mental health issue that had never been addressed or resolved. Without Medicaid, they were at a loss, not knowing where to access services. This places a burden on agencies and puts desperate customers on a waiting list. Most referrals for Medicaid intervention over the past few months have been targeted at this population with few remedies available.

The population density in the area the client lived was directly connected to the types of issues addressed in the Medicaid referral. There were often problems in rural areas regarding some doctors and dentists who refused to help families on Medicaid. This made traveling to Salt Lake or another larger city the only option. One mother stated that she doesn't tell the receptionist that she is on Medicaid when she makes appointments. This is the only way she can receive services for her children. In the metropolitan areas, many Medicaid customers did not know they could receive a bus pass to transport them to and from doctor appointments. This continues to be an issue in offices where workers do not know about this policy.

Within the first few months of the demonstration project, it became clear that food stamps and Medicaid were somehow being linked inappropriately. Consistently, when food stamps closed, Medicaid also closed. The intervention specialist brought this to the attention of the Constituent Services Department at DWS (the internal customer service unit) and the issue was resolved; there had been a problem with the state's computer program. Another concern commonly raised by clients was not receiving their medical cards on time. It was vital to receive medical cards on time so prescription medications could be filled and to ensure that children were continually insured.

A significant tool for the intervention specialist was access to PACMIS, Utah's computer system that tracks all public assistance program information and interactions with recipients. With this tool the intervention specialist was able to monitor time issues and notify Constituent Services when the department was getting close to the end of the 30 day application processing time line. Clients taking medication for severe physical and mental health issues often can not be without medicine for even one day. When they go to pick up their medicine and the pharmacy tells them that their Medicaid has been cut, an already fragile person can be pushed to the edge. Many live month to month in fear that their Medicaid will be automatically closed without any notice that they will have to go without. One client had surgery and was released from the hospital with a prescription for pain medication. The intervention specialist went to pick up the medicine and was told that the client's Medicaid had closed. The pharmacist was willing to provide a 2 pain killers while the issue was resolved. After looking into the case and

talking with both the eligibility worker and supervisor, it was discovered that paperwork for the case had not yet been completed. The worker said she was over-worked. When the intervention specialist explained the situation and stated that the client had surgery and needed the medication, the worker said "that's the best I can do". Given the urgency of the case, a call was made to Constituent Services and the Medicaid was open the next day.

Food Stamps: As indicated in the chart above, DWS referrals involving food stamps accounted for 25% (161) of the referrals. When the intervention specialist first started providing services she was told by interviewers that respondents repeatedly insisted that the time limit was on *all services* because their food stamp and Medicaid cases automatically closed when they reached their 36 month time limit. The intervention specialist assured the interview team that this was not the case and asked them to refer all such cases. On many occasions it simply took one telephone call to encourage the client to go back in and reapply. At one point, the intervention specialist attended an extension staffing where an extension was granted and for some reason, when the worker entered into the computer that the client had applied for an extension, it froze the client's Medicaid and food stamps until the extension staffing was complete. This happened with a family in a rural area as well. The intervention specialist immediately called a DWS administrator regarding these issues and, once alerted, he was able to fix the computer problem.

Referrals for assistance with food stamps continued throughout the demonstration project. Client's typically lacked knowledge concerning eligibility and when the food stamp closure may have been inappropriate. However, inappropriate closures of food stamps appeared to be declining as workers became familiar with the specific food stamp regulations. Federal guidelines provide a 30 day period during which DWS must make a decision regarding food stamp eligibility. As clients with whom the intervention specialist was working neared the end of the 30 day application processing time line, the Constituent Services representative was notified so eligibility could be determined immediately without going over the 30 days and potentially incurring more penalties for the department. This was also in the client's best interest as some families were not aware of food banks/food pantries. They often feared that if they used these services, it would affect food stamp eligibility.

Another issue surfaced in August 2001 when a mailing of review notices was overlooked or lost. This resulted in the automatic closure of many food stamp, Medicaid and cash assistance cases. Many families never received notice of review and their workers were very accommodating in reopening these cases as soon as possible without penalizing the customer.

Cash Assistance: The third most common referral was for help with cash assistance. Of all referrals, 134 (21%) were of this type. While these questions could have come from any respondent, a large majority came from those who were closed after using 36 or more months of cash assistance. The intervention specialist started working nine months after the first group of customers reached the 36 month time limit. During this time of transition, both customers and workers were becoming familiar with the time limit process. Some issues were settled as everyone became more familiar with the process, but there has continued to be much confusion regarding 1) the connection between cash assistance and other DWS services, 2) the "extension staffing" itself and 3) the extension criteria and how it is met.

"The 36 month time limit applies only to cash assistance". This was a phrase repeated regularly by interviewers and the intervention specialist. Clients often let their food stamp and Medicaid cases close, believing all were connected. "They said my time was up so I just figured I couldn't get anything else anymore." Often it just took one call, confirming that the client might indeed qualify and had every right to reapply. This simple encouragement gave many the confidence to go back and reapply. Clients often did not realize that DWS offers many other services in addition to cash assistance, food stamps, etc., and thus had never pursued these additional services. The intervention specialist was able to inform the client about additional services for which they might qualify. When a client did not feel comfortable returning to the office on their own, the intervention specialist would accompany them. Learning disabilities and mental health issues sometime made it difficult for the client to understand and take the necessary steps on their own. The intervention specialist would take time to help the client understand what was happening, fill out paperwork and gather necessary documentation. Again, having PACMIS available was an invaluable instrument used to monitor the case and relay information to the client regarding paperwork needed and the status of the request. The intervention specialist checked the status of each intensive case almost daily.

The second area of confusion involved the extension staffing. As was noted in the first chapter, over one quarter of those whose case closed due to reaching the time limit did not participate in the extension staffing. Some reported never being informed of such a meeting, others said it was too intimidating to go sit before such a group alone or they felt the result was already decided. Most really didn't understand the purpose of the meeting and why it was important for them to attend. Clients who did not attend the staffing were often unaware of the extension criteria and that a new crises in their life might make them eligible for cash assistance again. The intervention specialist provided information to clients so they could decide if they wanted to reapply for cash assistance. In some cases, after talking with a client it became apparent they would qualify for an extension. Even with the intervention specialist's encouragement, some were still reluctant to pursue services. still commented that ..."I was told my time was up", ..."I got a doctor note and my worker said 'too bad, your time is up, then they had me sign a letter saying I would never ask for assistance again..."

The third area of confusion involved what documentation was needed to qualify a client for additional months of cash assistance. Since some clients did not remember hearing about the possibility of an extension, this idea had to be explained first. In working with employment counselors and eligibility workers around the state there seemed to be differences as to what could be used to document an issue. Several workers required a "Form 1" (This is a form which evaluates 'functionability', the degree to which a person can work.) to indicate that a person had a medical or mental health problem which prohibited them from working. Others asked that a Form 1 be completed to document the need for a particular person to be at home full time with a medically needy dependent. One client had five doctor letters that her employment counselor would not accept. Another had police reports and restraining orders to protect her from a domestic violence situation that was not accepted as valid for an extension by her employment counselor. Issues were often resolved when the intervention specialist spoke with the employment counselor personally and reviewed the criteria for an extension.

Child Care: Child care questions accounted for 10% of the referrals regarding publicly provided services. The low number here is not surprising since most of the clients with whom the

intervention specialist worked were not ready to be employed. The main concerns within Salt Lake County involved overpayments and issues with Office of Recovery Services (ORS). Many clients did not know they could negotiate payments with ORS and continue to work with child care benefits restored. In most cases, a telephone call to the client and the employment counselor was sufficient to re-open the child care benefits. But at times it was difficult for the intervention specialist to contact individual ORS workers to answer questions as they seemed to only communicate through in-person appointments. Other issues involved children with disabilities, clients employed in the evening and/or on weekends, lack of rural child care, and children over 12 who needed supervision but were too old to attend child care.

Child care for children with disabilities is very difficult to find. Many child care facilities do not want the added responsibility of a disabled child or refuse to take children with a behavior problem. In one situation, a client lost food stamps, Medicaid and cash assistance because she was not working. After her referral, it was determined that due to the severity of her child's disability, she would have a very difficult time finding child care within her small community. The client reapplied for cash assistance and an extension staffing was held to determine her eligibility. She was granted an extension based on her child's disability and the lack of appropriate day care in her area. She wanted very much to work but feared leaving her fragile child with unskilled providers. Several cash extensions were granted for this reason.

Parents who work late hours, or at jobs with weekend hours often have a very difficult time finding day care. Most day care is designed for people who work weekdays, from 8:00 to 5:00. This is not a typical reality for the majority of people who were part of this project. In many cases, they would like to have a friend or neighbor provide child care but these people would have to receive their Residential Certification or become licensed. The up-front cost of certification or licensing is simply something they can not afford. Many clients reported losing employment due to lack of child care.

Child care in smaller cities is very limited and specialized child care is almost non-existent. Other research has noted, "As a result of low rural population densities, distance to jobs are often great, creating needs for reliable transportation. Key social and educational services may be unavailable or available only with a long commute. Child care options are fewer and harder to arrange" (Whitener et al, 2002). Because resources are limited child care centers can pick and choose the children they want in their facilities.

After school and summer supervision for children over 12 is another issue. Data presented earlier in this report indicates that behavior problems are more prevalent in older children, it is an even greater issue with those clients who are working. Clients became more frustrated as children grew older and had to be left unattended sometimes for several hours a day. When the child gets in trouble the parent must often take time off work to deal with school and court issues. One client had two children, young teens, who were court ordered to be with their mother anytime they were not in school. This situation, as well as the other 4 younger children in the home, made it nearly impossible for this mother to retain employment.

There was little the intervention specialist could do in some of these cases. Inadequate child care provisions are a reality not just for the public assistance population but for many working parents. While individual clients were helped to solve specific issues there are many

broader questions regarding the quality of child care, access and safety issues that need to be addressed by society as a whole.

Education and Training: Once clients were beyond an immediate crisis, they often asked for assistance with other "non-crisis" issues. Information on education and training was one of these issues. There were 44 (7%) referrals for education and training. Research indicates that while work is often the means by which women exit welfare, education helps them attain self-sufficiency (Institute for Women's Policy Research, April 2002). One client was unfamiliar with what was available and wanted to get her CDL (commercial driver's license). After completing the necessary paperwork, she was granted the training money and now has a full time job as a truck driver. Certain DWS offices seemed better equipped to assist people with money for education and training. Clients reported being particularly frustrated when they felt they were not offered all options during their time on cash assistance. One client said "my counselor just kept saying 'get a job, get a job', no one told me about education. She said 'this is the best you can do, this is the best you will ever be.' I have cleaned motels all my life, I know I can do better. She never offered education to me.....".

There was collaboration between the intervention specialist, DWS, New Horizons, Salt Lake Community College, Horizonte, many school districts and other educational institutions, to assist parents in obtaining self-sufficiency through education. Of the 44 clients who were referred for education and training, 18 were able to enroll in some type of training program, complete higher education, and/or earn a high school diploma or GED. Among the success stories, there are currently three parents from two immigrant families attending Salt Lake Community College and working part-time as a result of the assistance received through this collaboration. This service was one of the most rewarding for the intervention specialist to be involved. As clients obtained the money to complete school, or received their degree or certificate, they were always excited about the possibilities this step would open up for them, and they were grateful for the chance to pursue the educational opportunity.

Children's Health Insurance Program (CHIP): Few clients (11) had questions about the CHIP program. Most of the respondents who were referred to the intervention specialist were not working and the family still received Medicaid. Most of the intensive in-county and out-of-county families were still receiving Medicaid. The CHIP referrals came from clients who were working enough to disqualify them from Medicaid but were unable to receive insurance for their children at their place of employment. The intervention specialist answered questions and mailed application forms to these families. This is an example of an area where the intervention specialist provided interviewers with information and applications so that if a respondent was in need of an application one could be provided on the spot.

Other DWS Services: There were 44 (7%) referrals for other DWS services. These included resume writing classes, parenting classes, ORS, transportation/bus passes, Y funds (discretionary funds for employment related needs), employment services, and career counseling. It is important to support and encourage use of these resources as it also reinforced the diversity of services DWS has to offer. These services are generally available whether or not a customer is receiving benefits from cash assistance, food stamps, child care or Medicaid.

Summary of Referrals for Services through DWS

There were 65 (18%) clients who did not respond to the intervention specialist's telephone calls, home visits, or letters. In many cases, telephone numbers had been disconnected and many had moved, some out of state. Some resolved their problems and did not need the assistance of the specialist, others changed their minds about wanting assistance. Of the clients who did receive services through the intervention specialist, records were kept of the outcome for each case. Table 4.3 details the specific services received when making requests for services from DWS.

Table 4.3: Client Services Received from DWS

Services Received	Number of Clients Served Successfully
Food Stamp Cases Opened	52
Medicaid Cases Opened	41
Extensions Granted (34 sought, one denied)	33
Y funds approved	6
Emergency Assistance Received	4
Child Care Cases re-opened	10
Education and training	18
Referrals to Constituent Services	30

Upon review of the original referrals, it is clear that many of these clients would not have received services for which they were eligible had they not been interviewed and referred to the intervention specialist. These clients were typically isolated from resources and information; they often suffered from physical or mental health problems, lacked a support system, lacked transportation to a DWS office, and believed they could no longer apply for any services. The intervention specialist made every attempt to partner with them to solve the crises. Cases were only referred to Constituent Services after every attempt had been made to solve the situation without using this resource. The contact with Constituent Services was key in resolving some cases and a valuable resource of information for the intervention specialist.

Referrals for Services Outside DWS

In addition to the services received through DWS, clients received help with a variety of issues. At the beginning of the intervention project, the intervention specialist spent time getting to know the various service agencies within Salt Lake County, building rapport with front-line workers and supervisors. As interviewing continued in other counties, a statewide search began to find agencies that could help families in other areas. Collaboration between the intervention specialist and other agencies has proven productive. Personal referrals were made to the entity

that could best assist the client. Once the intervention specialist had made a referral to an agency in the client's own area, a follow-up telephone call was made to check on progress.

Many other agencies were used as resources to help solve clients' issues. These included:

Catholic Community Services
Church of Jesus Christ of Latter Day Saints
Community Action Program
Dental services
- -Primary Children's Hospital
- -Salt Lake Donated Dental
- -Regency Blue Cross Blue Shield of Utah: Caring Foundation for Children

Utah's Division of Child & Family Services
Division of Services for People with Disabilities (DPSP)
Doctor services
- -University of Utah Medical Center
- -Utah Medical Association

Families and Communities Together(FACT)
Family Support Center
Food banks
- -Crossroads Urban Center
- -Rescue Mission of Salt Lake City

Information and Referral (statewide)
Head Start
Home Energy Assistance Program (H.EA.T.)
Housing Authority offices
- -Ogden City Housing Authority
- -Salt Lake County Housing Authority
- -Salt lake City Housing Authority
- -West Valley City Housing Authority

IHC Mission Services
International Rescue Committee
Junior League of Utah
Legal Center for People with Disabilities
Literacy Action Group
Mayor's Council for Immigrant Youth and Families (Salt Lake)
Multi-Culture Legal Center
New Horizons
People Helping People
Salt Lake County Aging Services
Salt Lake County Sheriff - car seats
Social Security Administration
Sub-for-Santa
Used clothing shops
- Deseret Industries (D.I.)
- JEDI Women
- Junior League

Utah Legal Services
Utah Parent Center
Utah Refugee and Employment Center
Utah State Board of Education
Utah Transit Authority
Utahns Against Hunger
Valley Mental Health
Valley Services
Vocational Rehabilitation
Volunteers of America
Woman, Children, and Infants (W.I.C.)
Young Women's Christian Association (Y.W.C.A.)

Clients were in need of assistance with a wide variety of issues. The crisis issue was the reason for referral but often other issues surfaced with which the intervention specialist could assist the client. Clients asked for help with: car seats, car repairs, respite care, addiction counseling, domestic violence shelter information, dental work, legal assistance, career planning, rent assistance, home repairs, court orders, business loans, unemployment benefits, food, schooling, counseling, Sub-for-Santa, clothes, criminal record expungement, and SSI assistance. The number of referrals for each of these additional services is detailed in Table 4.4.

Table 4.4:
Most Common Other Referrals

Referrals	Count	Referrals (con't)	Count
Housing	68	Sub for Santa	5
Education/Training	48	Other Utilities	4
Counseling	44	CPS	4
SSI	23	Infant car seats	4
H.E.A.T.	12	Home Repairs	3
Criminal History	11	Immigration	2
Legal	11	F.A.C.T.	2
Transportation Issues	10	Domestic Violence	2
Clothing	7	Vocational Rehabilit.	2
W.I.C.	6	Medical Doctors	2
DSPD	6	Small Business Loan	1
Dental	5	**Total**	**282**

While many services were used, the most frequently requested services were as follows: 1) housing, 2) education and training, 3)mental health/substance abuse/family counseling, 4) assistance with the Social Security process, 5) HEAT assistance, 6) help with criminal records, 7) legal questions, 8) transportation issues, and 9) requests for clothing.

Housing: One of the greatest resources available to support families is housing assistance. There were 68 (24%) referrals for this form of assistance. Many families reported they would not be able to make it without housing assistance. The intervention specialist worked closely with housing agencies statewide to help clients apply for housing and track them while on the waiting list. The intervention specialist also served as an advocate for clients with specific housing needs. In one case, the intervention specialist worked with a specific housing provider to help a client's family receive assistance. Normally, this agency only serves individuals with drug or alcohol recovery issues, but an exception was made for this homeless family.

One client believed that if the police were called to the home of someone on housing, regardless of the reason for the call, the family could lose their housing. This was a serious problem for the client who needed a police report in order to receive an extension of cash assistance based on domestic violence. After discussing the issue with the housing authorities, the intervention specialist learned that if a domestic violence victim obtained a restraining order after the police were called, the victim would not lose the housing benefits. In light of this new

information, the client now had a way to retain her housing and still receive an extension based on domestic violence.

Many employment counselors are unaware of the partnership between DWS and the local housing authorities. Employment counselors can get their customers on additional waiting lists by making a referral to the housing agency's welfare to work program. Housing can be secured more quickly if the referral and income verification is submitted to the housing case worker

Education and Training: Referrals regarding education and training (48 or 17%) included providing information regarding Pell Grants, applying for college, GED and high school diplomas, tutoring, children's educational issues, special education, and immigrant-language issues. While these questions were not crisis oriented, the intervention specialist thought it important to assist clients in these areas believing, "The more education a woman has, the less likely she is to be on welfare, the more likely she is to get off, and the less likely she is to return. There is a direct correlation between level of education and income" (Brandwein, 2002). The intervention specialist worked directly with the Board of Education, school districts and individual schools, Salt Lake Community College, University of Utah, principals, teachers and counselors regarding the concerns of parents and students.

An Iranian immigrant was referred to the intervention specialist with education questions. The client spoke very little English and was enrolled in ESL classes through Granite School District. She has a degree in Chemistry from a University in Iran but, like most immigrants, her degree was not recognized here. Her husband had a degree in biochemistry and was working at a local grocery store deli. He wanted to pursue a career in his educational field but was turned down at jobs because, again, his degree is not from the United States. The husband became depressed and his wife worried for him and their three children. A connection was made to New Horizons and a partnership developed to help the family become self-sufficient. New Horizons assisted the husband with career placement. The intervention specialist pursued education opportunities at Salt Lake Community College. Today, with the help of New Horizons, the husband has a full-time job drawing and analyzing blood. He states that he has never been happier and is saving money to purchase a home. Both the client and her husband are pursuing degrees from Salt Lake Community College with the help of Pell Grants and Workforce Investment Act (WIA) funding. They have been in the United States for five (5) years and no longer receive any DWS services.

Counseling: There were 44 (16%) referrals with questions regarding mental health counseling. This was not surprising considering, "In the National Survey of American Families, 35% of low income families reported having poor mental health in at least one of four areas, including anxiety, depression, loss of emotional control, and psychological well-being (Zedlewski, 1999). The counseling focus included issues from mental health, family concerns, depression, and addictions. Most clients receiving Medicaid were referred to the Valley Mental Health office in their area. Clients without insurance were referred to community agencies that charge on a sliding scale. Once the referral was made for counseling, the intervention specialist would remain available if the client needed assistance in another area. If the client felt his/her needs were being met by the counselor, the intervention specialist closed the counseling portion of the case.

Social Security Benefits: More time was spent helping clients with the Social Security application process than with any other category. There were 23 (8%) such referrals. The process itself takes about three years and requires the completion of many forms, including letters from doctors and other supports. It is often difficult for an individual with a disability to adequately pursue Social Security without an advocate to help. It was especially difficult to find agencies in rural areas willing to assist clients with this time-consuming process. Valley Mental Health in Salt Lake County and Weber Human Services in Weber County were available to assist clients in getting started, but they were limited in their ability to follow clients through the entire three year process. It is important for employment counselors to quickly identify, through proper assessment, those clients who should apply for Social Security. This way the DWS worker will have time to see the client through the application process.

H.E.A.T.: During the winter months, clients had questions regarding assistance paying their heating bill. These issues were relatively easy to resolve. The intervention specialist contacted the client to give them the telephone number of the H.E.A.T. program in their area. There was typically one call to ensure they had indeed received services.

Criminal Records: As referrals were received regarding clients with criminal records, the intervention specialist found that DWS had one employee who was directly responsible to assist individuals with this issue. He was able to direct the intervention specialist to Valley Services, Vocational Rehabilitation, People Helping People, New Horizons, Community Action Program, and Volunteers of America. He stated that he felt overwhelmed by the number of people with this barrier and could not help them all. There appears to be very limited help for people with this barrier. A call was made to Valley Services and they were very helpful in giving a list of companies that hire individuals with criminal records, including the LDS church. The intervention specialist made numerous referrals to Valley Services. However, one client who was referred had an outstanding warrant. Valley Services notified the intervention specialist and explained that they are required to report any individual with an outstanding warrant to the police. After that, only those with no warrants were referred to Valley Services.

There seems to be a general lack of understanding regarding the impact of having a criminal record. Many clients expressed embarrassment or lack of trust in disclosing the criminal history information to others, including their employment counselor. Some felt they would be ridiculed, judged, or treated differently if they talked openly about the issue. Many spent three years never addressing this issue yet viewed it as a major barrier to employment. Some clients commented that they had been sent to places of employment such as Arby's, Shopko, or Wal-Mart -- job sites that deal with money. Clients felt they would not be hired because of their criminal record. The combination of shame regarding a criminal record and lack of resources to address such issues makes this a significant barrier for people.

Legal Issues: Referrals of a legal nature, other than those relating to a criminal history, fit into this category. Tenant's rights, divorce, and custody questions were common. Utah Legal Services and Tuesday Night Bar, were a couple of the agencies to whom clients were referred.

Transportation: Questions regarding transportation centered around bus passes and private vehicles that needed repairs or registration. Clients receiving Medicaid were informed

that they were eligible to request a Medicaid bus pass through the Eligibility Service Center. For those clients who had closed transitional (TR - generally meaning they had become employed), the intervention specialist explained how "Y" funds could be used to get their personal cars repaired so they could maintain employment.

Note: Some time was spent talking with the Board of Education and Salt Lake Community College (SLCC) regarding their mechanics classes and whether or not they could help families. An agreement was being drafted with SLCC regarding this issue. The services were going to be completed by students, with the families buying the parts. Unfortunately, this arrangement was never solidified due to the termination of the project.

One client who started receiving Social Security benefits was accompanied by the intervention specialist in a visit to the Utah Transit Authority (UTA) Flextrans office to apply for services. This individual does not have a visible disability but suffers from severe mental disorders that are exacerbated in crowds. The employee that interviewed this client was unsympathetic toward his issues stating "you don't look like you need Flextrans". The intervention specialist contacted the supervisor and filed a complaint regarding the treatment of the client. A few weeks later, the client received a Flextrans permit, enabling him to go to his doctor appointments without the extra stress a regular bus route would have caused.

Clothing: Several referrals came from female clients who needed career clothing for job interviews. Along with the referral for clothing, many asked where they could obtain shampoo, detergent, soap, toothpaste, and other personal hygiene products. Many had been accustomed to using a small portion of their food stamp allotment for such purchases. Due to policy change, clients were no longer able to fill this need. Thus, even if a client might have a referral for clothing from groups such as the Junior League, YWCA, or Justice, Economic, Dignity, and Independence for Women (JEDI Women), there was no detergent to wash the clothes.

The intervention specialist learned resourcefulness from these clients as they shared techniques used to survive and maintain cleanliness and a degree of self respect. One client would take napkins from convenience stores to use as toilet paper, another would mix vinegar and baking soda to clean their homes. One woman went to a food pantry that offered hygiene products in the food box. She took the box home and removed the personal products. She then returned the food to the pantry since the food was not needed. As one client stated, "We eat well, I have plenty of food, but not a napkin to wipe my face, or toilet paper for guests, or toothpaste for my children."

SERVICES PROVIDED/LENGTH OF INVOLVEMENT

The length of time the intervention specialist spent working with a family depended on the reason for the referral and type of services needed by the family. Table 4.5 presents the 359 referrals by length of time spent by the specialist with each client.

Table 4.5: Time Spent per Referral

1 Week	1 Wk - 1 Mos	1 Mos - 3 Mos	3 Mos - 6 Mos	6 Mos - 9 Mos	9 Mos - 12 Mos	12 Mos +	Total Referrals
61 (17%)	109(30%)	115 (32%)	56 (16%)	8 (2%)	4 (1%)	6 (2%)	359

The majority of referrals that required 'one week' of intervention, were regarding education and training. In addition, simple questions requesting basic information, telephone numbers, eligibility requirements, etc. were answered. The intervention specialist would either pass the contact number on to the client or make a telephone call on their behalf to an agency and pass on the needed information. In some cases a telephone call was made but by the time the intervention specialist made the follow-up call, the client's telephone had been disconnected. A letter was then sent letting them know they could call again if they required assistance.

'One week to one month' referrals consisted primarily of clients who needed to reapply for some form of assistance, generally for a DWS service. Timeliness of service delivery issues often became apparent within this group and many cases were turned over to Constituent Services as the client neared the end of the 30 day application processing time line. Once a client was encouraged to reapply, the intervention specialist was able to track progress through PACMIS. Again, PACMIS was invaluable in this project as it gave the intervention specialist first-hand knowledge of what the client needed and information on how the case was progressing.

In the 'one month to three month' period, clients with a greater number and more serious barriers began to appear. Many had questions regarding housing, child care, disabled family members, court orders, Medicaid, extensions, food stamps, Social Security benefits, criminal records, CPS referrals, mental health issues, drug rehabilitation, and homelessness. The greatest number of referrals in this group involved questions regarding eligibility for DWS services. Many clients believed that when their time limit for cash assistance had passed, they could not longer receive food stamps and Medicaid. For most, these cases closed incorrectly. It was a matter of checking PACMIS to see the status of the case and informing the client of the right to reapply.

Transportation and communication problems were common barriers in this group as well. Many telephones were disconnected during the referral process and thus letters were mailed in hopes that the client would contact the intervention specialist. If the client lived in Salt Lake County and lacked transportation or bus passes, the intervention specialist would visit the home to complete forms, often stopping to pick up a food box on the way. Completed forms were then delivered to the appropriate agency. The most difficult cases were those out of Salt Lake County. In these cases the intervention took place entirely over the telephone. The intervention specialist would make calls to the client and service agencies and then wait for return calls. Many out-of-county referrals took longer to resolve because of the wait between telephone calls.

The ‘three month to six month’ group may also have had questions regarding their eligibility for services, but their biggest challenges involved overcoming barriers. When the intervention specialist received a referral for a client there were often several areas of concern. The intervention specialist worked with the client on each issue as was outlined by the client, and in the order the *client* believed to be the most important. Even if the intervention specialist recognized a greater need in another area, respect for the client and his/her desire to achieve independence dictated that the intervention specialist let the client take the lead and work together to build trust.

Assistance with criminal records, child care and cash extensions were dominant within this group. Often the process of reapplying for cash assistance to receive an extension placed an enormous burden on a client. One client was bedridden with brain cancer and did have a representative helping with the Social Security application, but needed financial assistance. Through the help of Constituent Services, a telephone conference was held for this client and an extension was granted. The process to help this client took three months while telephone calls were made and returned and forms were completed and sent to various agencies.

Many referrals from this group were for immigrant and undocumented (alien) clients. Language and culture were great barriers for these clients and their families. The intervention specialist spent time getting to know agencies within the community that could best help them. A close association developed between front line workers at the Asian Association of Utah, Catholic Community Services of Utah, Immigration and Naturalization Service, International Rescue Committee, Salt Lake Mayor’s Council for Immigrant Youth and Families, the Refugee Association and the intervention specialist as each worked together to assist these clients.

Clients in the ‘six month to nine month’ group may have initially requested services for basic needs such as food, medical, clothing or shelter. As these barriers were addressed, other long term issues appeared. Issues facing these clients often involved physical and mental health issues, transportation problems, Social Security applications, CPS referrals, legal concerns, education and training assistance, disputes between the client and the employment counselor or eligibility worker, and problems completing medical evaluation forms.

The most commonly used form for evaluating medical and mental health issues is called a Form 1. A “Form 1" is used to determine the customer’s “functionability.” The form is used to describe physical and/or mental health concerns in relation to the ability of the customer to be employed. Transportation issues and illness often make it difficult for a client to have a Form 1 completed in a timely manner. Many have to wait two or more months to see their doctors so the form can be completed. After working with various doctors and clinics, it became apparent to the intervention specialist that doctors were discouraged by the length of the form. Some would comment that they had sent it in already and it had been misplaced. Others insisted it was unnecessary for patients with a life-long disability to complete a new Form 1 every three months. One doctor stated, “she has a traumatic brain injury from an accident, it will never get better or go away. Why do I have to fill this form out every three months?”.

One client moved from within the boundaries of one office to another. She requested her case be handled in the new office closest to her home due to transportation issues. The new office never received the file and she was told to go back to the old office to apply for child care.

Back at the old office they told her she had to apply at the new office, the one that handles her new zip code. Again at the new office, she was told that she needed to speak with her employment counselor at the old office about child care. The client returned to the old office and was told her file was sent to the new office and to go there and get a new employment counselor. Constituent Services was called to help with this case. With their help, the file was located and the client was asked to write a statement indicating she wanted her case to be handled at the new office. During this time, the client had a job offer but could not accept it because she could not secure child care assistance.

Three clients in the 'nine to twelve month' group were intensive clients from Salt Lake County. The fourth case was an intensive out-of-county client with Fibromyalga and an addiction to pain medication. The client also had an eligible child in her home and was receiving food stamps and Medicaid. She came to Salt Lake City to meet with a doctor because she had been told to have a doctor complete a Form 1 so she could be evaluated for an extension due to physical health issues. The intervention specialist went with her to the hospital and the doctor indicated that she had the ability to work once she stopped using the pain medication. A discussion with her employment counselor indicated that he would grant her an extension if she would seek treatment through the local mental health center. After relaying this information to the client she said she would not stop taking the pain pills and did not believe she had an addition issue. It was clear that she had an excellent employment counselor who was concerned for her well being and wanted to help her become stable. After months of discussions between the client, counselors, family members, and intervention specialist, this customer is no closer to achieving self-sufficiency. Finally, her daughter turned 18 and the client was no longer eligible as a FEP customer. All who were involved with this client are hoping she receives the treatment she needs.

The six '12+ month' cases were all involved in intensive case management. The issues involved education and training, mental health services, homelessness, medical problems, Social Security applications, child care, extensions, and legal concerns. From the beginning, these clients had multiple barriers to self-sufficiency. Some barriers were handled quickly, within one to three months, but typically, as one barrier was removed another surfaced. Generally, these clients were moving toward long term resources such as Social Security. This group is reflective of those for whom true "self-sufficiency" will likely never be possible. The goal was to connect them to the appropriate resources to help them achieve some degree of long term stability.

As of May 31, 2002, 14 telephone intervention cases and 12 intensive cases had not been resolved. The services of the intervention specialist came to an end and these clients were notified that they would no longer be able to receive services, the outcomes are unknown.

Length of Service Summary

It was clear that a large majority of cases could be resolved in a relatively short period of time. As can be noted in Table 4.5, 79% of the referrals were resolved in 3 months or less. For these clients short term attention to a specific need was all that was necessary to move them out of crisis and toward stability. Additional resources provided the client with enough support to move forward on their own.

OUTCOME AND CASE RESOLUTION: SOME EXAMPLES

The findings reported thus far provide general information regarding services used and length of service needed to resolve problems. Presenting individual scenarios provides an opportunity to better understand the issues in context. The four cases presented here will provide a sample of the variety of families served by the intervention specialist. While no two clients were exactly the same, these stories reflect common issues and means of problem solving.

Intensive Case # 13 (Five Months Involvement)

A client was referred in December 2000 with questions regarding food stamps and Medicaid. This client lived outside of Salt Lake County, but it was determined her needs were great enough that the intervention specialist should become involved. The client has three children ages 17, 12, and 10. The 10 year-old has a chromosome disorder which has caused him to be mute, and the oldest child was in a car accident that paralyzed him below the neck. All benefits were closed when her financial assistance closed after 36 months. When the client was interviewed it was learned that she did not know she could reapply for food stamps and Medicaid. The client was referred to the intervention specialist. The extension process was explained to her and she was encouraged to reapply for services. When she did reapply the employment counselor asked if she could work at night while her children were asleep. She explained that her son needed to be turned every hour and that there wasn't adequate nursing care in the small community to care for his needs. The client did not feel her employment counselor understood her situation and she felt uncomfortable with these solutions. She made contact with Constituent Services to review the case. In preparation for the extension staffing, the client had the doctor complete a form explaining the children's medical issues and what was required of the client as the primary care giver. After the extension staffing, the client indicated she felt it went well, but wouldn't know the out come for a few weeks.

Five weeks later the intervention specialist checked the case on PACMIS. The narration indicated the case closed because the client had not provided the necessary information regarding her son's trust account. This was the first the client had heard of a need to submit this information. On the Form 124 (the checklist used by DWS listing the necessary papers needed in order to determine eligibility) the client was given at the initial interview, there was no indication DWS had ever requested such information. The client requested a fair hearing but was told the filing period had expired. She was frustrated because she felt no one had explained the fair hearing process to her and she was unaware that more documentation was needed to complete her case. She called the intervention specialist and asked for help in finding a solution since four months had passed with no financial assistance. As far as the client was concerned, she had provided all the paperwork requested by the eligibility worker on the Form 124. A copy of the Form 124 was mailed to the intervention specialist and Constituent Services for review. Constituent Services determined there was no mention of needing paperwork regarding her son's trust fund, thus the client should have been granted an extension. After four months of effort, the client informed the intervention specialist that her son had turned 18 and was receiving his trust fund. She no longer needed services from DWS and withdrew her application.

Open Intensive Case #16 (Fourteen Months Involvement)

The client was referred on 1/29/01. Food stamps, Medicaid and cash assistance services were all closed. This was a family of 7, including children ages 12, 10, 9, 1, and 6 months. They had no car and the client's fiancee (the father of the two youngest) worked full time, riding a bike to work. The eldest son walked 2 miles to school and the client's immediate concern was obtaining a bus pass for him. The school district was contacted and said there was no money available for a bus pass. In further conversations with the client it was learned that the family had little food and no medical coverage. Food from Crossroads Urban Center was delivered to the client and she was taken to DWS to reapply for food stamps and Medicaid. The client was told she needed to provide copies of birth certificates in order to receive food stamps. She did not have the money to obtain copies and believed the office should already have copies since she has been in the system for many years. After reviewing the policy manual, it was found that various forms identification can be used. Since the client had social security cards for everyone, these were provided in lieu of birth certificates.

On 2/7/01 another supply of food from Crossroads was taken to the family. The client stated that the school was accusing her of neglect because her son had missed 17 days of school. Her son had a severe toothache and she didn't have Medicaid to cover the charges to fix it. She asked if she could have the F.A.C.T. worker call to verify that an application for Medicaid had been completed to prove she was caring for her children. Medicaid benefits for all family members were quickly approved. On 2/14/01 the client called and said her worker told her that she was not eligible for a Medicaid bus pass because she lived in Salt Lake County. After further research it was discovered that indeed every Medicaid recipient was eligible for a bus pass and that one should be offered automatically for transportation to medical appointments. The client was able to get bus passes for her family. A third order of food from Crossroads was delivered.

On 2/20/01, the client received $37.00 in food stamps for January but wondered why she didn't receive any for February. The client contacted her worker and the worker stated they were in the middle of an audit and it would take 2 to 3 days for February food stamps to be issued. When the intervention specialist checked PACMIS, there was a hold on February food stamps and a note from the eligibility worker stating that the client should not have received January's food stamps due to a question regarding the fiancee's income. The eligibility worker indicated the client needed to provide verification regarding the money her fiancee receives for attending school. The eligibility worker offered to call the school to find out how much the fiancee receives for attending and learned the income in question was already reported on the fiancee's check stub. Once this issue was clarified the client believed the food stamps would be approved shortly.

Two days later the client's family was still without food and her two infants were without doctor ordered anti-allergy formula. Crossroads filled a fourth order for this family and asked the client to sign a release so they could work as advocates for her. The eligibility worker stated that food stamps would not be open until 2 days past the 30 day application processing period due to the audit. Finally, four days past the application processing period the eligibility worker called the client to inform her that her food stamps were on her card. The family was now receiving the services for which they were eligible.

This case was monitored monthly through PACMIS. In November 2001, the client informed the intervention specialist that she had separated from her fiancee and that Child Protective Services had become heavily involved with the family. The client and her children were now involved with multiple government agencies. The intervention specialist organized a meeting with representatives from each agency in order to address the needs of the family. The goal was to reduce overlap of services and coordinate agency plans to help the client be successful in all areas.

In spite of the coordinated efforts, the children were placed with the father while the client received mental health services. Shortly thereafter, the client was evicted and living in a car. The client called the intervention specialist and explained the situation. The intervention specialist took her to apply for general assistance. This was quickly approved and the client was able to pay rent and participate in the CPS plan. With the assistance of the intervention specialist, the client applied for housing, attended a parenting class, applied for Social Security, and followed through with court orders. The client stated that she was feeling much better and attributed her progress to the depression medicine she was taking and the support from both her employment counselor and intervention specialist.

At this time, the client is homeless and cannot be located. She did not follow through with her CPS plan. Thus, her employment counselor had no choice but to end her general assistance and food stamps because she was not following through with her employment plan. Her whereabouts are unknown and her children were placed in foster care and with their father.

This was a very challenging client with multiple barriers to self-sufficiency. There were times when she was able to follow through and move forward. At other times the barriers became too much and she was overwhelmed. The employment counselor's willingness to work with various agencies was a significant help when the client was moving forward. This case shows that even when many supports are provided some clients may not be ready to take these steps.

Closed Telephone Case #12 Out-of-County (Four Months Involvement)

This client resided in a metropolitan area and was referred to the intervention specialist on 11/15/00 for help with food stamps and Medicaid, H.E.A.T., Sub-for-Santa and help with a fair hearing. During the first telephone contact, information regarding H.E.A.T., Sub-for-Santa, and fair hearings were discussed and follow-up flyers were mailed to her. A telephone discussion followed regarding food stamps and Medicaid. The client was told by the eligibility worker that these services were closed because her husband had stopped working. According to the client, her husband did not voluntarily stop working. He was injured and had a note from the doctor indicating that he should not work during his recuperation period. After hearing the details of the client's situation, the intervention specialist encouraged the client to reapply for services. On 12/28/01 the client and her husband attended the extension staffing. An extension was granted and education and training resources were used to send the husband to school to learn a new trade while he recuperated from his injury. The case was checked at the end of January and all services were open. A telephone call was made one month later to check on the family and the client expressed her appreciation for the encouragement she received from the

intervention specialist to return to the DWS office and ask for help. The client stated that her husband was almost through with school and had some job offers.

From the initial referral on 11/15/00 to 12/28/01, the client followed through with all the necessary requirements to obtain assistance while her husband recuperated and trained for another career. It only took four telephone calls and one letter to help this client and her family. The case closed when the husband found a job with benefits putting them over the income limit. This is just one example of the many successes that were facilitated with minimal effort. In this case, it was a simple explanation of benefits and eligibility criteria that gave the client courage to return to the office and reapply.

Open Telephone Case #322 In Salt Lake County (Three Months Involvement)

This client was referred on 3/4/02 for help with food stamps, Medicaid and cash assistance. The client indicated that she was very ill and her doctor told her not to work. The intervention specialist explained what she needed to do in order to reapply for services. The client gained confidence with the information provided and indicated she felt good enough to go into the office by herself. The client went back to the DWS office to reapply. On 4/01/02, she had a face to face meeting with the eligibility worker. The information provided by the client's doctor on the Form 1 indicated she was not able to work at this time. In light of this information, she was exempt from education and training and found to be eligible for food stamps and Medicaid.

When the client called to inform the intervention specialist of the outcome, she also indicated that she was struggling financially. When the intervention specialist asked if she had reapplied for cash assistance, the client said "I did not request financial assistance because no one mentioned it to me." The intervention specialist explained that medical information that led to the exemption from education and training for food stamps, might also help her meet the criteria for an extension of her cash assistance. The client stated she would go back in and reapply for cash assistance. On 5/3/02, the client was granted an extension based on the information provided on the Form 1 from her doctor.

This case is an example of where additional services could have been offered when the client first reapplied.

TRENDS IN SERVICE NEEDS

During the 19 months the intervention specialist provided services, trends surfaced regarding the types of interventions needed and issues around service delivery. These issues were not just part of one or two cases but seemed to be part of the system as a whole.

Extensions and Education and Training Exemptions: Several clients with whom the intervention specialist worked, were seeking food stamps. Those with medical or mental health issues were required by the eligibility worker to provide medical evidence that would exempt them from participation in education and training, typically a Form 1. The intervention

specialist wondered why this form could not also help the same client qualify for an extension of financial assistance while they recuperate from their illness. Several cases were identified where this was the case. The intervention specialist encouraged these clients to return and reapply for cash assistance. Every family that returned under these circumstances received an extension of their cash assistance. It was frustrating when a client with cancer or another serious illness had a Form 1 exempting them from education and training for food stamps, yet the eligibility worker did not suggest they also reapply for cash assistance. If the client finds out later that this is an option they must return to the office to complete the application for financial assistance - many are too ill to return. With the help of Constituent Services one extension staffing was conducted over the telephone for a client with brain cancer.

Interagency Involvement: Early in the intervention process it became clear that many clients were involved in several agency systems, each requiring different and sometimes opposing participation activities. Interagency collaboration occurred regularly between DWS, school districts, court systems, service agencies and families in crisis. For example, when a referral was made regarding the well-being of school-age children who were in the process of being removed from a client's home, collaboration began immediately between the intervention specialist, DWS, school officials, counselors, DCFS and the F.A.C.T worker to prevent a lapse in services for the children. A multi-agency meeting was held at an elementary school involving the DWS employment counselor, Child Protective Services (CPS) case worker, intervention specialist, school principal, school teachers, probation officer, and counselor to assess the family's needs, define agency roles, and outline steps to assist the family. The meeting was held to eliminate duplication of services and provide the best possible care to the family. At the end of the meeting each agency's role was defined and supportive services were made available. Input from the DWS counselor regarding what services would be available to the parent after the children were removed was vital. Not having the children in the home would impact the client's financial assistance and the Medicaid services she had accessed to receive counseling. Losing this resource had a significant impact on the functioning of this client.

The success of this meeting reinforced the idea that such meetings are very helpful for clients who are involved with multiple agencies. Typically, the client has a "plan" with each agency. Clients become caught between requirements that sometimes conflict and are they are forced to decide between complying with one agency over another. In these cases interagency meetings with the client are essential to assist the family in moving toward success. When the role of each agency, as well as each family member, is clearly defined, duplication of services is reduced, the client has a clear direction, and all understand the situation from a broader perspective.

Pathways: Each individual DWS office has an established set of pathways that customers must follow in order to receive services. For example, upon entering the office a customer must go to a certain desk to apply for services such as bus passes and child care. Paperwork must also be delivered to a certain desk. It was not unusual for the intervention specialist to be in an office on one day and by the next week the pathway for delivering documents had changed.

For example, the intervention specialist went to one office to deliver documents for a client who was homebound. At the express desk the intervention specialist was told that she

could do this anymore. Now, the client needed to make an appointment with the eligibility worker to review the documents. The intervention specialist explained that the client was homebound and could not come in at this time. The worker needed to get permission from the office manager before the documents were accepted. The intervention specialist dealt with each office in Salt Lake County and was required to follow a different pathway in each office. This was challenging and made more frustrating when things changed without notice. This is especially unsettling to clients who are already confused by the entire process.

Another issue which seemed to result from a change in pathways, was documents being misplaced or lost. The intervention specialist always recommended that each client not only make copies of all documents submitted, but also have each item date stamped in case the original was misplaced. If the client did not make a copy to prove the paperwork was delivered, benefits could be delayed or denied.

Many individuals were asked to provide information that was already in the system. Given the heavy work loads, employment counselors often do not take time to check what has been scanned by the eligibility worker. Sometimes a client who had been in the system for many years was asked to bring in some form of identification during a review. The client would become frustrated because he/she had already submitted identification on numerous other occasions. The intervention specialist would then call the eligibility worker to ask if the document had been scanned and relay the information to the employment counselor. In most cases one telephone call would eliminate the need for the client to make another trip to the office.

Employment Counselor and Eligibility Workers: Changes regarding public assistance occur on a national, local, or office-to-office level. Employment counselors and eligibility workers were generally very helpful and clearly wanted to serve their customers in the best way possible. However, it is clear they often feel overwhelmed by the amount of information they need to know in order to help each customer with his/her unique barriers. Employment counselors must have current information readily available to assist each customer. Continual training of employment counselors and eligibility workers is needed to ensure customers are given all the information possible to make sound decisions.

Immigrants and Undocumented (Alien) Clients: There is much confusion regarding the rules and regulations affecting immigrants and undocumented alien clients. It was difficult to find a worker who could answer questions regarding who did and did not qualify for assistance. The rules and regulations seemed to change constantly. One worker stated “there are so many rules to look at and they change all the time.” New categories for immigrants are created all the time making this a very complex issue. Unfortunately, many non-English speakers are lost in the system due to communication issues and lack of translation services. These were some of the most fragile clients served by the intervention specialist. Issues such as lack of social supports and language skills, unfamiliarity with the transit systems and US customs and laws, all made these clients vulnerable. It was not uncommon to hear of predators preying on the fears of these clients, selling such services as legal aid, insurance, and other “protections.”

Timeliness: In December 2001 several food stamp cases were not handled within the 30 day eligibility assessment time line. These cases were brought to the attention of Constituent Services. It appeared that eligibility personnel started working on the cases 2 to 3 weeks after the customer dropped off the necessary paperwork. When more information was needed, the worker mailed the notice to the client. By this time another 5-7 days had passed and the case had closed because the customer had not submitted the necessary information on time. When this situation occurred repeatedly in a particular office, Constituent Services was made aware of the problem and steps were taken to improve turnover time.

In one case, a client was notified two weeks after submitting her paperwork that she would need a telephone review. The telephone review occurred a week later and the client was informed of what documents needed to be submitted. The client gathered the information as quickly as possible but the eligibility worker stated she had exceeded the 30 day time frame and would need to reapply. With the help of Constituent Services, the supervisor was notified and steps were taken to move forward on the original application.

Communication Gap: As was stated earlier in the study, depression is a significant issue with many respondents. The intervention specialist found many clients who were cut off from avenues of support because they lacked a telephone or transportation. Losing cash assistance was often part of a continuing downward spiral into isolation. The hopelessness experienced by these clients was reduced when they were reconnected with services that gave them a sense of participation in their future. The intervention specialist was able to be with the client in his/her home and reestablish connections with various agencies so the client did not feel so alone and overwhelmed. Experiences with such clients reinforced the idea that some sort of safety net is needed to catch people before they are completely out of touch with all supportive services.

INTERVENTION SPECIALIST - SUMMARY AND CONCLUSIONS

The intervention specialist demonstration project provided a wealth of information regarding the services needed by former DWS customers. First and foremost, customers need more information regarding additional resources for which they may be eligible after cash assistance closes. At present, the closure process is not adequately serving these needs. There is general confusion over the connection between cash assistance and other services. As has been noted throughout this study, customers reaching the time limit are often those with multiple barriers and in the greatest need of additional supports. A safety net is needed for these fragile families.

In creating such a safety net, several aspects of the demonstration project should be noted as critical elements of success. The intervention specialist met with the client in his/her home, on “their turf.” The purpose was simply to answer questions and make sure the client understood what was happening. The intervention specialist offered other resources as needed and assistance in re-engaging with DWS if the client so desired. The fact that the intervention specialist was *not* a representative of DWS, or any government agency, was important. Clients viewed the intervention specialist as a neutral party, someone who could act on their behalf, versus an agency representative. The trust built in this relationship was vital to a successful outcome.

Many of the clients with whom the intervention specialist worked had multiple, persistent barriers to self-sufficiency. While self-sufficiency was always the primary goal, it became clear that for some clients this would likely never be possible. The intervention specialist was able to accompany several clients through the Social Security application process. But not everyone who applied was granted these benefits. This raises the question of what will happen to customers who are unsuccessful with DWS due to these barriers, yet are not found eligible for social security. Special care needs to be taken to ensure these families are connected with all the resources available. Generally this is much easier to do while the family is still receiving DWS services. It is important that customers with these multiple persistent barriers are identified early so that supportive services can be secured as soon as possible. Specialized workers may be needed to best serve these families who need something in addition to the typical services offered to those more able to move toward self-sufficiency.

The needs of the families served by the intervention specialist were diverse and challenging. For many, one phone call providing key information was all that was needed. For a few, ongoing intensive case management was needed to find resolution. In these cases the needs often seemed overwhelming. Yet, through creative problem solving, patience and persistence, many were able to gain stability and move in a positive direction. The effectiveness of this demonstration project illustrates both the need and the potential to help these fragile families.

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APPENDIX 1

Utah's Department of Workforce Services - Extension Criteria

Some families **MAY** be granted an extension to the 36 month time limit. The parent in any family filing unit granted an extension to the 36 month time limit is required to continue participation in an employment plan. Extensions are granted on a month-to-month basis. The following are reasons an extension may be granted:

Employment:
The parent who has received 36 months of assistance as a parent, was employed for no less than 80 hours during the previous month; **AND**
During at least 6 of the previous 24 months that the parent was employed for no less than 80 hours a month; **AND**
The parent who has received 36 months of assistance as a parent is expected to be employed for no less than 80 hours in the month financial assistance is being authorized for.

Medical:
The parent residing in a family filing unit is currently medically unable to work due to a physical, mental, and/or substance abuse health problem. Proof that a parent is medically unable to work is required.

Medically Needy Dependant
The parent is required in the home to meet medical needs of a dependent. A dependent is a person the parent is legally responsible for. An appropriate medical statement is required from a Medical Doctor/Physician/Mental Health Specialist.

Domestic Violence:
The parent receiving assistance who is a victim of domestic violence may receive an extension if the implementation of the time limit would make it more difficult for them to escape the domestic violence situation, **OR**
Unfairly penalize customers who are being or have been victimized by such violence, **OR**
Unfairly penalize customers who are at risk of further domestic violence.
In addition, the domestic violence must be a barrier to employment for an extension of the time limit to be considered. Domestic violence involves, physical injury, sexual abuse, sexual acts against a child, threats, mental abuse, and neglect. Evidence of abuse is required to receive addition months of financial assistance.

Young Parent:
Parents under age 19 are granted an extension through the month of their nineteenth birthday. The parent must continue participating in appropriate activities to increase family income.

Job Preparation/Education/Training
The parent is currently engaged in an approved full-time job preparation, educational or training activity which the parent was expected to complete but completion within the 36 months was not possible through no fault of the parent.

Note: If the parent has previously received, beginning with the month of January 1997, 24 months of financial assistance while attending educational or training activities, good cause for additional months must be shown and approved.

Completing of Training and/or Education
The customer completed an educational or training program at the 36th month and needs additional time to obtain employment.

Delay in Service
Through no fault of the parent a delay in the delivery of services provided by the Department occurred. The delay must have had an adverse effect on the parent causing a hardship and preventing the parent from obtaining employment. **An extension cannot be granted for more than the length of the delay.**

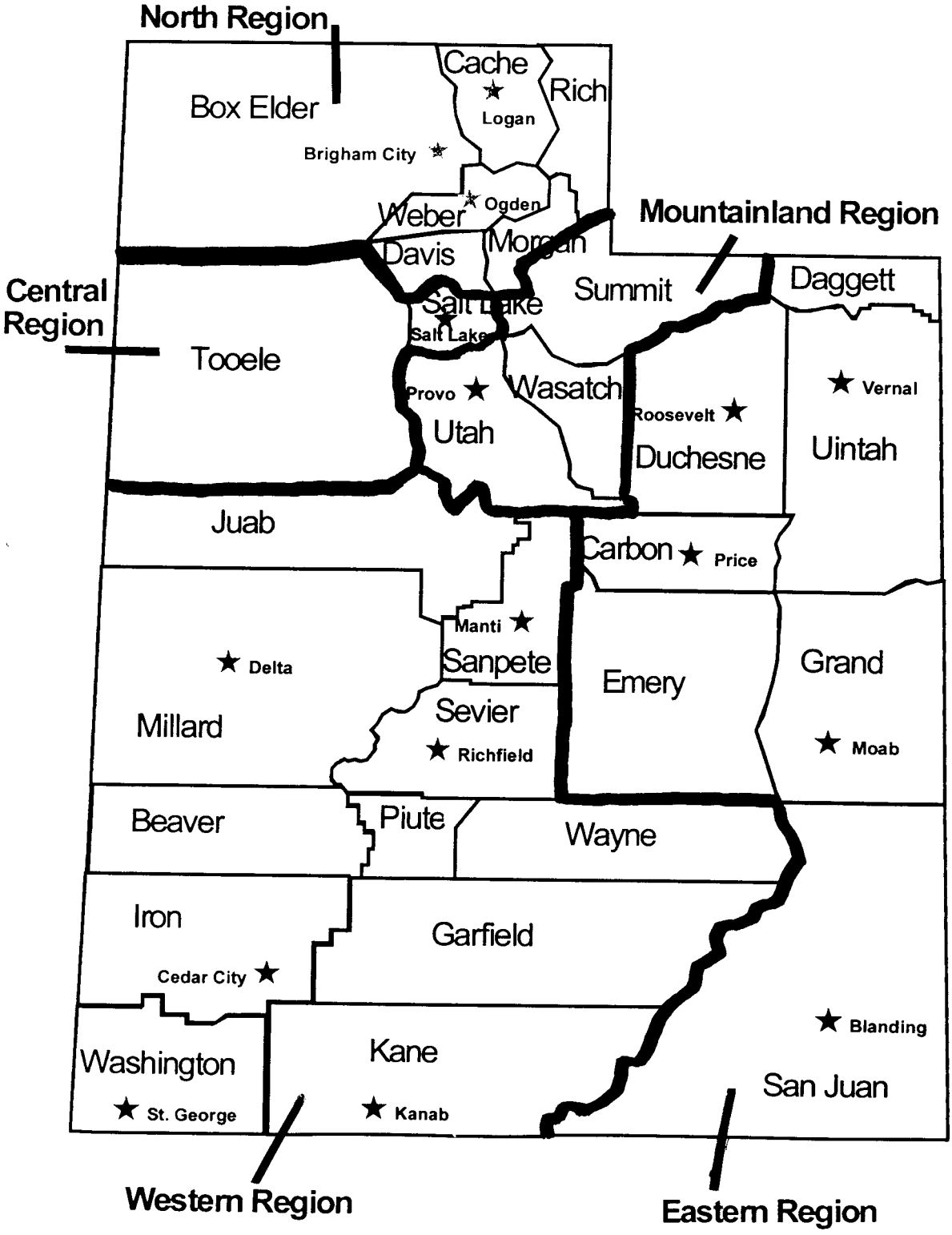
Example: Jane is job searching and working closely with her employment counselor. Jane is forced to move from her apartment due to a change of ownership. As a result her case is transferred to another employment center. Jane attempts to contact her new employment counselor on three different occasions, but has had no contact from the Department for over one month. She has not been able to locate a childcare provider and thus cannot find a job. The employment counselor contacts her after 7 weeks and schedules an appointment to meet her. Jane would be eligible for a **2 month** extension due to this delay in service.

Moving to Utah
Consider an extension when a customer moves to Utah from another state having exhausted enough months of financial assistance since October 1, 1996 to place them near or past Utah's 36 month time limit and, through no fault of the parent, a delay in the delivery of services provided by the other state resulted in a hardship to the parent, preventing the parent from obtaining employment. Verify with the other state that services were not offered or available.

Example: Angela moved from California to Utah. In California she received 33 months at the time of application in Utah. She indicates she was on a waiting list for services to complete her GED in California. She did not receive another services while on the waiting list and could not find a job. The California worker indicates it was through no fault of Angela that services were delayed. The Utah worker provides Angela up to four months of extended services to find work and assist her to develop a plan for the closure of her financial assistance due to Utah's time limit.

Each case must be reviewed monthly to assess the extension criteria and participation in the negotiated activities.

Appendix 2:
Regional Divisions
Department of Workforce Services, Utah



APPENDIX 3
Population Group - Designations by City

METROPOLITAN:

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

City	Total City Population
Bennion/Taylorsville	57,439
West Jordan	68,336
South Jordan	29,437
Ogden	77,226
Roy	32,885
Brigham City	17,411
North Ogden	15,026
Clinton	12,585
Riverdale	7,656
Pleasant View	5,632
Sunset	5,204
Harrisville	3,645
Layton	58,474
Clearfield	25,974
Kaysville	20,351
Syracuse	9,398
Orem	84,324
Pleasant Grove	23,468
American Fork	21,941
Lehi	19,028
Provo	105,166
Springville	20,424
Spanish Fork	20,246
Payson	12,716
Santaquin	4,834
Salt Lake City	181,743
Bountiful	41,301
Murray	34,024
Kearns	33,659
South Salt Lake	22,038
Magna	22,770
Centerville	14,858
Holladay	14,561
Farmington	12,081
North Salt Lake	8,749
Woods Cross	6,419
West Bountiful	4,484

West Valley City	108,896
Sandy	88,419
Midvale	27,029
Draper	25,220
Riverton	25,011

URBAN:

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

City	Total City Population
Cedar City	20,527
Enoch	3,467
Parowan	2,565
Logan	42,670
North Logan	6,163
Wellsville	2,727
Richmond	2,051
Nibley	2,045
River Heights	1,496
Price	8,402
Helper	2,025
Wellington	1,666
St. George	49,663
Hurricane	8,250
Washington	8,186
La Verkin	3,392
Tooele	22,502
Grantsville	6,015

RURAL

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

City	Total City Population
Altonah	***
Aneth	***

Aurora	947
Ballard	566
Beaver	2,454
Blanding	3,162
Bluff	***
Castle Dale	1,657
Centerfield	1,048
Delta	3,209
Dugway	***
East Carbon	1,393
Elk Ridge	1,838
Eureka	766
Fairview	1,160
Fielding	448
Fillmore	2,253
Fountain Green	945
Francis	698
Fort Duchesne	***
Garland	1,943
Goshen	874
Green River	973
Hanna	***
Heber City	7,291
Huntington	2,131
Ivins	4,450
Joseph	269
Kanab	3,564
Koosharem	276
LaPoint	***
Lawrence	***
Lewiston	1,877
Marysvale	381

Mexican Hat	***
Midway	2,121
Milford	1,451
Moab	4,779
Monroe	1,845
Montezuma Creek	***
Monticello	1,958
Monument Valley	***
Morgan	2,635
Moroni	1,280
Mt. Pleasant	2,707
Myton	539
Neola	***
Nephi	4,733
Orangeville	1,398
Panguitch	1,623
Park City	7,371
Plymouth	328
Randlett	***
Richfield	6,847
Roosevelt	4,299
Salem	4,372
Salina	2,393
Sigurd	430
Spring City	956
Sterling	235
Sunnyside	404
Terra	***
Tremonton	5,592
Utahn	***

Vernal	7,714
Vernon	236
Veyo	***
West Point	6,033
White Rocks	***
Yellowstone	***

** - Population Statistics: 2000 United States Census
*** - Population figures not given in 2000 Census - all are very small communities.