



Family Employment Program (FEP) Redesign Study of Utah 2014: Final Report



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**Family Employment Program (FEP) Redesign Study of Utah
2014: Wave 3**

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Family Employment Program (FEP) Redesign Study of Utah 2015: Wave 3

EXECUTIVE SUMMARY

In fall 2011, the Social Research Institute (SRI) of the University of Utah's College of Social Work partnered with Utah's Department of Workforce Services (DWS) to conduct a longitudinal study of new FEP participants beginning their experience with cash assistance, following a significant redesign of the FEP program. The purpose of the study was to 1) provide information regarding basic demographics, attitudes, employment supports and barriers, and experiences with DWS, 2) monitor outcomes for this group over time, and 3) investigate differences between this cohort and the original FEP Study cohort which had engaged in an identical study from 2006 – 2008. This research provided an important method for evaluating the impact of the FEP Redesign.

In Wave 1 of the FEP Redesign Study, 1075 cash assistance recipients new to FEP were interviewed between August 2011 and May 2012. Data regarding basic demographics, family background and current family composition, respondent characteristics and attitudes toward employment and parenting, access to and use of employment supports, experiences with DWS personnel and services, employment history and current work experience were collected.

This cohort was very similar to the Wave 1 cohort from the original FEP Study in many ways. Significant differences were typically related to the impact of the great recession such as a higher percentage of males, longer stretches of unemployment prior to entering FEP, higher rates of having accessed unemployment insurance and lower rates of participants with a welfare history. The complete findings from Wave 1 of the FEP Redesign Study can be found at: http://www.socwk.utah.edu/sri/pdf/DWS_2012_FEPRedesignReport.pdf

The 1075 original participants were contacted one year following their Wave 1 interview. Of this original group 862 chose to participate in Wave 2, an 80% response rate. Of the 862 respondents, 68% received 6 months or less of cash assistance in the year following their Wave 1 interview. The Wave 3 data reflects interviews with 762 of the 862 Wave 2 respondents, an 88.1% response rate. Of Wave 3 respondents who had lived in Utah all 12 months, nearly three-quarters (74.2%) received no months of cash assistance between Waves 2 and 3 of the study and another 15.5% had received 6 months or less during that same time. This dramatic drop in the use of cash assistance benefits extended, to a lesser degree, to other DWS services as over one-third (34.6%) of the sample no longer had any contact with DWS for either public benefits or work related supports.

Most Wave 3 respondents (74.4%) had been employed at some time during the past year and 49.8% were employed at the time of the interview. While significantly higher than employment rates at Wave 1, these figures are lower than found in Wave 3 of the original FEP Study. Differences were most pronounced in the group experiencing long term (more than one year) unemployment. The great recession continues to impact some sectors of the labor market and thus some study participants. Given the significantly high rates of physical and mental health issues in this group, not having health insurance can be a barrier to long term job retention; yet this was less of an issue for FEP Refocus participants as only 28% lacked health insurance at Wave 3. This was significantly better than the 40% that was found in the same situation at Wave 3 of the original FEP Study.

Education continues to be a priority for many FEP Redesign Study respondents. In the past year 24.2% of Wave 3 respondents had been involved in education and training programs and nearly half this group was still in school. Whether or not these programs were supported by DWS, most respondents knew instinctively that education was their pathway not just out of welfare but the way to a better life for them and their children. These attitudes were also reinforced by the recession and the need to improve education credentials to be more competitive on the job market.

While a high percentage of the Wave 3 respondents were employed, in school, and otherwise actively working to improve their lives and the lives of their children, many still struggled to make ends meet every month. Low wages, irregular shifts and few safety nets in times of crisis were regular concerns. To make ends meet, Wave 3 respondents were still cutting back on necessities (61%), delaying bill payments (61%), receiving money from family or friends (54.1%) and pawning belongings (36%). Wages among Wave 3 respondents are generally not at a level which would move their families out of poverty. Yet, small increases in income triggered loss of access to means tested programs such as SNAP, and increased child care costs. Typically it was educational opportunities that were put aside to provide the basics today.

Wave 3 data also provided a first look into the prevalence of Adverse Childhood Experiences (ACEs) and the relationship of these experiences to many aspects of participant personal wellbeing and participation in activities of adult life, including employment. Overall, it is evident that the Utah FEP population has a much higher prevalence of ACEs than the Utah general population. In turn, the associated negative health, mental health and social outcomes are occurring at a higher rate within the FEP population. Significant differences in the prevalence of ACEs and the aforementioned within group comparisons depict this trend.

These associated negative health, mental health and social outcomes are also related to self-reported employment barriers in the FEP population. In each wave of the study, interview respondents were asked about individual issues and the contribution each made to difficulties in securing or retaining employment or attending school/training. In the end, each respondent was asked to reflect on the *greatest* employment barrier over the past year. As analyzed with the Wave 1 data, adults with 4+ACEs had a significantly higher prevalence in reporting their *greatest* employment barrier was: lack of education, physical health issues, mental health issues, or having a criminal record. As such, a relationship between adverse childhood experiences and occupational health exists in the FEP population.

As the culmination of the FEP Redesign, the data from this longitudinal study sheds light on the strengths and areas which still need to be addressed. Areas of clear success include the Work Success program and the improvements to Transitional Cash Assistance (TCA). Both programs target those who are work ready or nearly work ready. Both programs were rated very highly by participants and increased their immediate or eventual attachment to employment. Areas which continue to need attention include Activity Review and Career Pathways/Retention. Worker input suggests some have shifted the use of Activity Review from a pathway for reengagement to a tool to help manage desired outcome measures. The focus on career pathways and retention has never been fully developed although program participants often seek a partner in trying to create a broader plan not just for today, but to sustain the family in the future.

Findings from Wave 3 of the FEP Redesign study are very consistent with the findings of Wave 3 of the original FEP Study and present a FEP population which is very diverse. Most seek assistance for a very short period after an initial incident led to the need to seek help. Once the initial problem was resolved a return to self-sufficiency soon followed. Only a small percent require very intensive interventions and extended engagement. This information has significant policy and programmatic implications as DWS continues to seek ways to best serve its customers and the people of Utah. The FEP Refocus efforts continue these efforts by using a “family focused and work focused” lens through which to view customer engagement. This two generation approach is the next step in the ongoing effort to serve some of the most vulnerable members of our community, striving to improve outcomes for the families and especially the children experiencing poverty in Utah.

KEY FINDINGS

1. Cash assistance use between Wave 2 and Wave 3 dropped significantly. Of respondents who had lived in Utah the entire year (N = 717), nearly three-quarters of the sample (74.2%) used no months of cash assistance. This finding was nearly identical to the original FEP Study. Only 74 (10.3%) individuals used more than 6 months of cash assistance during this same period. The drop in usage of DWS services extended to all other DWS programs and services as 34.6% of respondents were receiving no DWS benefits (FEP, SNAP, childcare or unemployment benefits) at Wave 3.
2. Lack of health care coverage was a significant issue for study respondents. Nearly half (48.8%) had gone without coverage at some point in the past year and 27.7% had no coverage at the Wave 3 interview. Of the 1,208 children evaluated in Wave 3, 60 (5.0%) had no health insurance. Comparing these findings with the FEP Study shows improvement in the portion of individuals with health insurance, a result likely linked to the implementation of the Affordable Care Act. However, as in the original FEP Study, in Wave 3 nearly one third (30.3%) of those with fair to poor mental health and 28.0% of those with fair to poor physical health had no health insurance.
3. The impact of the Deficit Reduction Act (DRA) on the scope of services offered to DWS customers and the appropriateness of employment plan activities has been significant. The pressure of needing to meet the 50% participation rate is wide reaching, even impacting the customer/worker relationship. A select group of customers are well served by engaging in the activities which “count.” Many more are finding the activities are a barrier to moving toward self-sufficiency and reaching their goal of leaving cash assistance permanently.
4. Findings at Wave 3 of both the original FEP Study and Wave 3 of the FEP Redesign study were very similar in many important areas including employment rates, reductions in use of DWS benefits, and the prevalence of specific employment barriers. In both studies close to one quarter of the respondents indicated no barriers to employment with most improvement coming between Wave 2 and Wave 3.
5. The inclusion of Adverse Childhood Experiences (ACE) questions in Wave 3 provided data, when compared to State ACE data, indicating the experiences of FEP participants are significantly different than the general population. The data identifies multiple links between childhood trauma and adult challenges in factors related to employment and other areas of adult functioning.
6. The impact of the recent recession was recognized as having a significant impact on employment rates at Wave 1 and that impact continued into Wave 3. The most significant impact has been on the long-term unemployed. This group continues to struggle reattaching to the workforce following an extended absence.
7. Those who were working with DWS at Wave 3 were typically customers who continued to struggle with multiple employment barriers. These respondents were less likely to feel like their views were considered when making the employment plan, that the plan activities were inappropriate, and to be satisfied with activities such as Work Success (WS) (although overall satisfaction with WS remained very high).
8. A majority of respondents, 91.2%, agreed or strongly agreed, with the statement, *“It is good to require screening for possible drug use for people applying for cash assistance.”* Of those who disagreed, many felt it was a violation of rights, was discriminating or was invasive. Some also felt that the process might get in the way of people accessing the assistance they needed. Another small portion felt that due to medical conditions, or use of specific prescribed medication, drug screenings were not an accurate measure of illicit drug use.

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**FAMILY EMPLOYMENT PROGRAM (FEP) REDESIGN STUDY OF UTAH
2014: WAVE 3**

INTRODUCTION TO THE STUDY

It has been 19 years since President Bill Clinton made his often quoted 1992 election promise to “end welfare as we know it.” This promise came to life as the Temporary Assistance to Needy Families (TANF) program as defined in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). When PRWORA took effect in the summer of 1996 it is unlikely that anyone imagined that 19 years later the Act, would only have been reauthorized once and that there would be long periods of short term reauthorizations of TANF with no changes in funding.

Mending the Federal Safety Net

The singular reauthorization of TANF took place as part of the Deficit Reduction Act (DRA) and did not go into effect until October 2008. Under the DRA, TANF cash assistance participants needed to engage in a federally defined and strictly limited list of activities which counted toward the participation rate, regardless of whether this activity was most appropriate for moving the person toward self-sufficiency. The reauthorization process was long and extremely contentious as opinions over the definition of welfare success varied widely. Perhaps this reality has contributed to congress’s slow action again in reauthorizing the TANF legislation which expired October, 2010.

In spring of this year the House Ways and Means Subcommittee on Human Resources solicited public comment and began work on TANF reauthorization. On July 15th a draft bill was released. There are several significant provisions in this draft legislation including:

- Expanding the lifetime limit on educational training to 24 months;
- Continuing the work participation rate at 50% for all families, eliminating the 90% participation rate previously required of two parent families;
- Eliminating the caseload reduction credit;
- Removing the current distinction between core and non-core activities;
- Including “partial credit” in calculating the participation rate for those who engage but do not meet the full 20 or 30 hours required;
- Maintaining current levels of TANF funding;
- Making some changes in the penalties for not meeting participation by increasing maintenance of effort (MOE) monies required from the states (Kaleba, 2015).

While many assume that one of the purposes of TANF would be to reduce poverty among poor families, this had not been true until the idea was defined and introduced in this draft legislation. Achieving this purpose is admirable however it should be noted that currently only 26 of every 100 eligible families with children are receiving TANF benefits nationwide (Pavetti, 2015) and in Utah just 11 of 100 eligible families are receiving TANF benefits (Chart Book, 2015). In contrast, when TANF first went into effect 68 of 100 families in poverty received cash assistance nationwide and had been as high as 82 families in 100 in 1979 (Chart Book, 2015). To reduce poverty poor families need to be engaged in the process, thus there is much work ahead to ensure TANF reauthorization reaches families it is designed to serve. While federal policy changes are extremely important, states (and at times counties) are the implementers and thus programmatic changes at this level are also vital.

Utah's DWS – Leaders in Data Driven Change

This final report of the three year longitudinal FEP Redesign Study is the culmination of nearly 10 years of efforts by Utah's Department of Workforce Services (DWS) to better understand the needs of the TANF cash assistance (Family Employment Program in Utah) recipients and make program changes to better serve this customer base. Exploring the findings of each stage of the process provide the context to better understand the results of this final stage.

The Family Employment Program (FEP) Study of Utah

The original FEP Study (2006-2009) provided a baseline on the demographic characteristics of program participants, their needs related to employment and self-sufficiency efforts, and the experiences of DWS as a whole. In the original year of the FEP Study it was learned that:

1. While the study was designed to learn more about “new” recipients of cash assistance, 647 (56.6%) respondents had received cash assistance pre-1997 under Aid to Families with Dependent Children (AFDC), and/or had been on another person's assistance case as a dependent child in Utah.
2. Those with a personal history of public benefits had significantly more challenges as adults.
3. DWS services were best suited for a narrow group of clients and many others were not receiving appropriate services.
4. The percentage of respondents who preferred to be employed outside the home (39.5%) was nearly as high as those who preferred to be a stay at home parent (42.0%).
5. About half of the respondents would not leave a child in any child care setting outside of family or close friends they know and trust. These attitudes were strongly tied to the respondents' past experiences of abuse.
6. This study population was much more diverse than those who have reached the time limit.
7. Study respondents carry many of the extremely negative social stereotypes of “welfare moms.” The depth of shame around needing assistance was expressed in a variety of ways and was a significant barrier to engagement in DWS activities as well as in the study itself.

By the end of the three year FEP Study, during which time the same cohort of participants were interviewed two more time (Wave 2 and Wave 3), more important lessons were learned.

1. Cash assistance use between Wave 2 and 3 dropped significantly. Of respondents who had lived in Utah the entire year (N = 755), nearly three-quarters of the Wave 3 sample (73.1%) used no months of cash assistance.
2. The well documented relationship between the number of challenges facing an individual and length of time it takes to move off welfare (Ellwood, 1986; Taylor, Barusch, Vogel-Ferguson, 2000, 2002; Women's Employment Study, 1997) was no longer present at Waves 2 or 3 as the number of employment barriers at entry no longer predicted the length of time on assistance.
3. A preliminary evaluation of the Transitional Cash Assistance program indicated that most customers found this financial support a critical element of moving from welfare to work.

4. Employers can reduce turnover rates among single parent employees by providing supports in areas which improve worker satisfaction and ability to retain employment such as increased flexibility in work schedules, more work-from-home opportunities, and onsite child care options.

5. More than half the respondents (56.1%) had gone without health coverage at some point in the past year and 32.0% had no coverage at the Wave 3 interview. Wave 3 results indicate 29.2% of those with fair to poor mental health and 27.6% of those with fair to poor physical health have no health insurance. Of the 1371 children evaluated in this study, 151 (11.0%) had no insurance.

6. The impact of the DRA had been significant. The pressure of needing to meet the 50% participation rate was wide reaching, even impacting the customer/worker relationship. A select group of customers were well served by engaging in the activities which “count.”

Redesigning FEP

The findings of this original FEP Study were used to “redesign” the entire program, attempting to better match customer needs and the program’s benefits and services. Significant areas of redesign included:

- Creation of the Work Success program, a program for assisting those deemed work ready to reattach to the work force more quickly and efficiently.
- Development of a new FEP Orientation video to better educate customers to the program goals, requirements and benefits.
- Implementation of a Work Readiness Assessment to determine the best pathway for a customer including options such as Diversion, Work Ready and Work Preparation.
- Changes in the use of Worksite Learning as plan activities with a simplification of the process for staff and customers and a greater focus on soft skills
- Changes to the sanctioning process and the introduction of *Activity Review*, a process aimed at reengaging customers not perceived as engaged in their employment plan activities.
- Enhancing the Transitional Cash Assistance (TCA) program to ensure that the goal of supporting customers through the transition to work was being reached.
- Create new Retention Specialist function and policy focused on extended support for employment success.
- Alignment of performance measures with FEP Redesign philosophy and program changes.
- eREP and WORKS system enhancements to support changes as designed and implemented.

The newly redesigned FEP program was fully implemented by the early spring of 2011. In the Fall of that year it was determined that the FEP redesign had become implemented to the degree that the reevaluation process could begin and thus Wave 1 of the FEP Redesign Study was initiated in the Fall of 2011.

The Family Employment Program (FEP) Redesign Study of Utah

The FEP Redesign Study was methodologically identical to the original FEP Study and addressed similar research questions. The research questions proposed by this longitudinal study were also very similar to the original FEP Study, that is, to provide updated information regarding basic

demographics, attitudes, employment supports and barriers, and experiences with DWS personnel and programs, identifying how these factors changed over time.

As with any evaluation covering an extended time frame, outside factors can significantly influence program participants in ways that cannot be controlled. The most significant mid-evaluation influence was of course the great recession which officially lasted from December 2007 through February 2010 (Knold, n.d.). The findings from Wave 1 clearly reflected the influence of the recession, most notably, in the more than doubling of male study participants (from 6% to 13%), and the incidence of unemployment for more than one year (from 18% to 30%). Other significant findings from Wave 1 were also reported.

1. In general the demographic, skills, barrier, and attitude profiles of the Redesign 2012 sample were very similar to that found in the FEP 2006 profile.
2. The Work Success program, where implemented and effectively supported, provided a range of employment focused services that greatly assisted customers in improving job seeking skills and reattaching to the work force.
3. Customers were significantly less likely to feel their views were considered when making their employment plan than in the past. The greatest area of frustration focused on DWS' lack of support for education and training activities.
4. Of those chosen to be included in the random sample nearly 16% of cases were closed due to activity review prior to having completed the study protocol or being interviewed. This was typically in just the second month of study eligibility.
5. The study population was diverse in many ways. One area significant to FEP Redesign changes included the range of computer skills. Those with higher skills were frustrated by the lack of functionality in DWS systems and often felt held back as DWS workers helped the less skilled try to understand.
6. At the time of the interview 40.1% of customers indicated they were both ready and available for full time employment.
7. Study respondents continue to carry many of the extremely negative social stereotypes of "welfare moms." The depth of shame around needing assistance was expressed in a variety of ways and was a significant barrier to engagement in DWS activities as well as the study.

The report that follows presents data from Wave 3 of the FEP Redesign Study of Utah and takes the next step in answering the research questions posed by this longitudinal study.

METHOD

All three waves of the FEP Redesign Study of Utah were conducted using protocols in place for all previous FEP studies completed by the SRI for the DWS since 1997. These methods were based on extensive research by others who have conducted studies with similar populations (Mainieri & Danziger, 2001). Using identical methods of data collection was intentional for comparison across previous DWS and national studies.

Respondents

Original study participants for the FEP Redesign study were randomly selected each month between August 2011 and May 2012 from a statewide pool of FEP recipients meeting four criteria:

- 1) Received between 2 and 9 months of TANF cash assistance in Utah
- 2) In a FEP category requiring participation in an employment plan
- 3) Did not have refugee status (due to challenges in comparability of cultural experiences and translation capacity)
- 4) Currently receiving cash assistance in the month of the interview

The original goal was to achieve a sample of approximately 1000 FEP participants in the first year of the study and retain between 700 – 800 participants for the final evaluation. Achieving the initial goal was challenging as cash assistance cases were closing more quickly than in the past due to the new “Activity Review” sanctioning process. The records of potential participants from previous months who were not already interviewed were reviewed each month and removed from the sample if the FEP activity had closed.

Data Collection

DWS customers initially agreed to being contacted for participation in University of Utah research by signing the application for services. Those chosen for the random sample were sent a letter informing them of the study and inviting them to participate. The letter also explained the purpose of the study, the potential benefits and compensation provided. Those participating in the Wave 1 interview were invited, at 12 month intervals to participate in Wave 2 and Wave 3 of the study. At any time participants could decline further participation and have their name removed from the list. Participation was voluntary and all names of potential and actual respondents were kept strictly confidential thus participation or non-participation had no effect on reception of benefits.

For those expressing interest in completing an interview, a date, time and location was arranged at the participants’ convenience. All interviews in Wave 1 were conducted in-person. In Waves 2 and 3 individuals living out-of-state were interviewed by phone. In a majority of cases, interviews were completed in the respondent’s current residence. All interviewers had social work experience and received extensive initial and ongoing training throughout the data collection process. This ongoing training and quality review process was used to improve consistency in the data.

Table 1: Data Collection Breakdown

	Wave 1	Wave 2	Wave 3
Data Collection	Aug. 2011 – June 2012	Aug. 2012 – June 2013	Aug. 2013 – June 2014
Average length of interview (minutes) (Range)	74 (30 – 180)	62 (30 – 135)	63 (35 – 170)

Once the informed consent document was reviewed and signed, the interviewer asked questions and recorded responses. Most data were recorded in written form. A final portion was tape recorded with participant consent. In the rare case when consent was not given data were collected by hand. Interview questions covered a wide variety of areas (See Attachment 1) and respondents could refuse to answer any question at any time with no penalty. While rural areas were visited less frequently, every effort was made to follow a consistent data collection protocol throughout the state. All respondents were compensated for their time.

FINDINGS

Study Sample

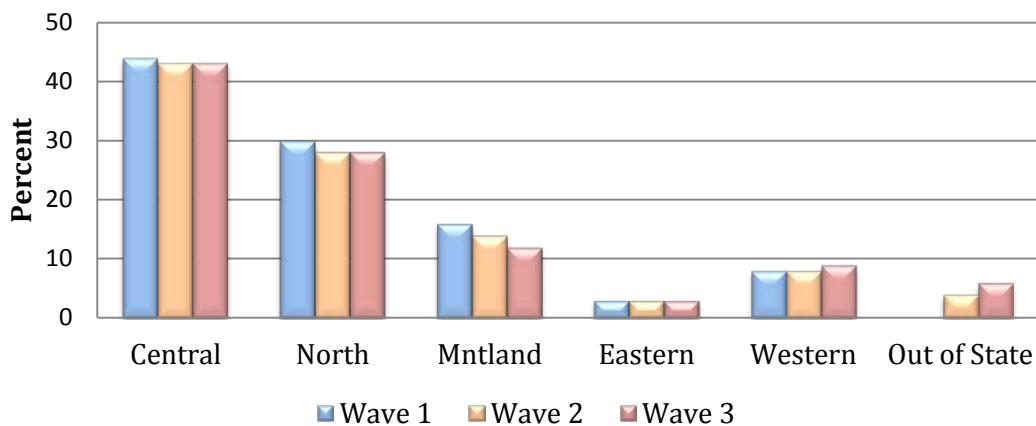
Based on the study criteria, a total of 1641 FEP participants were found eligible for the Wave 1 study. As shown in Table 2, response rates continued to increase throughout the course of the study. Overall response rates were very similar to those achieved in the initial FEP study and are adequate for comparisons across a number of important variables.

Table 2: FEP and FEP Redesign Study Samples

Round 1: FEP Study			Round 2: FEP Redesign Study		
	Sample Size	Response Rate		Sample Size	Response Rate
2006 Wave 1	1144	65%	2012 Wave 1	1075	65%
2007 Wave 2	923	81%	2013 Wave 2	862	80%
2008 Wave 3	813	88%	2014 Wave 3	762	88%

Figure 1 provides a profile of the sample by region.¹ The distribution of the sample in both FEP studies was very similar to the overall distribution of FEP cases across the state. In Wave 2 of the

Figure 1: Regional Distribution



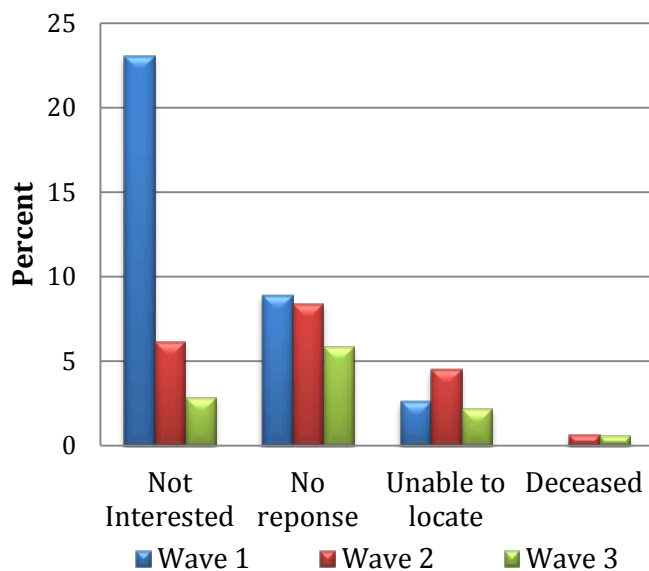
¹ It is recognized that DWS no longer uses the regional structure to define geographic areas. Regions are referenced here only for purposes of comparison with the previous study.

FEP Redesign study 34 (4%) respondents had moved out-of-state. This was also true for 45 (6%) Wave 3 respondents. Of the 45 out-of-state Wave 3 participants only 6 (13.3%) were receiving cash assistance. Data analysis will include these individuals except when the experience is not comparable such as experiences with the DWS case worker.

Non-Respondents

A total of 1641 people qualified for Wave 1 of the study. As shown in Figure 2, “Not Interested” was the most common reason people did not participate in Wave 1. In Waves 2 and 3 it was more likely the participant never responded to our inquiry or they could not be located. At each wave, comparisons were made between respondents and non-respondents. Analysis of a variety of factors including demographics, employment and education rates, and employment barriers revealed no significant differences between the groups.

Figure 2: Reasons for Non-Response



Use of Cash Assistance Between Wave 1 and Wave 3

Utah’s DWS administrative data were reviewed to determine the number of months each respondent received cash assistance in the 12 months following the Wave 1 and Wave 2 interviews. Those who moved out-of-state for either interview were excluded from this analysis as administrative data from other states were not available to researchers. The remaining sample of 828 respondents at Wave 2 and 717 respondents at Wave 3 for whom months of cash assistance could be verified were used for analysis related to months of cash assistance (See Attachment 2).

Table 3: Cash Assistance Usage Over Time

Cash assistance usage level	Between Wave 1 and Wave 2 (N = 828)	Between Wave 2 and Wave 3 (N = 717)	Same “Cash usage level” at Wave 2 and Wave 3 (N = 711)
Long term > 6 months	265 (32.0 %)	74 (10.3%)	39 (5.7%)
Short term ≤ 6 months	563 (68.0%)	643 (89.7%)	408 (57.4%)
Subgroups of Interest			
Returners	86 (10.4%)	57 (7.9%)	13 (1.8%)
Zero months of cash	113 (13.6%)	532 (74.2%)	98 (13.8%)

All respondents were by sample definition receiving cash assistance at Wave 1. It is clear from Table 3 that usage rates dropped dramatically both at Wave 2 and Wave 3. Nearly three-quarters (74.2%) of study respondents received *no months* of cash assistance between Wave 2 and Wave 3. Results of Wave 3 were split into two groups just as results from Wave 2 had been divided. Those who received between one-half and one full year of cash assistance were referenced as the *long-term group*. Those who received cash assistance for half a year or less were known as the *short-term group*. The most extreme groups included those who were in the long-term group at both Waves 2 and 3, and those who have had *no months* of cash assistance at any time after their Wave 1 interview. In this report, comparisons between groups will be made where applicable.

DEMOGRAPHIC CHARACTERISTICS

As in the original FEP study, the data gathered in this study presents a snapshot of FEP participants entering cash assistance and then views changes over time. This section presents a profile of the cohort including demographics, household composition, and children.

Respondent Profile

Descriptive characteristics of the study sample over the three waves are presented in Table 4. Analysis of the FEP Redesign sample reveals no significant differences between the groups in regards to age, gender and race. The portion of males in the sample continues to be significantly higher than in past FEP studies. The marital status of FEP participants continues to be significantly different in Utah as the percentage of single, never married respondents is nearly 27% lower than the national average. In this sample (and in Utah’s FEP statistics as reported to the Office of Family Assistance (OFA) the married, divorced and separated statuses were significantly higher than national averages for TANF recipients (Office of Family Assistance, 2012). The “separated” group was divided into two groups – temporary and permanent separation. It is not uncommon for those reporting permanent separation to lack a divorce simply because of cost. There was a significant increase (13.5%) in the percentage of two adult households between Wave 1 and Wave 3. This increase is reflected both in the proportion of married respondents and respondents living in a domestic partnership. In a new question added at Wave 3 it was learned that 2.5% of the Wave 3 sample are Veterans.

Table 4: Respondent Demographics

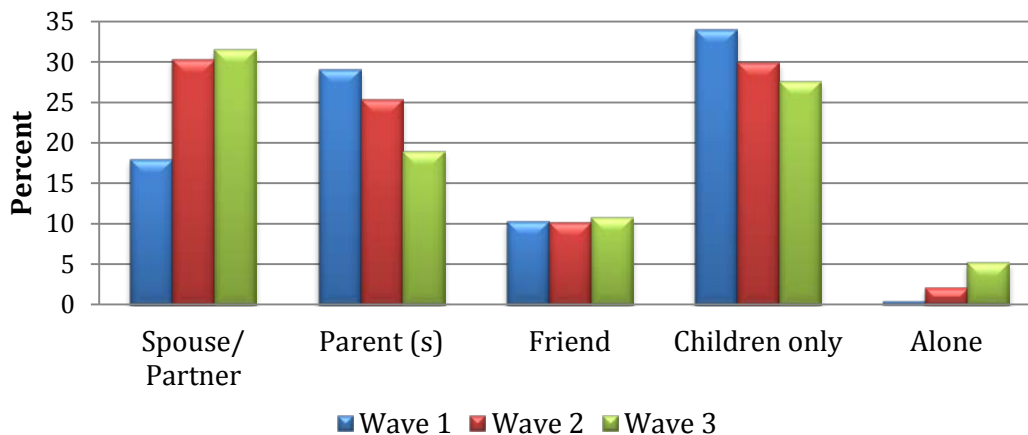
Personal Characteristics	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Age	29.5 years range 17 – 59	30.7 years range 18 - 60	31.8 years range 19-61
Gender:			
Female	934 (87%)	753 (87%)	665 (87%)
Male	141 (13%)	109 (13%)	97(12%)
Race/Ethnicity:			
Hispanic	210 (19.5%)	157 (18.2%)	142 (18.6%)
White (non-Hispanic)	727 (67.6%)	599 (69.5%)	529 (69.4%)
Black (non-Hispanic)	41 (3.8%)	30 (3.5%)	23 (3.0%)
Native American	22 (2.0%)	17 (2.0%)	17 (2.2%)
Asian - Pacific Islander	33 (3.1%)	25 (2.9%)	24 (3.1%)
Mixed Race	42 (3.9%)	34 (3.9%)	27 (3.5%)

Personal Characteristics (Con't)	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Marital Status:			
Married	102 (9.5%)	120 (13.9%)	139 (18.2%)
Separated	252 (23.4%)	154 (17.9%)	112 (14.7%)
“Separated” subcategories:			
Temporary Separation -	45 (4.2%)	21 (2.4%)	10 (1.3%)
Permanent Separation -	207 (19.3%)	133 (15.4%)	102 (13.4%)
Divorced	235 (21.9%)	215 (24.9%)	208 (27.3%)
Widowed	9 (0.6%)	9 (1%)	6 (0.8%)
Single - never married	480 (44.7%)	364 (42.2%)	297 (39.0%)
Relationship Status - single vs. couples:			
Single Adult Household	803 (74.7%)	586 (65.7%)	493 (61.2%)
Two Adult Household	272 (25.3%)	276 (34.3%)	266 (38.8%)
Composition:			
Married	102 (9.5%)	120 (13.9%)	139 (18.2%)
Temporary Separation	45 (4.2%)	21 (2.4%)	10 (1.3%)
Domestic Partnership	125 (11.6%)	155 (18.0%)	147 (19.3%)
Education Level:			
Has HSD/GED	794 (73.9%)	667 (77.4%)	673 (78.1%)
Does not have HSD/GED	281 (26.1%)	195 (22.6%)	189 (21.9%)

Household Composition

The size of the household (excluding the respondent) in which respondents’ live varied from 0 to 14 over the three waves. However, it consistently averaged 3 persons per household. The composition of the average household over the years changed significantly. At Wave 1 the majority of respondents were living with their parents or with only their own children. As Figure 3 shows, over the study period household composition shifted and nearly twice as many participants were living with a spouse or partner. There was also a significant increase in those living alone.

Figure 3: Household Composition



Children and Family Formation

Over the course of the study many changes occurred in family composition. In both time periods between waves fewer than 10% of families added a new child, while just over 7% were expecting a baby. Of those with children, most had a child under age 6 in the home. Nearly 10% of respondents had at least one child with such serious medical, mental health or behavioral issues that the parent was unable to engage in work or school activities.

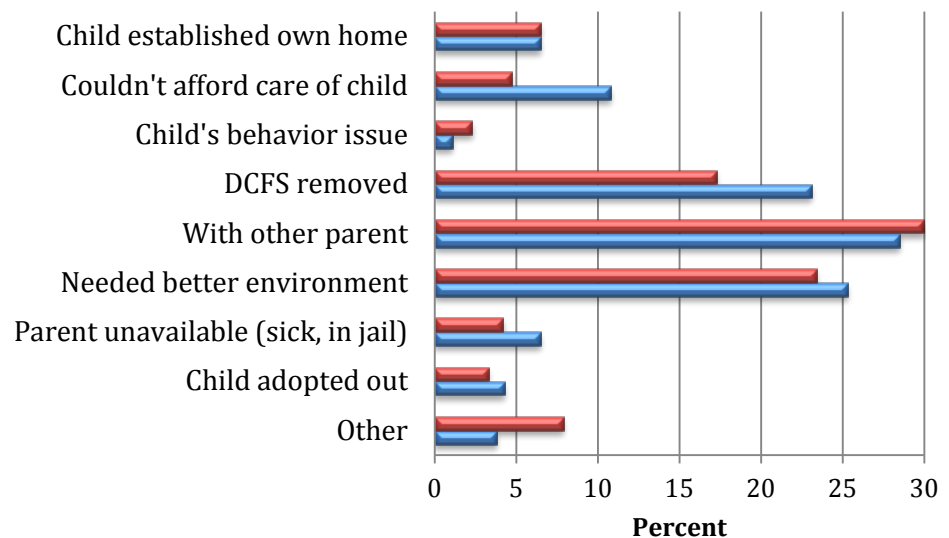
Table 5: Family Experiences with Children

Variable	W1 to W2 N = 862	W2 to W3 N = 762
Added baby to family in the past year	83 (9.6%)	66 (8.7%)
Had child go live somewhere else since last interview	138 (16.0%)	116 (15.2%)
Currently pregnant: (Question asked of all females and those males in a relationship with a significant other)	N = 816 59 (7.2%)	N = 720 55 (7.6%)
Child under age 6 in home	N = 783 557 (71.1%)	N = 650 432 (66.8%)
Child has serious issue preventing parents ability to work or attend school	75 (9.6%)	59 (9.1%)

Per FEP eligibility requirements, 100% of FEP Redesign Study participants had at least one child living in the home (or were in the third trimester of pregnancy) at Wave 1. At Wave 2 this number dropped to 90.4% and 85.2% at Wave 3. As noted in Table 4, 138 respondents (representing 214 children) at Wave 2 and 116 respondents (representing 186 children) reported that one or more child left the home in the past year. Figure 4 indicates reasons why children left the home during that past year. In both

time periods the most common reason for a child leaving the home was to go live with the other parent, however, many of the reasons overlapped. It was not uncommon for respondents to indicate several reasons resulting in a child leaving the home. Interestingly, the average number of children in the home (1.6) remained the same at all three waves.

Figure 4: Reason Child Left Home



■ Between W1 and W2 ■ Between W2 and W3

Children as Individuals

Viewing the data related to individual children provides more information regarding the children's unique situations. As noted above, the portion of families with a child in the household dropped between Wave 1 and Wave 3. During this time the number of children represented in the data dropped from 1756 to 1208. At Wave 1, just over 97% of the children were the biological child of the respondent. This portion remained consistent over time so that at Wave 3 only 30 children (2.5%) were grandchildren, adopted or under legal guardianship of the respondent.

As shown in Table 6, the percentage of children living with both biological parents increased only slightly between Wave 2 and Wave 3 while the proportion of children who had contact with a non-resident biological parent was slightly lower at Wave 3 than at Wave 2. The percentage of children receiving Medicaid dropped 14.8% between Wave 1 and Wave 3. This drop is smaller than the 25% drop between Wave 1 and Wave 3 in the initial FEP study. The portion of uninsured children at Wave 3 of the FEP Redesign study was 6% lower than at Wave 3 of the original FEP study. These differences may be due to implementation of the Affordable Care Act.

While more individuals were covered, there were still 60 children without any health insurance at Wave 3. The most common reason respondents (25) did not have insurance for their child was due to the combination of unaffordable insurance at work and earnings too high for Medicaid. The other major reason for not having insurance was confusion regarding eligibility and paperwork issues. These respondents reported paperwork problems, lack of understanding of the process, and miscommunications between themselves and one of several agencies including DWS, ORS and Medicaid. There were three families just waiting for insurance coverage to start.

Table 6: Individual Children in Samples

Total Number of children in sample	Wave 1 N = 1756	Wave 2 N = 1388	Wave 3 N = 1208
Child has physical/mental health, learning, behavior or other special needs that limit their regular activities	304 (17.3%)	234 (16.9%)	180 (14.9%)
Child's problems so severe it effects parent's ability to get or keep a job or attend school	127 (7.2%)	87 (6.3%)	59 (4.9%)
"Other parent" of the child is living in the home	188 (10.7%)	221 (15.9%)	225 (18.6%)
Of children where other parent <i>does not</i> live in the home, child has contact with other parent	1023 (65.2%)	691 (59.2%)	524 (53.3%)
Primary form of health insurance for children:			
Medicaid	1610 (91.8%)	1174 (84.5%)	930 (77.0%)
CHIP	23 (1.3%)	9 (0.6%)	22 (1.8%)
Private	100 (5.7%)	159 (11.5%)	196 (16.2%)
None	23 (1.3%)	47 (3.4%)	60 (5.0%)

RESPONDENT CHARACTERISTICS

Human capital assets, that is, the personal resources a person brings to efforts to gain employment, schooling or training, have been repeatedly linked to successful outcomes in moving toward employment (Becker, 1999; Moffitt, Cherlin, Burton, King, & Roff 2002; Parisi, McLaughlin, Grice, & Taquino, 2006; Seefeldt & Orzol, 2005). For this study, the particular human capital assets evaluated include education, physical health, mental health issues, experiences of domestic violence, and the presence and effects of a criminal record.

Education

Attaining additional education was clearly valuable to many participants. There were significant shifts in the level of education attained between Wave 1 and Wave 3 (Figure 5). In following the 762 individuals who participated in all three studies, it was discovered that nearly 5% of the sample obtained their first degree or certificate. There were also increases in the percentage of participants with a high school diploma, certificate, Associates and Bachelor degrees.

Figure 5: Education Gains Over Time

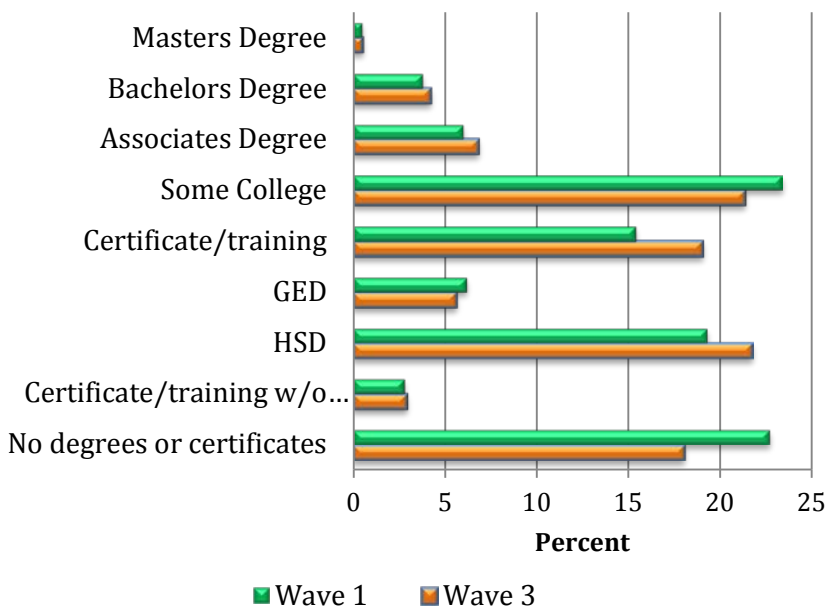


Table 7 shows that one-third of participants were in school between Wave 1 and Wave 2 and one-quarter between Waves 2 and 3. More than 10% of the sample was still in school at the end of the study. Respondents who attended school were asked if they requested and received assistance from DWS to help with their education. Most received financial assistance which was typically applied to tuition and the cost of supplies. More than half were helped with fees related to a GED, another quarter received help with a certificate or training program. Nearly 20% received help paying for higher education. A few were also given help with school related expenses such as child care or transportation.

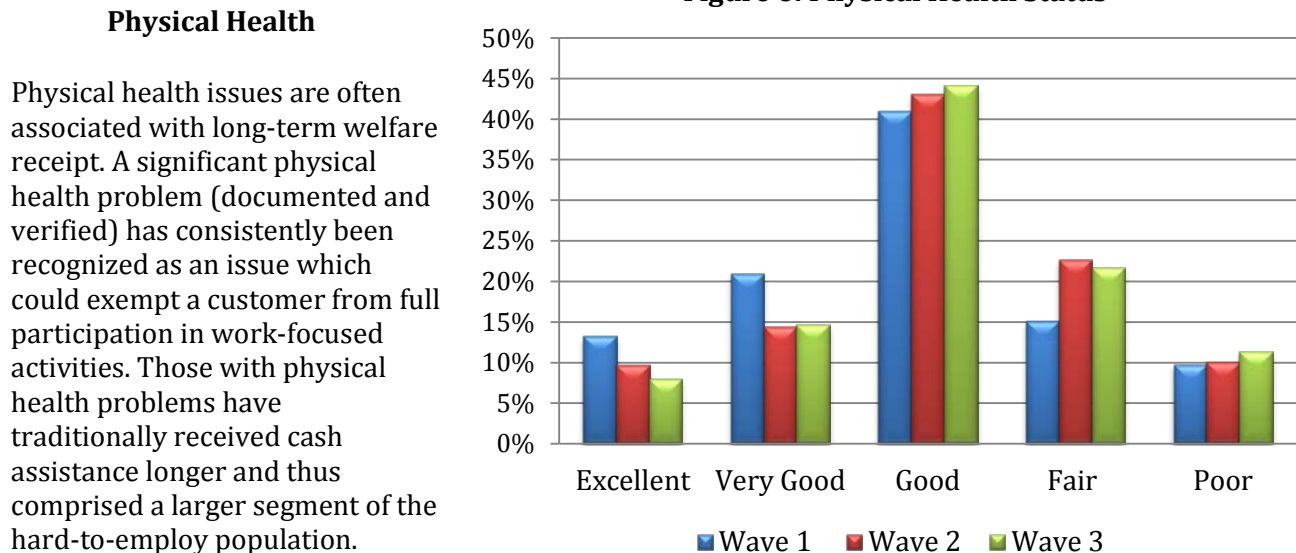
Not everyone who attended school received DWS assistance. Some respondents were reluctant to ask for assistance as they had done so in the past and been denied or discouraged from going to school. Some found other funding sources such as Vocational Rehabilitation, their church or Pell Grants. Others asked but were denied assistance, generally being told they were ineligible because they were not working, not working enough hours, or earning too much. Several respondents were also told that DWS does not give any assistance for the pursuit of education. Others indicated the particular program they were pursuing was not supported by DWS. There were significant differences across the state in the policies used to administer education services.

Those who started but were not able to complete school typically indicated affordability as the primary barrier. This included not only the challenge of paying for school but the reality that they still needed to provide for children by paying rent, utilities, etc., and could not afford to *not* work during their schooling hours. Problems with child care, and physical or mental health issues also factored into the decision to discontinue education programs.

Table 7: Education Outcomes Across Waves

Highest Schooling Completed	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N = 762
HSD/GED:			
Completed a HSD/GED	794 (73.9%)	30 (3.5%)	7 (0.9%)
Enrolled previously, did not complete	-	43(5.0%)	19 (2.5%)
Enrolled in HSD/GED classes	101 (9.4%)	30 (3.5%)	15 (2.0%)
Certificate program:			
Completed certificate program	287 (26.7%)	25 (2.9%)	20 (2.6%)
Enrolled previously, did not complete		21 (2.4%)	19 (2.5%)
Enrolled in certificate program	40 (3.7%)	23 (2.7%)	17 (2.2%)
Training:			
Completed training course		8 (0.9%)	5 (0.7%)
Enrolled previously, did not complete		3 (0.3%)	1 (0.1%)
Enrolled in training course		6 (0.7%)	4 (0.5%)
Associates:			
Completed an Associate degree	65 (6.0%)	7 (0.8%)	5 (0.7%)
Enrolled previously, did not complete		17 (2.0%)	12 (1.6%)
Enrolled in classes for Assoc. degree	32 (3.0%)	26 (3.0%)	19 (2.5%)
Bachelors:			
Completed Bachelor degree	39 (3.6%)	1 (0.1%)	2 (0.3%)
Enrolled previously, did not complete		15 (1.7%)	10 (1.3%)
Enrolled in classes for Bach. degree	30 (2.8%)	28 (3.2%)	21 (2.8%)
Total:			
Engaged in education in past year	-	287 (33.4%)	184 (24.2%)
Completed program in past year	-	71 (8.2%)	41 (5.4%)
Did not complete	-	100 (11.6%)	62 (8.1%)
In School	149 (19.6%)	116 (13.5%)	80 (10.5%)

Figure 6: Physical Health Status



Physical health problems can be short-term (e.g. recovery from an accident or surgery) or long-term chronic issues (e.g. MS, back problems, fibro myalgia). Illnesses can also be situational, cyclical or even weather or stress related. Males were significantly more likely to report physical health barriers across the study whereas, in the general population, females typically report more physical health issues (Utah Department of Health, 2008). The percentage of respondents reporting fair to poor physical health increased from 24.9% to 33.2% over the study (Figure 6). This increase in physical health problems is reflected in the portion of respondents who began receiving Social Security Income (SSI) during the study period. At Wave 3, 71 respondents (9.3%) were still in the process of applying for assistance. Only about one-quarter of those still applying for SSI were receiving cash assistance.

Table 8: Physical Health

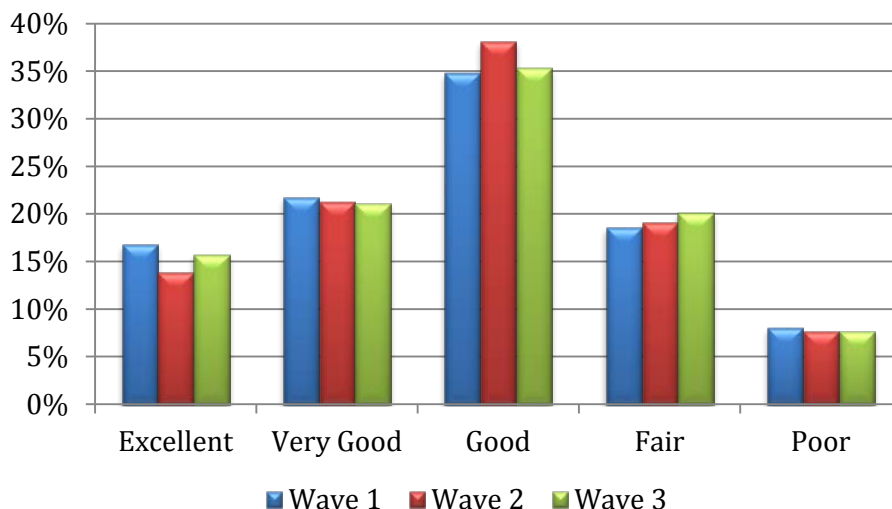
	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Has chronic health problem	494 (46.0%)	418 (48.5%)	378 (49.7%)
Physical health problem: couldn't take a job, go to school, etc.:			
In past year	399 (37.1%)	239 (27.7%)	211 (27.7%)
Of these , also true in past month	238 (59.8%)	135 (56.7%)	131 (62.1%)
Applying for Social Security benefits:			
No	953 (88.7%)	737 (85.5%)	645 (84.6%)
Yes	117 (10.9%)	93 (10.8%)	71 (9.3%)
Already receiving	5 (0.5%)	32 (3.7%)	46 (6.0%)

Interestingly, at Wave 3 only just over one-quarter of respondents reported physical health having been an employment barrier in the past year even though nearly half (49.7%) report having a chronic health or medical problem (Table 8). This is a good reminder that the presence of a challenge such as a chronic health issues does not always translate into an employment barrier.

Mental Health

In conjunction with physical health, mental health issues are often associated with long-term welfare receipt. Mental health encompasses many facets of a person's life and can be measured in a variety of ways. In this section overall mental health, specific diagnoses, self-esteem, alcohol and other drug use and domestic violence will be addressed.

Figure 7: Mental Health Status



Mental Health Overall: The General Health Index was used to evaluate mental health status on a five point scale. As seen in Figure 7, as a group, the overall mental health status showed little change over time. Consistently just over one-quarter of sample respondents reported fair to poor mental health. There were similarly consistent results in the portion of respondents receiving mental health treatment or experiencing a need for such treatment over time. At each wave nearly one-quarter expressed a need for services but were not receiving any at the time of the interview. Over one-fifth had experienced mental health issues as an employment barrier in the past year.

Table 9: Mental Health Issues

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Has <i>ever</i> been diagnosed with a mental health issue	548 (51.0%)		
Newly diagnosed mental health issue in past year		191 (22.2%)	104 (13.7%)
Currently receives mental health treatment:	398 (37.0%)	294 (34.1%)	248 (32.6%)
<i>Of those receiving treatment:</i>			
Treatment includes counseling	292 (73.4%)	202 (68.7%)	153 (61.7%)
Treatment includes medication	290 (72.4%)	230 (78.2%)	191 (77.0%)
Not currently receiving mental health treatment but believe I need it	N = 677 161 (23.8%)	N = 568 122 (21.5%)	N=513 119 (23.2%)
Mental health such a problem one could not take a job, had to stop working or could not attend education/training:			
In past year	286 (26.6%)	191 (22.2%)	166 (21.8%)
In past month	171 (60.0%)	111 (58.4%)	93 (56.4%)

Specific Mental Health Issues: Two methods were used to determine the prevalence of specific mental health issues; self-report and screening. Respondents who had been diagnosed with a mental illness were asked to identify the specific diagnoses. Table 10 shows the most commonly reported diagnoses. Because many people do not receive mental health treatment, respondents also completed screenings for clinical depression, anxiety and posttraumatic stress disorder (PTSD – Wave 1 only). These screenings were produced by the World Health Organization and have been used in multiple studies of this population and found to be valid and reliable (World Health Organization, CIDI-12 month SF, 1998). Results presented in Table 10 indicate a range of potential prevalence’s for each of the mental health issues.

While the diagnosis and screening data varied widely, all results show a higher prevalence than what is found in the general population. For example, findings from the U.S. National Co-morbidity Survey (NCS) indicated that in the general population the lifetime prevalence of PTSD occurred at a rate of 3.6% for males and 9.7% for females (National Co-morbidity Study, 2007). Among study respondents 32.7% either screened positive or had been diagnoses with PTSD. Consistent with national trends, females were either diagnosed or screened positive for PTSD at a rate (35.2%) more than double that of males (15.4%). Similar patterns were found with depression and anxiety

data. In addition to those noted in Table 10, other frequently reported diagnoses included Borderline Personality Disorder (30), Schizophrenia (23), Attention Deficit/ Hyperactivity Disorder (22), Panic Disorder (23), Dissociative Identity Disorder (15), and Obsessive Compulsive Disorder (15). (See Attachment 3 for a full listing of additional diagnoses.)

Table 10: Mental Health Diagnosis

N = 762	Wave 1	Wave 2	Wave 3	Total	NCS Gen. Pop.
Depression:					
Diagnosed	280 (36.8%)	74 (9.7%)	30 (3.9%)	384 (50.4%)	16.9
Screened positive	356 (46.7%)	290 (38.1%)	297 (39.0%)	559 (73.4%)	(20.2%
Diagnosed OR screened pos.	439 (57.6%)	311 (40.8%)	301 (39.5%)	604 (79.3%)	females)
Anxiety:					
Diagnosed	181 (23.8%)	58 (7.6%)	31 (4.1%)	270 (35.4%)	5.7
Screened positive	195 (25.6%)	179 (23.5%)	169 (22.2%)	399 (52.4%)	(7.1%
Diagnosed OR screened pos.	291 (38.2%)	201 (26.4%)	187 (24.5%)	476 (62.5%)	females)
PTSD:					
Diagnosed	87 (11.4%)	46 (6.0%)	27 (3.5%)	160 (21.0%)	6.8%
Screened positive	107 (14.0%)	N/A	N/A	107 (14.0%)	(9.7%
Diagnosed OR screened pos.	194 (25.5%)	46 (6.0%)	27 (3.5%)	249 (32.7%)	females)
Bipolar:					
Diagnosed	105 (13.8%)	31 (4.1%)	16 (2.1%)	152 (19.9%)	4.4%
Other:					
Diagnosed	80 (10.5%)	53 (7.0%)	37 (4.9%)	170 (22.3%)	

Alcohol and Other Drugs: The prevalence of alcohol dependency and other drug dependency showed only minor changes across the study. Interestingly, those who screened positive for alcohol dependence were less likely to self-report alcohol use as a barrier to employment. More of those who screened positive for drug use recognized the problem as an employment barrier. This more common denial of alcohol use (or abuse) as a “problem” is consistent with results found in many substance abuse treatment programs.

Table 11: Alcohol and Other Drug Use

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Alcohol dependency:			
Self-reported problem	13 (1.2%)	4 (0.5%)	4 (0.5%)
Screened positive	39 (3.6%)	17 (2.0%)	24 (3.2%)
Self-reported OR screened positive	39 (3.6%)	17 (2.0%)	24 (3.2%)
Drug dependency:			
Self-reported problem	54 (5.0%)	29 (3.4%)	24 (3.2%)
Screened positive	79 (7.3%)	42 (4.9%)	34 (4.5%)
Self-reported OR screened positive	85 (7.9%)	43 (4.9%)	35 (4.6%)

Domestic Violence: Levels of domestic violence, measured using a portion of the Conflict Tactic Scale (Strauss, 1979)², were very similar at Wave 2 and Wave 3 (Table 12). The sample sizes for the domestic violence questions are each wave are lower than the full samples. In cases where the spouse or partner was sitting with the respondent or within earshot, the questions were not asked so as not to potentially impact the safety of the respondent. In reflecting on each completed interview interviewers periodically noted incidents of controlling behavior displayed by the spouse or partner. At times spouses or partners refused to pass on messages or allow the participant to speak with us. Some also tried to answer interview questions for the participant and interviewing skills needed to be used to try and obtain the participant’s perspective.

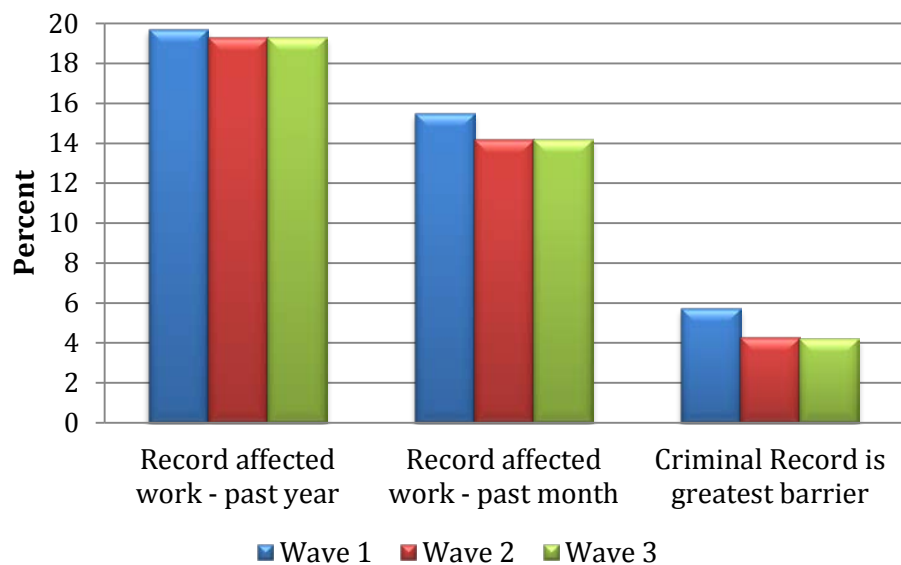
Table 12: Domestic Violence

	Wave 1 N = 972	Wave 2 N = 768	Wave 3 N=683
Severe domestic violence – ever	625 (64.3%)		
Severe domestic violence - in past year	192 (17.9%)	115 (15.0%)	100 (14.6%)
Severe domestic violence - current issue	9 (0.8%)	34 (4.4%)	28 (4.9%)
In past year, relationship with current/ past romantic partner such a problem couldn’t take job, job search, etc..	149 (13.9%)	53 (6.9%)	56 (8.2%)

Criminal Record and Incarceration:

The presence of a criminal record can have a significant impact on employability. Respondents were simply asked if a criminal record had affected their ability to obtain or retain employment or go to school in the past year, and if so, had it happened in the past month. At each wave of the study nearly 20% of respondents indicated that having a criminal record had affected their employability (Figure 8). For between 4% and 6%

Figure 8: Criminal Background Impact



² Severe domestic violence was indicated when a positive response was given to one of the more of the following events experienced in a romantic relationship: hit with a fist, beaten, choked, hit with object which could produce injury, threatened to or used a weapon, forced into unwanted sexual activity.

of the sample this was the *greatest* employment barrier. There were 11 respondents at Wave 2 and 24 respondents at Wave 3 who were incarcerated (jail or prison) at the time of their interview.

The prevalence of criminal records was higher in the FEP Redesign study than in the original FEP study. One possible explanation might be the higher proportion of males in the FEP Redesign study. Males were significantly more likely to have a criminal record than females. As in the past, having a criminal record was identified as an employment barrier. In addition, some respondents discussed losing jobs due to court dates or being picked up on outstanding warrants for minor offenses. Legal issues extended to children involved with the judicial system. In addition to the emotional strain of dealing with legal issues, inflexible court dates that conflicted with work or DWS appointments created problems.

Connecting Pieces: Profile of Financial and Community Resources, & Social Supports

At Wave 1 most respondents reported some sort of disruption in their primary source of financial support as the main reason for seeking cash assistance. Over time the composition of sources of support (financial, community and social supports) shifted and became more defined and stable. This section will discuss each respondent's financial profile, use of community resources and social supports.

Financial Profile: While all respondents were receiving cash assistance at the time of the Wave 1 interview, the benefit level is designed to *supplement* other income sources. Recipients typically piece together several sources of income to make ends meet. Table 13 displays the most common sources of *regular* income received in the 30 days prior to their interview. "Regular" income excludes one time payments or income that was sporadic or unreliable. Only the portion of a spouse or partner's income which was contributed to the *respondent's* household is included here. Child support income includes the amount which went directly to the respondent, not to ORS.

The sources of income displayed in Table 13 reflect substantial changes in the lives of study participants over time. During the Wave 1 interview, 67% of respondents indicated they had worked three-quarters of their adult life or more but only 24.2% were currently employed. At both Waves 2 and 3 just over 50% of respondents were employed. At Wave 3, 560 (73.5%) had been employed at some point in the past year. While respondents at Wave 3 were working at a level similar to that found in Wave 2, more were receiving help from a spouse or partner, child support and disability. With increased overall income, it is understandable that fewer respondents qualified for income based benefit programs such as SNAP benefits and child care assistance. However, lack of eligibility does not always equate to lack of need.

During the study period there was a significant shift from primary reliance on public benefits to primary reliance on private resources. The use of cash assistance dropped dramatically between Waves 1 and 2. By Wave 3 only 95 (11.7%) respondents were receiving cash assistance. There were many sources of "other" regular income for participants. The most frequent response was help from family members (95). Several others reported help from a church organization (26), friends (11), or a previous partner, sometimes the other parent of a child (11). Some participants were able to sell plasma (14), rely on school loans/scholarships/grants (9), or receive cash assistance through a specified relative grant (5). A majority of respondents used the extra regular income for food, bills, rent, or basic needs. Despite significant reductions in the use of cash assistance, SNAP benefits, and child care assistance, respondents, on average, raised their monthly income by just over \$400 per month between Wave 1 and Wave 3.

Table 13: The Financial Picture

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Earned Income	277 (25.8%)	445 (51.6%)	407 (53.4%)
Spouse/partner Income	85 (21.4%)	179 (20.8%)	199 (26.2%)
Child support	9 (1.0%)	185 (21.5%)	200 (26.2%)
Housing Assistance: Total	125 (11.6%)	124 (14.4%)	112 (14.7%)
Public Housing	55 (44.0%)	52 (41.5%)	55 (49.1%)
Section 8	42 (33.6%)	55 (44.1%)	41 (36.6%)
Tribal Housing	1 (0.8%)	1 (0.8%)	-0-
Transitional Housing	21 (16.8%)	9 (7.3%)	5 (4.5%)
Other	7 (5.6%)	7 (5.6%)	11 (9.8%)
Unemployment compensation	7 (0.7%)	16 (1.9%)	11 (1.4%)
SSI/SSDI	43 (4.0%)	89 (10.3%)	109 (14.3%)
Cash Assistance	1075 (100%)	152 (17.6%)	72 (9.4%)
SNAP Benefits	1021 (95.0%)	638 (74.0%)	476 (62.5%)
Child care assistance	227 (21.1%)	129 (15.0%)	85 (11.2%)
Tribal dividends	1 (0.1%)		
Other	142 (13.2%)	222 (25.8%)	179 (23.9%)
Median Monthly Income (Sum of all sources listed above)	\$1,149	\$1,400	\$1,553
Range	(\$300 - \$5849)	(\$0 - \$8,609)	(\$0 - \$8,200)

Community Resources: While the use of public benefits had been reduced, during the study period the use of community resources generally increased (Table 14). Respondents were more likely to access food pantries, thrift stores and receive help from a church or religious organization. There were several “other” resources in the community that respondents utilized; including housing (17), Christmas gifts (11), and schooling for adult or child (11). Others included provided food (7), child care (6), parenting classes (6), phone services (5), hygiene/diapers (4). The most commonly used programs or agencies reported by participants were Vocational Rehabilitation (18), Community Action Program (4), and Head Start (4).

Respondents were also asked to report on needs which were still not being met. Nearly one-quarter (22.4%) indicated an unmet need for assistance from a community resource. The most common needs for which respondents in both Waves 2 and 3 could not find help included housing assistance (61), and health care (especially dental) assistance (14).

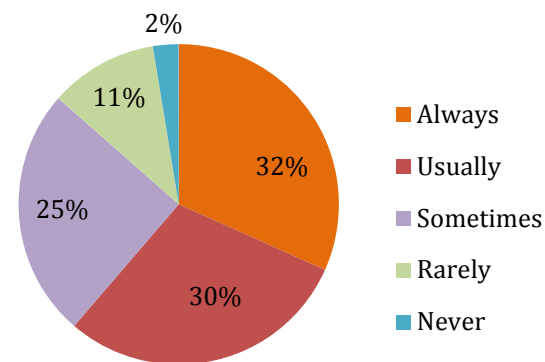
Table 14: Additional Community Resources

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Food bank/food pantry	272 (25.3%)	339 (39.3%)	311 (40.8%)
Thrift store	476 (44.3%)	480 (55.7%)	448 (58.8%)
Homeless shelter	63 (5.9%)	65 (7.5%)	56 (7.3%)
Help from a church or religious organization	272 (25.3%)	298 (34.6%)	271 (35.6%)
Drug or alcohol treatment		91 (10.6%)	71 (9.3%)
Mental health services (self or dependent child)		296 (34.3%)	253 (33.3%)
Help with credit counseling or finances		61 (7.1%)	41 (5.4%)
Free health care clinics or low cost vaccinations		111 (12.9%)	94 (12.3%)
Domestic violence shelter		46 (5.3%)	27 (3.5%)
Legal Aid		82 (9.5%)	63 (8.3%)
H.E.A.T. program or other help with utilities		222 (25.8%)	185 (24.3%)
Other community resources		112 (13.0%)	74 (9.7%)
WIC - (Only asked if child < 5 in home or adult on case was pregnant)	N = 718 473 (65.9%)	N = 603 381 (63.2%)	N=445 255 (57.3%)
Free/reduced cost school meals - (Only asked if school aged child in home)	N = 490 419 (85.5%)	N = 457 269 (80.7%)	N=424 343 (80.9%)

Family and Other Social Supports:

Most people, at least to some degree, are able to rely support from those around them. Respondents in Wave 3 were asked how often they received the social and emotional support they needed (Figure 9). The majority (62%) usually or always received the support they needed. Interestingly, the *sources* of support have shifted somewhat over the course of the study (Figure 10).

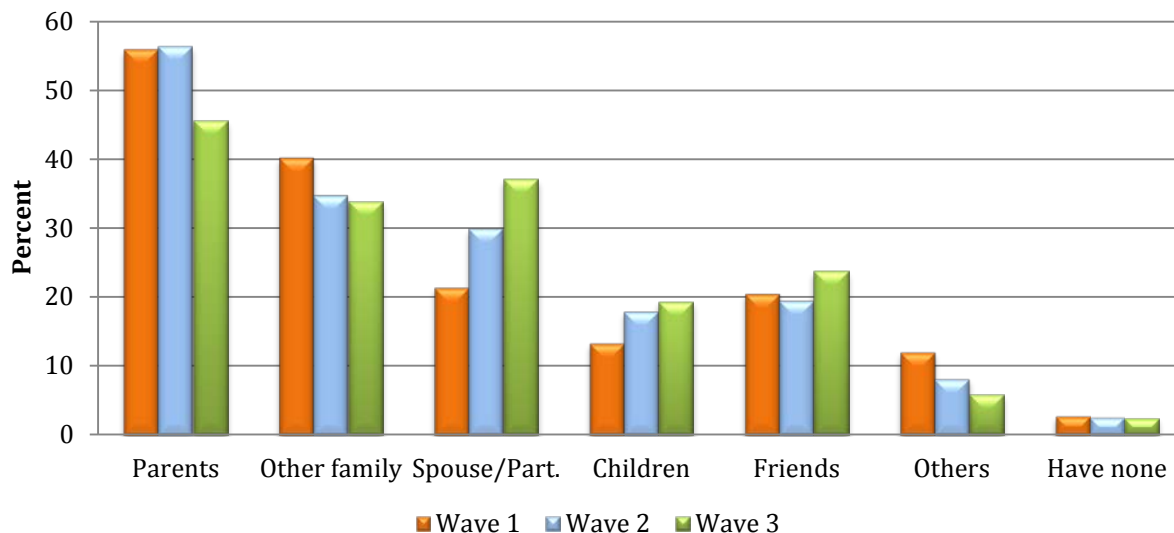
Figure 9: Frequency of Social Support



In Waves 1 and 2 parents were by far the primary sources of support. By

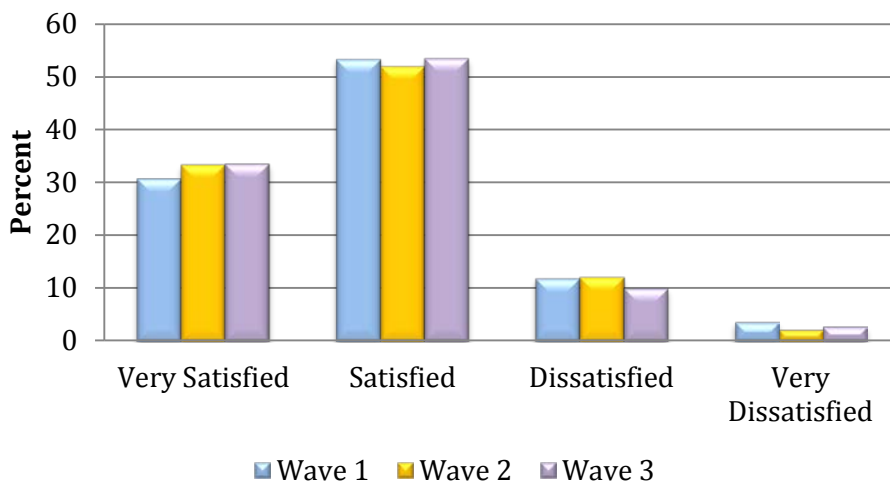
Wave 3 this had shifted and spouses or partners were nearly as likely as parents to be a source of support. The number reporting “no support” remained almost identical throughout the study.

Figure 10: Sources of Social Support



Respondents in all three waves expressed high levels of satisfaction with the social support they received from others.

Figure 11: Satisfaction with Social Support



Self-Sufficiency Efforts

“Making ends meet,” especially in difficult times, often involves cobbling together a multitude of resources. As the family situation changes, the components of the package often change as well. At both Wave 2 and Wave 3, respondents were asked to indicate the methods used to “make ends meet” *in the six months prior to the interview*. Table 15 reflects how customers combined a variety of resources over that time.

The increase in earned income (from either the respondent or a spouse/partner) and child support receipts and the decrease in the receipt of cash assistance, SNAP benefits, and help from family and friends might reflect improvement in overall self-sufficiency. However, about one-third continue to report the need to pawn personal belonging, spend down savings, and reduce housing expenses by

living with others. Nearly two-thirds of respondents reported still needing to delay or stop paying bills and cut back on necessities. These realities reflect the gap between exiting cash assistance and achieving stable financial situations.

Table 15: Efforts to Make Ends Meet in Past Six Months

	Wave 2 N = 862	Wave 3 N = 762	Difference between waves
Methods which increased across time:			
Got money from spouse or partner	270 (31.3%)	313(41.1%)	9.8%
Child support from other parent	230 (26.7%)	251 (32.9%)	6.2%
Spent down savings	283 (32.8%)	284 (37.3%)	4.5%
Odd jobs	253 (29.4%)	249 (32.7%)	3.3%
Pawned things	290 (33.6%)	276 (36.2%)	2.6%
Had a job	550 (63.8%)	503 (66.0%)	2.2%
Participate in illegal activity	22 (2.6%)	26 (3.4%)	0.8%
Put child in someone else’s care	53 (6.1%)	49 (6.4%)	0.3%
Methods which decreased across time:			
Cash assistance	301 (34.9%)	125 (16.4%)	-18.5%
SNAP benefits	742 (86.1%)	563 (73.9%)	-12.2%
Got money from families/friends	523 (60.7%)	412 (54.1%)	-6.6%
Medicaid	749 (86.9%)	613 (80.4%)	-6.5%
Cheaper housing/moved in w/others	253 (29.4%)	202 (26.5%)	-2.9%
Cut back on extras	766 (88.9%)	666 (87.4%)	-1.5%
Delayed or stopped paying bills	531 (61.6%)	464 (60.9%)	-0.7%
Cut back on necessities	533 (61.8%)	466 (61.2%)	-0.6%
Sold plasma	87 (10.1%)	81 (10.6%)	0.5%
Sold SNAP benefits	22 (2.6%)	18 (2.4%)	-0.2%
Received Unemployment	31 (3.6%)	26 (3.4%)	-0.2%
Other	117 (13.6%)	93 (12.2%)	-0.6%

As customers were or were not able to piece together the resources needed to support their families, their attitudes toward their overall situation reveal the level of comfort they have been able to achieve. Although customers felt better about their financial situation overall between Wave 1 and Wave 2, for some customers these feelings did not last. As displayed in Table 16, a smaller portion of the sample perceived themselves and their families to be in a better position financially than the year before. At both waves just over half of respondents felt they could afford to buy the things needed to support their families. Most, while confident about managing finances and resources, would like to attend a class to learn more about developing this skill.

Table 16: Overall Financial Situation

Reported “agreement” with following statements:	Wave 2 N = 862	Wave 3 N = 762
Overall, my financial situation is better than it was at the last interview	542 (63.0%)	424 (55.6%)
I worry about having enough money	759 (88.1%)	638 (83.7%)
These days I can generally afford to buy the things we need	455 (52.8%)	431 (56.6%)
There never seems to be enough money to buy something, or go somewhere just for fun	678 (78.8%)	556 (73.1%)
I feel confident that I can manage my own finances and resources	658 (76.5%)	587 (77.0%)
If offered at a good time, I would be interested going to a class to learn about managing finances	612 (71.2%)	527 (69.2%)

EMPLOYMENT SUPPORTS

The “work first” focus at DWS has prompted an increase in supports which are needed to move customers toward paid work. In this section data will be presented regarding the primary resources which contribute to successful moves toward employment. These resources include: child care, housing, health care, computer access, telephone, and transportation.

Child Care

Accessing quality, affordable child care is often a challenge. Lack of child care can derail employment, especially for workers in low-wage, service industry positions. At each wave child care data is reported for those families with at least one child under age 13 living in the home. Data regarding the respondents’ child care needs and challenges are summarized in Table 17.

Over the course of the study the portion of families with at least one child in child care remained consistent, however as mentioned previously, the portion receiving state child care assistance dropped significantly. Over two-thirds of respondents that had at least one child in child care, or who did so Between Wave 2 and Wave 3 did not receive state assistance for their child care needs (68.3% and 70.0% respectively).

Just over one-third (37.2%) of total eligible respondents did not use regular child care at all between Wave 2 and Wave 3. Of those who had a child in child care at the time of the Wave 3 interview, more than half (57.9%) reported “no need.” This response typically indicated they had a provider who did not require payment. Other respondents became ineligible for child care assistance. Reasons for not qualifying for state child care assistance were all related to employment. Most participants were employed more than 15 hours a week, but made too much to qualify (22). Another portion of participants were not employed at all (7) and therefore were not eligible. Others were employed, but were working less than 15 hours a week (3). Lastly, a few participants reported that they did not qualify because they were informed by DWS that if there were 2 parents in the home, both needed to be employed at least 15 hours a week (4). Issues were consistent with those who were not using regular child care currently, but had in the past year.

Table 17: Current and Recent Child Care

Regular Child Care Use	Wave 1 N = 934	Wave 2 N = 723	Wave 3 N = 586
No regular child care in past year	321 (34.4%)	249 (34.4%)	218 (37.2%)
Child in child care – Current	455 (48.7%)	324 (44.8%)	268 (45.7%)
Family currently receiving help paying for child care	N = 455 228 (50.1%)	N = 324 126 (38.9%)	N = 268 85 (31.7%)
For those who are not receive help paying for child care, reason why:	N = 227	N = 198	N = 183
No Need	88 (38.6%)	94 (47.5%)	106 (57.9%)
Did not know assistance was available	12 (5.3%)	6 (3.0%)	6 (3.3%)
Was told I was not eligible	36 (15.8%)	38 (19.2%)	40 (21.9%)
Person I want to do it is not eligible	64 (28.2%)	25 (12.6%)	24 (13.1%)
In process of applying - not received yet	23 (10.1%)	18 (9.1%)	3 (1.6%)
Other	6 (2.6%)	17 (8.6%)	4 (2.2%)
Child in child care in past year - Not currently	158 (33.0%)	150 (37.6%)	100 (31.4%)
Received help paying for child care	N = 158 59 (37.3%)	N = 150 84 (56.0%)	N = 100 30 (30.0%)
For those who did not receive help paying for child care, reason why:	N = 99	N = 66	N = 70
No Need	60 (61.9%)	27 (40.9%)	42 (60.0%)
Did not know assistance was available	12 (12.4%)	4 (6.1%)	2 (2.9%)
Was told I was not eligible	9 (9%)	14 (21.2%)	9 (12.9%)
Person I want to do it is not eligible	15 (15.5%)	17 (25.8%)	11 (15.7%)
Other	1 (1%)	4 (6.1%)	6 (8.6%)

The percentage of respondents who had severe problems with child care (resulting in job loss or dropping out of school) actually went down significantly (13.1%) between Wave 1 and Wave 3 (Table 18). For those who indicated it was a problem, cost was the greatest issue. Other major concerns were related to conflicting demands of being a single parent and workplace needs.

Participants experienced the inability to look for work or accept job offers, as well as having to leave employment due to child care challenges. Nearly 65% of respondents reported problems finding childcare that matched with the requirements of the workplace. One common experience was the lack of available childcare during non-traditional working hours such as nights and weekends. Other big issues were finding specialized providers for children with various special needs, not having friends or family who could help, and finding trustworthy third-party childcare providers. When respondents were no longer case-managed there were increasing problems with state child care assistance approval, eligibility, or provider coverage. For example, one respondent noted, *“I had a job interview for a group home manager and I was asked to start right away (one week), but I couldn’t because I didn’t have daycare. I couldn’t get a daycare to agree to the back pay by DWS.”*

Table 18: Child Care Problems

	Wave 1 N = 934	Wave 2 N = 723	Wave 3 N=586
In past year child care problems or lack of care led to job loss or prevented work or school/training	329 (35.3%)	215 (29.7%)	130 (22.2%)
All indicating this as a primary problem:			
Costs too much	177 (53.8%)	115 (53.5%)	38 (29.2%)
Couldn’t find care for times needed	103 (31.3%)	55 (25.6%)	20 (15.4%)
Care too far from work or home	42 (12.8%)	19 (8.8%)	5 (3.8%)
Caregiver unavailable or unreliable	75 (22.8%)	25 (11.6%)	15 (11.5%)
Worry about child abuse	28 (8.5%)	28 (13.0%)	7 (5.4%)
Worry about unsafe location/environment of facility	44 (13.4%)	32 (15.0%)	1 (0.8%)
Child disabled - no qualified caregiver available	14 (4.3%)	22 (10.2%)	14 (10.8%)
No infant care available	12 (3.6%)	7 (3.3%)	2 (1.5%)
No after school care or care for school age kids	-	1 (0.5%)	2 (1.5%)
Poor quality - Kids or client are unhappy with place	-	5 (2.3%)	2 (1.5%)
Child sick too often and caregiver will not take sick	21 (6.4%)	18 (8.4%)	1 (0.8%)
Child’s behavior makes keeping care difficult	29 (8.8%)	18 (8.4%)	4 (3.1%)
Child care not authorized soon enough	-	12 (5.6%)	7 (5.4%)
Other problems with child care process at DWS	17 (5.2%)	28 (13.0%)	12 (9.2%)
Place wanted kids to go was full	6 (1.8%)	1 (0.5%)	1 (0.8%)
No friends or family available to help	-	-	13 (10.0%)
Other	5 (0.5%)	19 (8.8%)	10 (7.7%)

At Wave 3 respondents who had a problem with child care (n=130) were asked to identify solutions to address their child care problems. The majority of respondents thought the best solution was calling on family or trusted friends that could watch their children (53). For some this required schedule changes, for others, approval of state assistance to pay the preferred person. Changing requirements for DWS state assistance (24) was the next most common response, whether it be for family members or at a daycare. Others needed more facilities or individuals who could care for the special needs of their children (11). There were also those who needed more flexible hours at daycare facilities (9) to accommodate weekend and night shifts or hourly care.

Some participants anticipated having to adjust their schedules to find solutions to child care problems, as well as find a child care facility that was located closer to home or the route to work (6). A few viewed the best solution as waiting until their youngest child was in school (4) before seeking employment or maybe finding a job where they were able to work from home (4). Finally, there were a few participants who saw no solution to their problems and were not sure what they were going to do about child care (8).

Housing

Housing issues were a key area of difference between the original FEP Study and the current study at Wave 1 as significantly more participants were living with family rather than renting on their own. Yet the Wave 1 trend did not continue through the study. As seen in Figure 12, the percentage of respondents living with family decreased significantly while the portion renting increased.

Severe housing problems, that is, problems that led to job loss or inability to take work actually increased over the study from 13.6% at Wave 1 to nearly 15% at Wave 3. Those who owned their home or lived with family reported more months at their current residence and were less likely to report housing problems.

Figure 12: Housing Situation

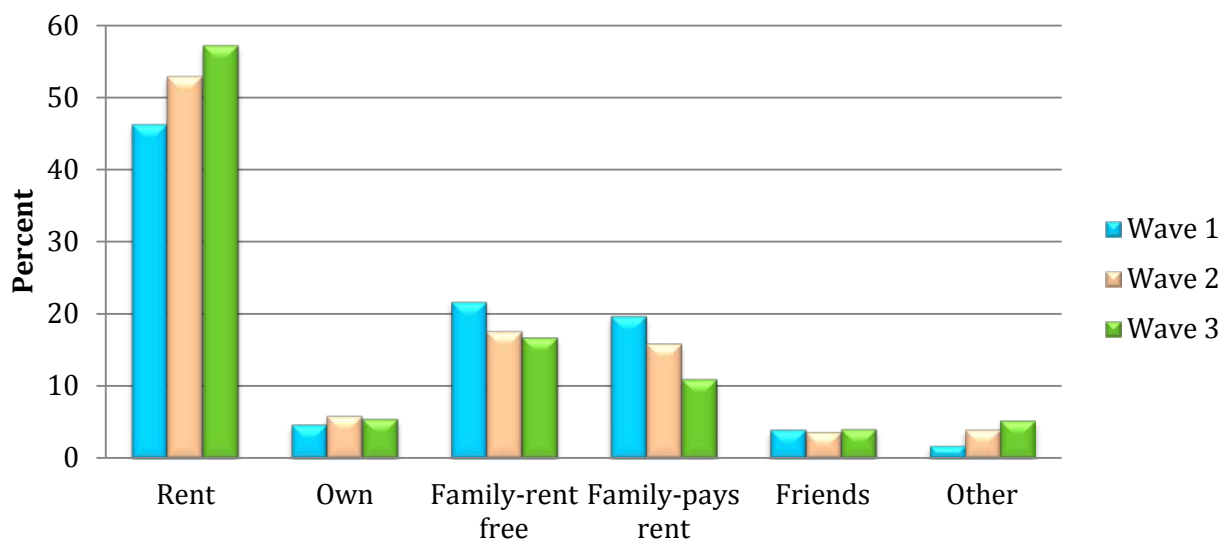
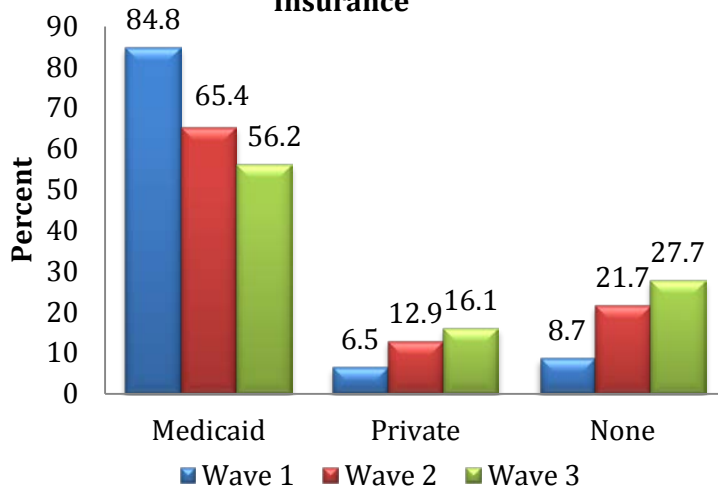


Figure 13: Primary Form of Health Insurance



Health Care Coverage

Health care coverage is an important employment support for everyone, but it is especially important for those with significant physical and mental health problems. Respondents were asked to identify the source of their *primary* form of health care coverage (Figure 13). Interestingly, between Wave 1 and Wave 3 the proportion of respondents receiving Medicaid *decreased* 28.6% while the proportion of respondents with no insurance *increased* by 19%.

This illustrates that although the portion of respondents with private insurance has increased, the portion without health care coverage has increased more, often due to health care coverage gaps.

Uninsured Wave 2 and Wave 3 respondents were asked to describe the *main reason* they were not insured. Barriers to health care coverage were similar across the waves. The main reasons respondents were not insured include:

- Never signing up or missing enrollment periods for public or private insurance plans;
- Having applications in process for public or private insurance; or
- Not being eligible for Medicaid (e.g. no eligible child, income too high, non-cooperation with ORS, in SSDI waiting period, not a legal citizen long enough to qualify, incarcerated)

Interestingly, Wave 2 (33%) and Wave 3 (25%) respondents reported a combination of barriers to accessing health care coverage. At Wave 3, the most common combination was not being able to afford private insurance on their own, but making too much to qualify for Medicaid (10%). Other respondents reported they were working, but private insurance was not offered by their employer and they did not qualify for Medicaid (6%). Notably, respondents with these combinations of barriers were employed but could not access to either private or public health care coverage. This reflects an important health care coverage gap as working respondents were caught in the middle; not qualifying for public insurance, yet not having adequate funds or access to private insurance.

As Table 19 shows, a majority (60.4%) of respondents had some lapse in health care coverage in the year prior to the study. While this portion dropped (40.8%) at Wave 2, it increased to nearly half (48.8%) by Wave 3. Of those who experienced a lapse in coverage, 38.7% actually needed medical care but were unable to access services because they had no coverage or could not afford the services. As noted earlier in Table 8, 46 (6%) respondents were already receiving social security benefits at Wave 3. Another 71 (9.1%) were in the process of applying for such benefits. Access to health care services to support these individuals in the application process is critical.

Table 19: Health Care Coverage

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Anytime in past year not covered by health insurance	649 (60.4%)	352 (40.8%)	372 (48.8%)
Past year needed medical care but couldn't get it because couldn't afford it	517 (48.1%)	305 (35.4%)	295 (38.7%)
Currently applying for social security	117 (10.9%)	93 (10.8%)	71 (9.3%)
Coverage meets health care needs	N = 982 729 (74.5%)	N = 675 506 (75.0%)	N = 551 402 (73.0%)
Had difficulty in past year accessing health care	99 (10.1%)	66 (9.8%)	74 (13.4%)

Respondents who were currently insured were asked if their health care coverage met their health care needs (Table 19). Across the waves, around 75% of respondents reported it did. However, this suggests that about one-quarter do not get their health care needs met. Consistent with Wave 1, the large majority report dental coverage is the number one need not covered by health insurance.

Additional coverage needs include: vision, prescriptions, doctors who are specialists, therapists who are specialists, and surgeries. Many could not afford deductibles or co-pays and were forced to pay out-of-pocket or go without healthcare coverage. As one respondent stated, *“I don’t have enough money for co-pays or my spouse’s co-pays, so I push back medical needs in order to take care of my kids and living expenses.”*

Respondents who did have insurance were asked if they had any difficulty *accessing* the health care they needed (Table 19). Across the waves, 9.8% to 13.4% of insured respondents ran into barriers surrounding accessibility. At Wave 3, respondents with this issue reported their biggest concern was finding professionals who accepted their form of health care insurance. Other accessibility problems included not being able to access a primary care doctor or mental health provider, as there were respondents who could not find providers who had availability for appointments. As one stated, *“Sometimes it’s hard to get an appointment with a specialist and I don’t have a primary care doctor...it’s hard to find a primary care doctor with an opening.”*

Computer Access

Computer literacy and access have become essential tools for finding and securing employment. As seen in Table 20, computer access remained over the course of the study with three-quarters of respondents reporting regular computer access. Of the 75% with access, most (over 94%) consistently reported internet access. An increasing percentage of respondents are reporting the computer they used most often is located in their home. However, it is important to remember that at Wave 1 nearly one-quarter of respondents felt “somewhat” or “not at all” comfortable using the computer to conduct their DWS business. Efforts to make sure these individuals do not get lost in the shifts toward online service provision are important.

Table 20: Computer Access

Computer Access	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N = 762
Has regular access to a computer	815 (75.8%)	639 (74.1%)	568 (74.5%)
Location of computer used <i>most often</i> :	N = 815	N = 639	N = 568
Home	610 (74.8%)	489 (76.5%)	444 (78.2%)
Work	3 (0.3%)	18 (2.8%)	23 (4.0%)
School	3 (0.3%)	5 (0.8%)	5 (0.9%)
Family member/ friend’s place	66 (8.1%)	43 (6.7%)	20 (3.5%)
Library	81 (9.9%)	60 (9.4%)	53 (9.3%)
DWS	40 (4.9%)	18 (2.8%)	18 (3.2%)
Other	12 (1.5%)	6 (0.9%)	5 (0.9%)
Computer has internet access	771 (94.6%)	604 (94.7%)	549 (96.7%)

Telephone

Telephone access is an important resource for getting a job. As reported in Figure 14, a majority (93.5%) of respondents had regular access to a telephone at the beginning of the study. While this portion slightly decreased to 91.5% at Wave 2, it remained almost stable at Wave 3 (91.3%). Telephone access as a barrier to employment in the past year decreased by 6% from Wave 1 to Wave 3, with 9.8% of Wave 3 respondents indicating that access to a telephone had been an

employment barrier at some point in the past year. Problems with telephone access continue when a person cannot pay the bill and the phone is shut off. This problem, while often temporary, makes it difficult for a potential employer to contact a job seeker.

Transportation

Regular transportation is a significant work support, especially in areas where public transportation is not readily available or where child care is a significant distance from home.

Findings from Wave 3, as viewed in Table 21, reflect a slight increase in access to and use of a personal vehicle. Fewer respondents found transportation to be a barrier to employment in the past year, however, nearly one-quarter (23.8%) did indicate they had lost a job or been unable to take a job or go to school due to transportation issues. When transportation as a work support is missing, it can lead to rapid unemployment if the individual is unable to solve the issue and there are no outside supporters to provide assistance.

Figure 14: Telephone Access

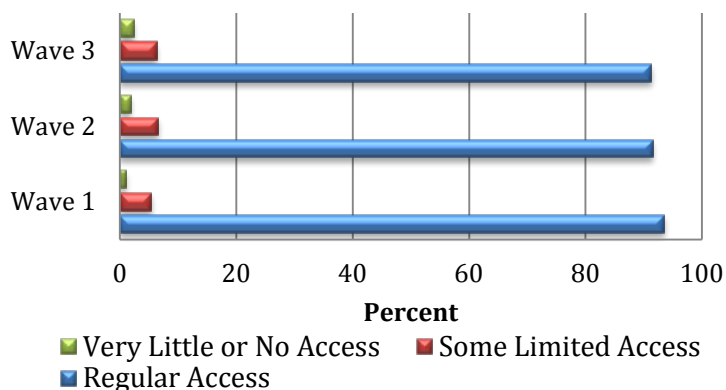


Table 21: Transportation

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Has current driver's license	712 (66.3%)	599 (69.5%)	557 (73.2%)
Has regular use of a car	619 (57.6%)	556 (54.7%)	513 (67.3%)
Condition of current vehicle:	N = 619	N = 556	
Excellent	103 (16.6%)	105 (18.9%)	
Good	252 (40.7%)	213(38.4%)	
Fair	192 (31.0%)	171 (30.8%)	
Poor	72 (11.6%)	66 (11.9%)	
Main source of transportation:			
Own car	548 (51.0%)	506 (58.8%)	465(61.0%)
Spouse/significant other	32 (3.0%)	29 (3.4%)	26 (3.4%)
Family	210 (19.5%)	119 (13.8%)	83 (10.9%)
Friends	36 (3.3%)	26 (3.0%)	28 (3.7%)
Public transportation	199 (18.5%)	136 (15.8%)	110 (14.4%)
On foot	38 (3.5%)	40 (4.6%)	34 (4.5%)
Other	11 (1.0%)	2 (0.2%)	4 (0.5%)
No source	1 (0.1%)	3 (0.3%)	12 (1.6%)
Transportation problems so challenging that is affected ability to take a job, job search, etc.:			
In past year	401 (37.3%)	273 (31.7%)	181 (23.8%)
In past month	202 (50.4%)	125 (45.8%)	73 (40.3%)

EMPLOYMENT

Employment History

Employment history is a factor often associated with, and viewed as predictive of future employment potential. It is sometimes assumed that people seeking cash assistance do not have a strong work history. As reported in Wave 1, 67% of respondents had worked three-quarters of their adult life or more. This employment trend continued through Waves 2 and 3.

As shown in Table 22, employment in the year prior to the Wave 1 interview was significantly lower than reported at Waves 2 and 3. At both Wave 2 and Wave 3, the majority of respondents were employed at some time during the past year. Not only did the employment rate increase but the total number of months employed also increased. Slightly over half (51.6%) reported employment for three-quarters or more of the past year at Wave 3. Tracking the level of attachment to the labor force using wage data could continue to tell the story of respondents' employment connections over time. This tracking could provide important longitudinal data regarding both consistency of attachment and level of earnings.

Table 22: Employment History: Past 12 Months

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N=762
Employed in past year:			
Yes	457 (42.5%)	610 (70.8%)	560 (73.5%)
No	618 (57.5%)	252 (29.2%)	202 (26.5%)
Of those employed in past year			
Portion of time employed in past year:		N = 610	N=560
Less than 1/4 of the year		132 (21.7%)	92 (16.5%)
1/4 - less than 1/2 of the year		80 (13.2%)	54 (9.7%)
1/2 - less than 3/4 of the year		145 (23.8%)	124 (22.2%)
3/4 or more of the year		251 (41.3%)	288 (51.6%)
Number of months worked in past year:			
One month or less		36 (5.9%)	28 (5.0%)
12 months		116 (19.0%)	186 (33.2%)

Current Employment Status

Another way to view attachment to employment involved dividing the sample into two groups; the currently employed and the recently employed, and comparing these groups across waves. As seen in Table 23, more respondents in both Wave 2 and Wave 3 were either currently or recently employed compared to Wave 1. The nature of the study would predict this outcome. For those who had been employed between Wave 2 and Wave 3, 371 (48.7%) were currently employed. Whereas, 189 (24.8%) were employed in the past year but were not currently employed. This ratio of employment was slightly lower than that found between Wave1 to Wave 2.

Table 23 includes data related to these employment experiences. From Wave 1 to Wave 3, those currently employed, on average, were working more hours; the median length of time spent at their current place of employment increased (e.g. 5 months to 7 months); and average hourly wage

slightly increased (e.g. \$9.39 - \$10.00). Notably, for the recently employed but no longer working, the median length of time spent at their previous job was shorter and their average wages lower than their currently working counterparts.

This trend continued in other areas. Fewer Wave 3 respondents were relying on family and friends for rides to work and had their own transportation. However, those recently employed were less likely to report having their own work transportation and were more likely to rely on alternative transportation methods (e.g. partner/family or friends, public transportation). Interestingly, the percentage of currently working respondents receiving work benefits (paid sick days, vacation, health insurance and retirement) went down from Wave 1 to Wave 2, and then increased from Wave 2 to Wave 3; albeit still lower than Wave 1. Once again, those who were recently employed during Wave 2 and Wave 3 were much less likely to report benefit receipt.

On the other hand, some aspects of employment have remained consistent over time. For example, the most common method of learning about a job is through a friend or relative and the degree of opportunity for advancement to a higher position that pays more remained relatively the same for the currently employed.

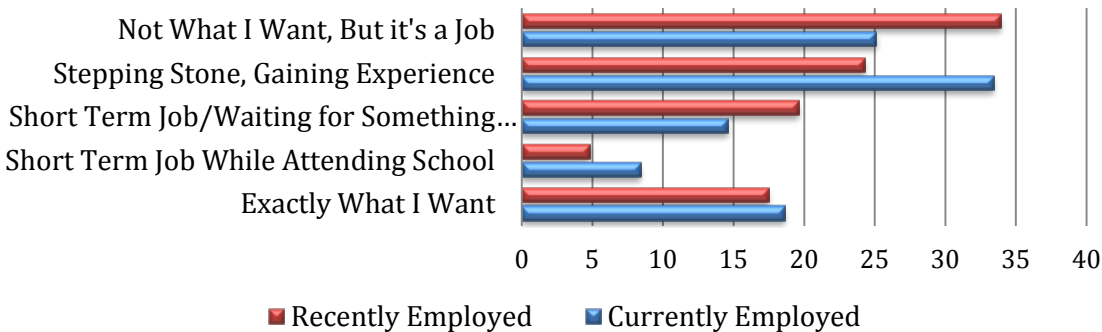
Table 23: Employment Comparisons - Currently and Recently Employed

Employment	Currently Employed - W1 N = 261	Currently Employed - W2 N = 399	Recently Employed - W2 N = 211	Currently Employed - W3 N = 371	Recently Employed - W3 N = 189
Hours worked/week (median)	27	35	35	35	38
Hours per week breakdown:					
10 hours a week or less	29 (11.1%)	19 (4.8%)	12 (5.7%)	30 (8.1%)	10 (5.3%)
11 - 20 hours	64 (24.5%)	62 (15.5%)	35 (16.6%)	48 (12.9%)	19 (10.1%)
21 - 30	57 (21.8%)	83 (20.8%)	46 (21.8%)	82 (22.1%)	41 (21.8%)
31 - 40	104 (39.8%)	201 (50.4%)	95 (45.0%)	175 (47.2%)	90 (47.9%)
more than 40	7 (2.7%)	34 (8.5%)	23 (10.9%)	36 (9.7%)	28 (14.9%)
Length of time at job median):	5 months	6 months	3 months	7 months	4 months
Less than 3 months	190 (73.1%)	103 (25.8%)	83 (39.3%)	81 (21.8%)	60 (31.9%)
3 - 6 months	34 (13.1%)	105 (26.3%)	91 (43.1%)	99 (26.7%)	68 (36.2%)
7 - 12 months	13 (5.0%)	163 (40.9%)	33 (15.6%)	78 (21.0%)	41 (21.8%)
13 - 36 months	21 (8.0%)	23 (5.8%)	2 (0.9%)	104 (28.0%)	18 (9.5%)
More than 36 months	7 (2.7%)	5 (1.3%)	2 (0.9%)	9 (2.4%)	2 (1.1%)
Average hourly income:					
Median	\$9.39	\$9.50	\$9.00	\$10.00	\$8.78
Range	(\$1.00- \$50.00)	(\$0.40- \$45.00)	(\$6.00- \$18.36)	(\$0.40- \$100.00)	(\$0.65- \$30.00)
Weekly income					
Mean	\$248.43	\$342.48	\$323.40	\$352.98	\$333.98
Median	\$240.00	\$320.00	\$302.00	\$320.00	\$300.00
Range	(\$2.00 - \$700.00)	(\$7.50 - \$1,380.00)	(\$12.40 - \$1,094.60)	(\$5.00 - \$1,200.00)	(\$29.00 - \$980.00)

Table 23: Employment (Con't)	Currently Employed - W1 N = 261	Current Employment - W2 N = 399	Recently Employed - W2 N = 211	Current Employment - W3 N=371	Recently Employed - W3 N=189
Job is/was temp. or seasonal	61 (23.4%)	67 (16.8%)	77 (36.5%)	43 (11.6%)	55 (29.1%)
Main work transportation:					
Own car	154 (59.0%)	268 (67.2%)	107 (50.7%)	246 (66.3%)	103 (54.5%)
Partner/Family or friends	51 (19.5%)	55 (13.8%)	34 (16.1%)	52 (14.0%)	39 (20.6%)
Public transportation	28 (10.7%)	35 (8.8%)	45 (21.3%)	33 (8.9%)	21 (11.1%)
On foot	14 (5.4%)	27 (6.8%)	16 (7.6%)	20 (5.4%)	16 (8.5%)
Work from home	9 (3.4%)	-	-	10 (2.7%)	3 (1.6%)
Boss/ co-worker	4 (1.5%)	4 (1.0%)	5 (2.4%)	5 (1.3%)	5 (2.6%)
Opportunity for advancement to higher position paying more:					
A great deal of opportunity	68 (26.1%)			105 (28.4%)	30 (16.0%)
Some opportunity	73 (28.0%)			109 (29.5%)	50 (26.6%)
A little opportunity	45 (17.2%)			80 (21.6%)	53 (28.2%)
No opportunity	75 (28.7%)			76 (20.5%)	55 (29.3%)
How client found out about job:					
A friend /A relative	61 (23.4%)	124 (31.2%)	56 (26.5%)	117 (31.6%)	60 (32.1%)
“Help wanted” notice	7 (2.7%)	8 (2.0%)	7 (3.3%)	7 (1.9%)	5 (2.7%)
DWS or other gov’t. agency	47 (18.0%)	78 (19.6%)	40 (19.0%)	48 (13.0%)	20 (10.7%)
School placement/career center	3 (1.1%)	4 (1.0%)	1 (0.5%)	3 (0.8%)	2 (1.1%)
Inside contact at the job site	37 (14.2%)	36 (9.0%)	15 (7.1%)	58 (15.7%)	25 (13.4%)
Walk in & submit job application	45 (17.2%)	62 (15.6%)	39 (18.5%)	45 (12.2%)	31 (16.6%)
Staffing agency (Temp. Service)	12 (4.6%)	21 (5.3%)	16 (7.6%)	25 (6.8%)	14 (7.5%)
Online listing	35 (13.4%)	55 (13.8%)	31 (14.7%)	54(14.6%)	19 (10.2%)
Church based referral/services	-	-	-	4 (1.1%)	5 (2.7%)
Other:	14 (5.4%)	10 (2.5%)	6 (2.8%)	9 (2.4%)	6 (3.2%)
Availability of health insurance through employer:					
Immediately		37 (9.3%)	6 (2.9%)	33 (9.2%)	12 (6.6%)
After a waiting period		141 (35.6%)	87 (41.4%)	149 (41.4%)	72 (39.6%)
Not at all		218 (55.1%)	117 (55.7%)	178 (49.4%)	98 (53.8%)
Benefits received at job site:					
Paid sick days	84 (34.7%)	86 (22.1%)	19 (9.0%)	98 (26.6%)	16 (8.6%)
Paid vacation	98 (40.3%)	96 (24.6%)	19 (9.0%)	125 (34.0%)	17 (9.0%)
Health insurance	112 (46.1%)	80 (20.1%)	11(5.2%)	84 (22.6%)	24 (12.8%)
Retirement program	72 (31.4%)	77 (19.3%)	11 (5.2%)	70 (19.4%)	11 (5.9%)
Dental coverage	-	87 (22.0%)	9 (4.3%)	80 (21.6%)	18 (9.6%)
Tuition/ education assistance	-	-	-	25 (6.8%)	8 (4.3%)

Attitudes toward employment can sometimes predict whether or not a person will remain in a particular position. Respondents were asked to describe how they felt about their current or most recent job relative to their long term employment goals. As seen in Figure 15, those who were currently employed were more likely to feel that their employment was just short term while attending school or a “stepping stone” to a better job. Conversely, those who were recently, but not currently employed were more likely have viewed it as a short term job while waiting for something else or described the job as something they did not want, but it was a job.

Figure 15: Wave 3: Attitude Toward Current or Recent Employment



Personal Employment Support

Another factor which can play an enormous role in job retention is the degree of support received from a work supervisor, co-workers, and partner/spouse. As shown in Table 24, most respondents generally experienced very high levels of support from all sources; although the level of support was lower from supervisors and coworkers for those recently but no longer employed.

Table 24: Wave 3 – Personal Employment Support

	Currently Employed N=371	Recently Employed N=189
Feel/felt supported by supervisor:		
A lot	245 (66.0%)	78 (41.5%)
A little	85 (22.9%)	64 (34.0%)
Not at All	28 (7.5%)	42 (22.3%)
No such person	13 (3.5%)	4 (2.1%)
Feel/felt supported by coworkers:		
A lot	226 (60.9%)	88 (46.8%)
A little	93 (25.1%)	60 (31.9%)
Not at All	24 (6.5%)	30 (16.0%)
No such person	28 (7.5%)	10 (5.3%)
Feel/felt supported by spouse/partner:		
A lot	163 (43.9%)	85 (45.2%)
A little	16 (4.3%)	17 (9.0%)
Not at All	7 (1.9%)	9 (4.8%)
No such person	185 (49.5%)	77 (41.0%)

Table 25: Employment Soft-Skills: Currently Employed

<i>In the last four weeks, number who had...</i>	Wave 1 N = 261	Wave 2 N = 399	Wave 3 N = 371
Been late to work by more than 5 minutes	59 (22.6%)	115 (28.8%)	108 (29.1%)
Lost their temper, for example, with rude customer	5 (1.9%)	13 (3.3%)	21 (5.7%)
Failed to correct problem a supervisor pointed out	6 (2.3%)	17 (4.3%)	13 (3.5%)
Had problems getting along with a supervisor	15 (5.7%)	27 (6.8%)	27 (7.3%)
Left work earlier than scheduled without permission	4 (1.5%)	10 (2.5%)	10 (2.7%)
Missed work and did not call in to supervisor	4 (1.5%)	4 (1.0%)	11 (3.0%)
Had problems getting along with co-workers	14 (5.4%)	23 (5.8%)	34 (9.2%)
Trouble understanding or following directions for job	9 (3.5%)	7 (1.8%)	14 (3.8%)
Had personal issues <i>regularly</i> interrupting work	29 (10.9%)	47 (11.8%)	43 (11.6%)
Been told to wear different clothes to meet dress code	15 (5.8%)	22 (5.5%)	18 (4.9%)

Employment skills are not limited to work history and education background, but include “soft skills” such as being on time, coming to work every day and taking direction from a supervisor. Those who were currently employed were asked about these skills. Results in Table 25 indicate most respondents had little difficulty with interpersonal skills across the waves, but at Wave 3 nearly 12% reported “personal issues” had interrupted work regularly. Another 29.1% reported having been late for work more than once in the past month, a growth of 6.5% from Wave 1.

Job Search Activities

At Wave 3, a little under half (45.3%) of those currently unemployed and about one-third (33.2%) of those currently employed were actively engaged in job search activities; a similar breakdown as in Wave 2. As shown in Table 26, of those who had been job searching (78.4%), the methods most often used included going to specific company websites and utilizing job referrals from DWS; both methods involved using a computer. As such, internet access was important for using resources such as the DWS website, going to a company website to apply for a job or posting a resume on websites such as Careerbuilder.com, Monster.com, or Indeed.com. Those without computer access, computer skills or confidence in performing online applications and job search queries are at a significant disadvantage in the job search process. This could partially explain why about one-third of respondents still used cold calls or unsolicited walk-ins as a means of job search.

Experience of Unemployment

There were many reasons people left employment. Those who were unemployed, for whatever length of time, were asked why they left their most recent job. While there were often several contributing factors, respondents were asked to decide what they considered to be the main reason for departure (Table 27). Consistent with Wave 1, in Wave 3 the most commonly cited reasons respondents left employment were physical or mental health issues, followed by the end of a temporary job. Being “fired” was the next most common reason, and the *most* commonly cited reason in Wave 2. When each respondent was asked *why* he or she was fired, problems with the boss, physical/mental health problems,” and child care issues were most often cited.

Table 26: Methods of Job Search

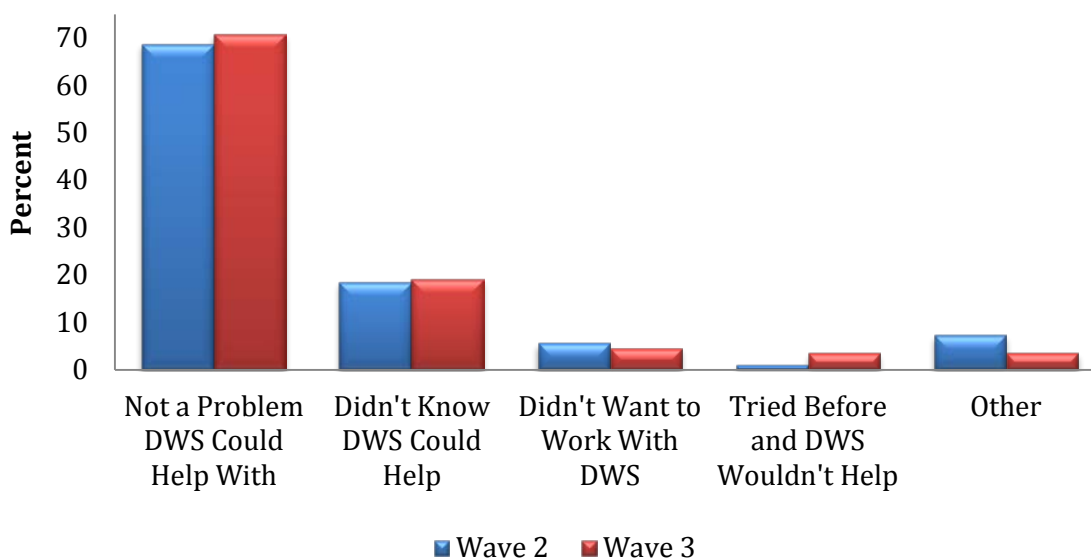
	Wave 2		Wave 3	
	Currently Employed N = 399	Currently Unemployed N = 463	Currently Employed N = 371	Currently Unemployed N = 391
Those in each group who <i>HAVE</i> job searched in the past month:	133 (33.3%)	246 (53.1%)	123 (33.2%)	177 (45.3%)
Most common job search methods:				
Apply online at company website	36 (27.1%)	72 (29.3%)	17 (13.8%)	24 (13.6%)
Go to places with “Help Wanted” sign	8 (6.0%)	25 (10.2%)	8 (6.6%)	14 (7.9%)
Ask around to family and friends	41 (30.8%)	51 (20.7%)	34 (27.9%)	34 (19.2%)
Use job referrals from DWS	42 (31.6%)	104 (42.3%)	61 (50.0%)	83 (46.9%)
Find jobs online and go to place to apply	27 (20.3%)	75 (30.5%)	15 (12.3%)	30 (16.9%)
Want ads in newspaper	15 (11.3%)	30 (12.2%)	10 (8.2%)	18 (10.2%)
Just walk in/call places to see if hiring	44 (33.1%)	83 (33.7%)	33 (27.0%)	53 (29.9%)
Online job search websites	89 (66.9%)	152 (61.8%)	72 (59.0%)	102 (57.6%)
Temporary Job Service Agency	-	-	6 (4.9%)	7 (4.0%)
Other	12 (9.0%)	29 (11.8%)	4 (3.3%)	10 (5.6%)

Table 27: Reasons for Leaving Most Recent Job

Single MOST IMPORTANT reason left most recent job:	Wave 2 N = 211	Wave 3 N = 189
Did not like schedule/shift	5 (2.4%)	3 (1.6%)
Wanted to work more/fewer hours	4 (1.9%)	-0-
Did not like work/working - too stressful	3 (1.4%)	-0-
Wages too low	2 (0.9%)	8 (4.2%)
Problems with co-workers	5 (2.4%)	5 (2.6%)
Problems with boss	6 (2.8%)	11 (5.8%)
Maternity leave or pregnancy	3 (1.4%)	-0-
Respondent injured on the job	1 (0.5%)	-0-
Respondent’s other health/mental problems	33 (15.6%)	29 (15.3%)
Other family member’s health problem	7 (3.3%)	4 (2.1%)
Other family or personal problems	3 (1.4%)	5 (2.6%)
Child care problem or couldn’t afford care	11 (5.2%)	12 (6.3%)
Wanted to spend more time with children	-0-	4 (2.1%)
Transportation problem	10 (4.7%)	10 (5.3%)
Wanted to work closer to home	-0-	2 (1.1%)
Respondent moved	10 (4.7%)	8 (4.2%)
Returned to school or training	2 (0.9%)	3 (1.6%)
Did not need to work	3 (1.4%)	3 (1.6%)
Temporary/short-term assignment ended	30 (14.2%)	22 (11.6%)
Fired	40 (19.0%)	25 (13.2%)
Laid off	13 (6.2%)	18 (9.5%)
Fleeing DV situation	2 (0.9%)	1 (0.5%)
Incarcerated	11 (5.2%)	6 (3.2%)
Other (specify)	7 (3.3%)	6 (3.2%)

Participants were also asked if they contacted DWS to get help or resources so that they would not lose their jobs. As seen in Figure 16, most respondents did not feel the issue affecting employment could be addressed by DWS, although the types of issues named were often needs DWS with which likely could have provided assistance. Nearly 20% of respondents in both waves did not know DWS could help with resolving problems with work retention. Only 7.6% of respondents in Wave 2 and 8% of respondents in Wave 3 asked DWS for help keeping a job. Of those few who did seek help from DWS, respondents typically asked for help with work supports. In Waves 2 and 3, the most common resource requested was child care support. Other requests included: support with physical/mental health issues, transportation, and legal aid.

Figure 16: Why Respondent Did not Contact DWS for Help/Resources to Not Lose a Job



In addition to this, some respondents also requested help with housing, education, or gaining alternative employment. The majority of those who asked for these types of work supports reported they were not able to receive the requested supports from DWS. Most often this was due to eligibility or systematic requirements conflicting with the respondent's current situation. One respondent reported asking for child care assistance but, *"they only offered resources for daytime hours. My job required me to work nights until late, so I couldn't use the resources."*

All who had been employed in the past year, but were not currently employed (N=189), were asked to identify specific reasons why they were not currently working. As shown in Table 28, the reasons given for lack of current employment were often similar to the reasons why the person lost their most recent job. Again, respondents were asked to identify the *main* reason they were not currently working. Physical or mental health issues, child care problems, other family responsibilities, or preference to stay home and care for children were the primary factors keeping people from employment. Fewer respondents cited the availability of jobs, transportation problems or criminal records at Wave 3 compared to Wave 2. In addition, more respondents at Wave 3 (6.9%) cited there was no need to work, as others were providing, compared to Wave 2 (3.3%).

Table 28: Unemployed - Why Not Currently Employed?

Recently Unemployed	Wave 2 N = 211	Wave 3 N = 189
Reason why not currently working:		
Need more education	9 (4.3%)	12 (6.3%)
Need more work experience	9 (4.3%)	3 (1.6%)
No jobs available	49 (23.2%)	27 (14.3%)
Criminal record	24 (11.4%)	12 (6.3%)
Transportation problems	35 (16.6%)	15 (7.9%)
Paying for or finding child care	37 (17.5%)	32 (16.9%)
Prefer/need to stay home with children	20 (9.5%)	17 (9.0%)
Pregnancy/maternity leave	6 (2.8%)	5 (2.6%)
Own ill health; disability	46 (21.8%)	42 (22.2%)
Depressed/overwhelmed, mental health	27 (12.8%)	22 (11.6%)
Own drinking/other drug problem	2 (0.9%)	5 (2.6%)
Other family responsibilities	21 (10.0%)	19 (10.1%)
In school or other training	13 (6.2%)	12 (6.3%)
Wages too low	4 (1.9%)	4 (2.1%)
In alcohol or drug treatment	3 (1.4%)	1 (0.5%)
No need – others providing	11 (5.2%)	20 (10.6%)
I don't want to work	5 (2.4%)	6 (3.2%)
Other (Specify):	34 (16.1%)	34 (18.0%)
<i>Main Reason</i> why not currently working:	N = 211	N = 189
Own ill health; disability	28 (13.3%)	26 (13.8%)
No jobs available	34 (16.1%)	18 (9.6%)
Paying for or finding child care	23 (10.9%)	21 (11.2%)
Depressed/overwhelmed, mental health	19 (9.0%)	15 (8.0%)
Prefer/need to stay home with children	13 (6.2%)	10 (5.3%)
Criminal record	17 (8.1%)	6 (3.2%)
Transportation problems	15 (7.1%)	8 (4.3%)
No need – others providing	7 (3.3%)	13 (6.9%)

Extended Unemployment

At both Wave 2 and 3, a group of respondents (N=252, N=202 respectively) had not been employed for anytime in the past year. Of this group at Wave 3, 41.1% were either receiving social security disability for themselves or in the process of applying. These data help explain the primary reasons provided for extended lack of employment. As presented in Table 29, almost three-quarters (73.3%) of those unemployed the entire past year did not work due to physical or mental health issues. Another large segment at Wave 3 (24.8%) preferred or needed to stay home and care for the children. While respondents could list several reasons for not working, these issues were also most often noted as the *primary* reason for extended unemployment across both waves.

Table 29: Unemployed - Why Unemployed the Entire Past Year?

Unemployed the entire past year	Wave 2 N = 252	Wave 3 N = 202
Reason unemployed the entire last year:		
Need more education	19 (17.5%)	11 (5.4%)
Need more work experience	19 (17.5%)	9 (4.5%)
No jobs available	28 (11.1%)	14 (6.9%)
Criminal record	19 (17.5%)	16 (17.9%)
Transportation problems	28 (11.1%)	13 (6.4%)
Paying for or finding child care	34 (13.5%)	23 (11.4%)
Prefer/need to stay home with children	77 (30.6%)	50 (24.8%)
Pregnancy	11 (4.4%)	6 (3.0%)
Own ill health; disability	95 (37.7%)	84 (41.6%)
Depressed/overwhelmed, mental health	74 (29.4%)	64 (31.7%)
Own drinking/other drug problem	16 (6.3%)	6 (3.0%)
Other family responsibilities	33 (13.1%)	23 (11.4%)
In school or other training	28 (11.1%)	13 (6.4%)
Wages too low	-0-	2 (1.0%)
Jobs don't offer health benefits	1 (0.4%)	-0-
Husband/partner objected	7 (2.8%)	4 (2.0%)
Cannot legally work	-0-	1 (0.5%)
Didn't need to work – others supporting	14 (5.6%)	25 (12.4%)
Other (Specify):	22 (8.7%)	14 (6.9%)

Self-Reported Employment Barriers

While employment barriers can be identified and measured using standardized scales, a person's *perception* of a life circumstance as an employment barrier is often more predictive of whether the problem will or will not become a barrier to employment. Throughout the interview respondents were asked about individual issues and the contribution each made to difficulties in securing or retaining employment or attending school/training. At the end, each person was asked to reflect on the *greatest* employment barriers of the past year. As seen in Table 30, respondents had a wide variety of employment barriers.

At Wave 1, the most frequently cited barriers were physical or mental health issues, lack of child care, lack of education, lack of good jobs available, criminal record or transportation problems. Recall, Wave 1 respondents were new to cash assistance and these barriers often reflected the primary reasons for entering into the Family Employment Program were only 6.1% of respondents indicated they had no barriers at the first interview. By Wave 2, the majority of these barriers decreased slightly; with child care remaining consistent and physical health barriers decreasing the most by 5.4%. Conversely, by Wave 2, 15.3% of respondents reported no barriers to employment.

By Wave 3, a quarter (25.5%) indicated they experienced no employment barriers since their last interview. Reporting "no barriers" did not imply that gaining or retaining employment was easy, only that throughout the year the respondent had been able to manage any challenges that came up and continue working and/or attending school. In addition, 8.3% of respondents chose to stay home and care for children, a 1.6% increase from Wave 2. Other most commonly cited barriers showed a slight decrease from Wave 2; although the percentage of physical health issues increased slightly.

Table 30: Greatest Self-Reported Barriers

	Wave 1 N = 1075	Wave 2 N = 862	Wave 3 N = 762
Needs of a dependent child	40 (3.7%)	30 (3.5%)	15 (2.0%)
Need of dependent family members	14 (1.3%)	11 (1.3%)	9 (1.2%)
Lack of child care	78 (7.3%)	61 (7.1%)	41 (5.4%)
Lack of education/training	65 (6.0%)	38 (4.4%)	23 (3.0%)
Alcohol or other drug issues	28 (2.6%)	23 (2.7%)	12 (1.6%)
Physical health issues	186 (17.3%)	103 (11.9%)	92 (12.1%)
Mental health issues	127 (11.8%)	93 (10.8%)	77 (10.1%)
Transportation problems	58 (5.4%)	37 (4.3%)	30 (3.9%)
Language barrier	5 (0.5%)	8 (0.9%)	4 (0.5%)
Undocumented - can't legally work	1 (0.1%)	1 (0.1%)	-0-
Lack of good jobs available	85 (7.9%)	85 (9.9%)	61 (8.0%)
Lack of job skills	41 (3.8%)	30 (3.5%)	20 (2.6%)
Housing problems	21 (2.0%)	7 (0.8%)	16 (2.1%)
Problems reading or writing	2 (0.2%)	-0-	-0-
Criminal record	61 (5.7%)	37 (4.3%)	32 (4.2%)
Spouse or partner objects to me working	32 (3.0%)	2 (0.2%)	3 (0.4%)
Wages too low	12 (1.1%)	42 (4.9%)	16 (2.1%)
Caring for an infant	6 (0.6%)		
Going to school	51 (4.7%)	38 (4.4%)	23 (3.0%)
Domestic violence/fleeing threats		10 (1.2%)	7 (0.9%)
Incarceration	3 (0.3%)	5 (0.6%)	10 (1.3%)
In-patient drug and/or alcohol treatment	8 (0.7%)		
Choose to stay home / care for children	61 (5.7%)	58 (6.7%)	63 (8.3%)
No barriers	66 (6.1%)	132 (15.3%)	194 (25.5%)
Other:	24 (2.2%)	11 (1.3%)	13 (1.7%)

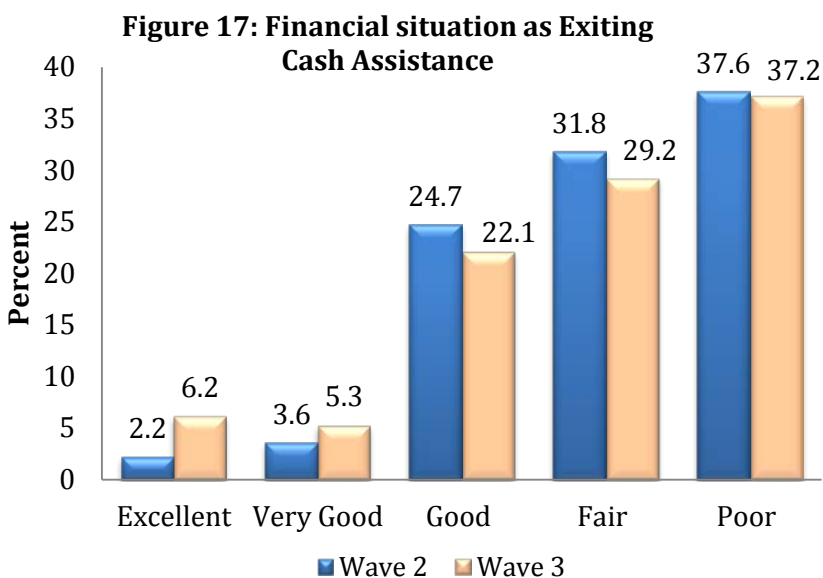
There was a group of barriers, while not as prevalent; when they were listed they were more likely to be the *greatest* barrier. These low frequency – high impact barriers included: drug or alcohol abuse, needs of a dependent child, attending school, a criminal record, and choosing to stay home with children. When present, these issues were more often viewed as completely preventing work and are distinguished from barriers which clearly *impact* work but can be managed so that they do not prevent work.

EXPERIENCES WITH DWS

Customer experiences with DWS over the course of the study were evaluated based on the use of cash assistance throughout that time frame (i.e. the number of months and returns to cash assistance). Respondents interviewed out-of-state at either time periods were eliminated from this analysis as their cash assistance history could not be evaluated in the same way. As noted earlier (Table 3) and detailed in Attachment 2, the use of cash assistance drops off dramatically after the first few months of assistance. While all participants were, by definition, receiving cash assistance at Wave 1, 68% received 6 months or less in the year following the Wave 1 interview, and 74.2% received NO months of cash assistance between the Wave 2 and Wave 3 interviews. These findings are nearly identical to results from the original FEP Study.

Exiting Cash Assistance

Study respondents were asked to discuss their experience exiting cash assistance (CA) as they made this transition. Since all participants were open for FEP at Wave 1, the Wave 2 interview provided the first opportunity to discuss the impact of exiting cash assistance with 716 participants who had taken this step. A majority of Wave 2 respondents (69.4%) indicated their financial situation was only fair to poor as their cash assistance ended (Figure 17).



As noted, the majority of respondents (74.2%) had not received CA between Wave 2 to Wave 3; however, 113 individuals who left and returned to CA (returners) or who had received short term CA between Wave 2 and 3 could report on their experiences exiting CA. Similar to Wave 2, the majority (66.4%) reported their financial situation was fair or poor as they exited (Figure 17).

Respondents in both waves were asked to describe the challenges they experienced in exiting CA and trying to make it on their own. The variety of difficulties experienced after case closures were similar throughout Wave 2 and Wave 3. The majority noted the impact the transition had on their financial situation; many could not afford to pay bills (e.g. utilities, gas, medical), buy necessities (e.g. formula, diapers, medication, food), lost housing (e.g. foreclosure, couldn't pay rent, became homeless), or were unable to afford things that are perhaps considered "extras" but also necessary

to facilitate work and economic self-sufficiency (e.g. gas money for car to get to work, mental or physical health services). The aforementioned situations contributed to many respondents reporting accruing debt as they fell behind on payments, bills went to collections, late fees piled up, and they relied on credit cards, student loans or in the most extreme example, filed bankruptcy. Alternatively, a couple respondents noted they spent down their savings or cashed out a retirement account in these desperate situations.

In addition, many respondents spoke of needing to depend on others for help during the transition, for example, moving in with family or having children live with someone else. A smaller portion reached out to other social support networks, such as their church. Lastly, many respondents discussed that although they were employed around the time their cash assistance ended, they were not receiving a regular paycheck. Often, during this gap in funds respondents couldn't make ends meet, falling financially behind. Some noted it was *"difficult emotionally"* leading to concerns about the impact poor transitions off of benefits have on respondents and their family's psychosocial functioning. As one respondent stated, *"I had no other form of income. We ended up in a homeless shelter. I had no money for anything. It affected me emotionally big time; people don't know what it does to you emotionally."*

At Wave 2, respondents were asked what, if anything, they had been able to do to resolve the aforementioned financial problems. Often respondents made multiple efforts in different areas of their lives to make ends meet. Unfortunately, the majority did not report overwhelming success but rather extreme efforts with continued struggle indicating that *"nothing"* had been resolved and the struggle continues. Undertones of this ongoing *"struggle"* existed throughout the majority of responses.

Overall, the majority of respondents discussed how they worked to earn more income. Many cited they *"got a job"* whereas others within this category discussed that they already had a job but made efforts to extend their hours, picked up shifts, got more than one job and added odd jobs on the side. Respondents also relied on family, friends, or partners for financial support, sometimes even moving in with these social supports, or getting help with bills—seeking necessities as well as emotional support.

Some participants spoke of beginning or improving their practices of budgeting in order to reduce their cost of living. This often included spending less or talking to creditors to negotiate payment amounts and due dates. In the most extreme cases, this also involved respondents filing for bankruptcy or having their kids live with other caregivers to reduce costs. Interestingly, although these respondents did not currently have an open cash assistance case, many still relied on other public benefits (e.g. unemployment insurance, SSI) or community resources (e.g. food bank) to make ends meet. Additionally, public housing, child care subsidies and SNAP benefits were noted as important resources for survival.

Lastly, a subset of respondents reported they were: 1) making efforts to increase their skill sets and education in order to earn more money; 2) receiving child support payments; 3) relying on their church for financial support; or 4) relocating and moving to be closer to family, have better job opportunities, or have more public resources available to them due to different eligibility requirements in different states. Comments that summarize these themes include:

- *"School is a major thing right now; it is the only way to get to a higher income bracket".*
- *"I have been working with Vocational Rehab who will hopefully help me get on SSI so I can have some money. I cannot work due to my mental health issues. I sleep on peoples couches so I don't have to pay rent".*
- *"I got help from my bishop and got student loans 10 months ago."*
- *"I have been going to school so I will be able to get a good job. I have had job offers but the child care issues get in the way of me working."*

- *“I coupon a lot and try to stick to a strict budget. We don’t waste food ever and go to dollar movies instead of full priced movies. Just reduce the cost of living as much as possible.”*
- *“Nothing. I’ve been trying to find a job but can’t find one. My family has been helping me a little.”*
- *“My aunt is helping us with finances. She made a budget for us and my mom and I decided who was going to pay what.”*
- *“I went back to my job as a dental hygienist, which pays well.”*
- *“I give people rides a little side business ever now and again. Otherwise, I let my house go into foreclosure.”*
- *“I’ve donated plasma, cleaned people’s houses for extra money, and sold personal belongings”.*
- *“My child support started. I worked for a while and I’m going back to school to try to get a better job.”*

These respondents were asked, *“What could DWS have done to help you resolve these financial problems?”* Customers reported DWS could facilitate a better working relationship between individuals receiving cash assistance and employment counselors. Customers wished for better communication between the two parties and greater understanding towards recipients and their unique cases, with customized support to address individual needs. Respondents recommended employment counselors display flexibility when creating goals and plans, follow through and treat customers with respect.

In regards to communication, many respondents felt their problems could have been resolved by better communication with their employment counselors. Respondents did not always feel that they understood the paperwork or expectations associated with cash assistance requirements and did not receive any kind of warning before their assistance ended. Many felt they could have prevented their cash assistance from being closed if they had some prior warning. A few mentioned that every time their employment counselor changed, they would lose their assistance. Many respondents felt that they had a unique situation that should have been given more consideration or additional help before ending their financial assistance. Some of these situations included providing short-term care for family members, waiting for another source of financial support to begin, having no access to a computer for completing paperwork or reviews, or just being a single parent.

Lastly, participants wished DWS could better support them with specific needs that support self-sufficiency. This included gaining skills and knowledge on how to better one’s financial situation by connecting respondents with access to education, supporting development of financial and employment skills as well as connecting respondents to job leads. Respondents also noted that they needed additional financial supports to bridge their transition from cash assistance to an alternative source of income. Help with child care, SNAP benefits, transportation, and housing were suggested. Others stated that DWS should taper off cash assistance and better inform customers to help them transition. In conjunction with this, some stated the only resolution to their financial problems would have been to stay on cash assistance; suggestions to adjust eligibility requirements or speed up application processes were made. Examples of these themes include:

- *“I wish they would look at people and situations more closely. My assistance stopped because I got a job, but since it’s with the school district, I don’t work when school is not in session. I just wish they would pay attention to different cases.”*
- *“At the time I remember thinking that I understand they have certain eligibility guidelines but I wish they did it more on a case-by-case basis. I didn’t want to have to quit my job in order to qualify. I was working hard and there should have been some sort of recognition for that.”*
- *“They could have given me cash assistance while I was in school. I do not have child support so it is really hard with financial help.”*
- *“Be better at contacting me and talking to me about my case closing before just closing it”.*

- *“Simplify their system. Their whole system is complicated and every time I apply for benefits something else comes up, it’s very confusing to me. They should help me through the process to make sure it gets done right or it should be easier to fill out the paperwork...”*
- *“They could have gone less ‘by the book’ and taken my situation into account. Worked with me to let me make up my missed appointments.”*

Case Closures: Respondents were asked, “When your cash assistance closed was it by your choice, did DWS close the cash assistance, or did you decide together?” As seen in Figure 18, at Wave 2 and Wave 3 the majority of respondents reported DWS decided. Respondents were then asked what the main reason their cash assistance closed was.

At Wave 2 (N=637), there were two main reasons for which participants’ believed their cases were closed: non-participation (34.2%) and earned income (43.2%). Wave 3 (N=114) followed suite: non-participation (28.9%) and earned income (36.8%).

Respondents reported their cases were closed non-participation for a variety of reasons including: not meeting required job search hours, not attending appointments, not participating in Work Success, or not turning in paper work. “Earned income” closure included respondents gaining personal income (70.2%) or gaining it from another source (29.8%) such as a significant other, child support, unemployment, or SSDI. While many stated their case closed because their three months of Temporary Cash Assistance (TCA) ended, the only way they would have qualified for TCA is by acquiring employment. Not everyone who gained employment, however, felt that their income was enough to gain financial stability without cash assistance.

A smaller portion of respondents reported their cases closed for other reasons. Some stated it was their own choice to close it because they did not want to complete the required activities or did not feel they needed the assistance. Others were more specific, stating they chose to close their cases because they wanted to “save months” for the future. Some stated they were no longer eligible as they did not have an eligible child or they had used up their months of eligibility. Lastly, some had their cases closed because they moved out of Utah or were incarcerated; only a few were unsure why their cases were closed.

Reapplication for Cash Assistance: At Wave 2, 546 respondents who were short-term CA users and had not received any or hardly any cash assistance since the Wave 1 interview, were asked whether they had contacted DWS about reapplying for CA. At Wave 3, 619 short term CA users or respondents who had not received any CA since Wave 2 were asked the same question. As seen in Table 32, only 22.5% of these respondents at Wave 2 and 17.1% at Wave 3 contacted DWS about reapplying. An even smaller percentage of these respondents actually submitted an application. In these scenarios, benefits were not received for a variety of reasons, usually because the respondent was over the income limit.

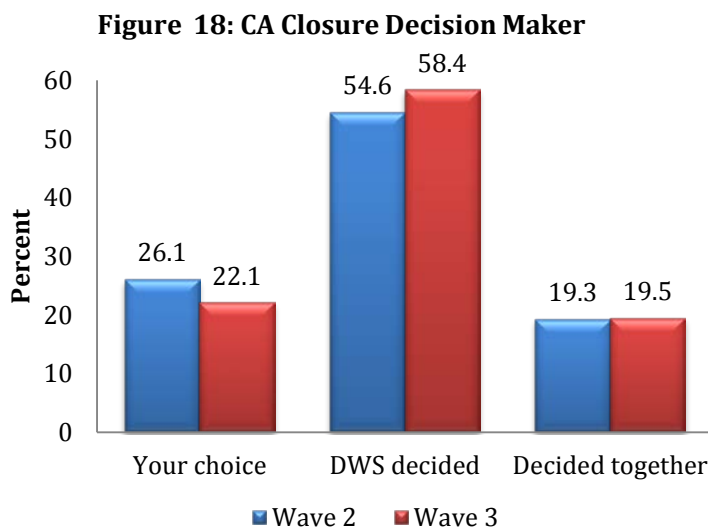


Table 31: Reapplication for Cash Assistance

	Wave 2 N = 546	Wave 3 N=619
Contacted DWS about re-applying for cash assistance	123 (22.5%)	106 (17.1%)
Submitted actual application for cash assistance during most recent DWS contact:	N=123	N=106
Yes	104(84.6%)	93 (87.7%)
No	19 (15.4%)	13 (12.3%)
Reason benefits were not received:	N=104	N=93
Made too much	21 (20.2%)	16 (17.2%)
Partner made too much	1 (1%)	3 (3.2%)
No eligible child in home	7 (6.7%)	8 (9.9%)
Didn't complete paperwork	11 (10.6%)	9 (9.7%)
Withdrew application	16 (15.4%)	16 (17.2%)
Don't know/ wasn't ever told	7 (6.7%)	12 (12.9%)
Application in process/trail	23 (22.1%)	12 (12.9%)
Received diversion	5 (4.8%)	2 (2.2%)
Did not complete trail period	5 (4.8%)	5 (5.4%)
Issue with other parent	-0-	3 (3.7%)
Other	8 (7.7%)	7 (7.5%)
What was the main reason you didn't apply for Cash?	N=19	N=11
Told I didn't qualify	4 (21.1%)	1 (9.1%)
Didn't want to waste months with time limit	2 (10.5%)	1 (9.1%)
Work requirements too much	3 (15.8%)	1 (9.1%)
Found a job	2 (10.5%)	1 (9.1%)
Currently Applying	3 (15.8%)	-0-
Told I wasn't eligible	2 (10.5%)	2 (18.2%)
Transportation problems	-0-	1 (9.1%)
Too much hassle	-0-	3 (27.3%)
Found other Support	1 (5.3%)	-0-
Other	1 (5.3%)	1 (9.1%)

Returning to Cash Assistance

There is a common misperception that MANY people close their CA and then return rather quickly. However, between Wave 1 and Wave 2, only 10.4% of respondents reopened a CA case. Between Waves 2 and Wave 3, this dropped to 7.9%. Respondents were asked, “What happened that you needed to reopen you CA?” Table 33 presents the *most common* reasons respondents returned to CA, the most common reason being the loss of their own job or struggles finding employment.

Table 32: Reasons for Return to FEP

<i>What happened that you needed to reopen your cash assistance?</i>	Wave 2 N=88	Wave 3 N=80
Lost job/struggling to find employment	28 (31.8%)	44 (55%)
Person providing support left or stopped helping	15 (17%)	13 (16.3%)
Physical/mental health problems caused job loss or inability to work	8 (9%)	13 (16.3%)
Employed but not able to make ends meet/hours cut	6 (6.8%)	0
Housing/living arrangement issues	9 (10.2%)	0
Other sources of income ended or became unavailable	0	18 (22.5%)

These respondents were also asked if they felt DWS could have done anything to make it possible for them to avoid returning to cash assistance. In Wave 2 and Wave 3, the majority did not, with only 12.5% at Wave 2 and 18.8% at Wave 3 reporting DWS could have made a difference. These respondents were asked what they thought DWS could have done. The majority reported greater support with child care would have helped. For example:

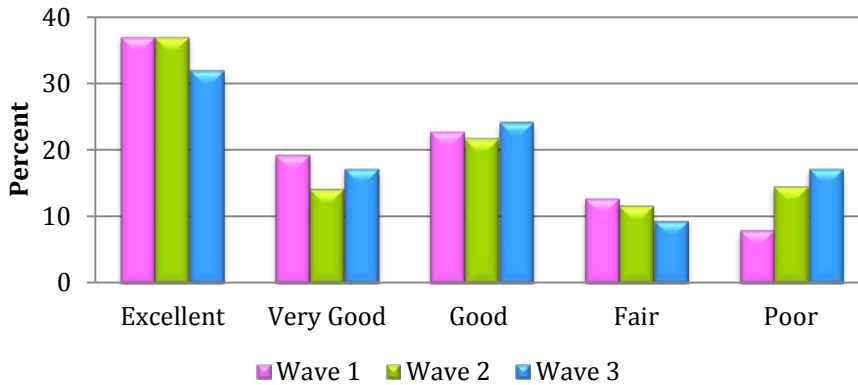
- *“Offering childcare while people are looking for employment. It’s not cool going to a job interview with a crying baby and not having child care for a week or two. The employers look at you odd and it lowers your chances of getting a job. If I could have gotten a job then I wouldn’t need cash.”*
- *“If they had helped me with child care in a timely manner, then I wouldn’t have lost my job. Or if they would have told me about emergency daycare options.”*
- *“They could have helped with childcare, paying my neighbor, who they said wasn’t eligible, so I would have felt safe going to work because my kids were somewhere safe.”*

Interaction with DWS Employees

Similar to previous studies, respondents were asked at Waves 2 and 3, *“Other than cash assistance, SNAP benefits, and Medicaid type benefits, what else do you feel you gained from being connected to DWS since your last interview?”* The majority of respondents discussed a variety of job search skills such as interviewing, resumes building, resources for finding a job or in general noted the Work Success program. Many others reported they gained life skills such as managing money or obtaining an education. Additionally, a large portion noted they benefited from access to other resources offered through DWS such as child care, transportation, housing, mental health resources or assistance with the SSI or SSDI application process. Relationships and experiences with DWS personnel were also important to some participants. A sense of connection and a support system were benefits gained by respondents through these relationships. There were a few respondents who reported gaining *nothing else* from being connected to DWS.

Employment Counselors: Respondents who had received employment counselor services within the past six months were asked to discuss their experiences with their employment counselor (EC). Figure 19 reflects the experiences of all respondents over the three FEP study interviews who qualified at each wave.

Figure 19: Relationship with Current/Recent Employment Counselor



At Wave 3, all respondents could identify their EC. In each wave, a majority of respondents reported positive relationships with their ECs. The strength of this positive response did decline over time as people remained on assistance or returned for additional help.

While the general relationship rating reveals one element of the EC and customer relationships, Table

34 presents data which explores other specific aspects of these relationships which may contribute to a customer’s overall experience. These data also reflect a trend of slightly decreased satisfaction from Wave 1 to Wave 2 to Wave 3. For example, at Wave 1, 90.4% of respondents felt their employment counselor “took the time to explain program rules.” At Wave 2 this decreased to 83.4% and continued to go down at Wave 3 (82.8%). Although the shifts in these trends can be relatively small, they may be practically significant as they reflect declining satisfaction in customer’s experiences with their employment counselors.

Table 33: Specific Aspects of Relationship with DWS Employment Counselor

Generally AGREE with following statements: My Employment Counselor...	Wave 1 N = 1075	Wave 2 N = 314	Wave 3 N=128
..treats me with dignity and respect	975 (90.7%)	276 (87.9%)	112 (87.5%)
..takes the time to explain program rules	972 (90.4%)	262 (83.4%)	106 (82.8%)
..only cares about getting the forms filled out	253 (23.5%)	84 (26.8%)	32 (25.0%)
..wants what’s good for me and my kids	903 (84.0%)	255 (81.2%)	105 (82.0%)
...overwhelms me with so many things to do I am likely to fail	268 (24.9%)	83 (26.4%)	34 (26.6%)
..did not give me a chance to explain what brought me here and what I need	189 (17.6%)		
...is/was helping me (move closer to employment / improve my current employment situation)	842 (78.3%)	241 (76.8%)	92 (71.9%)
Talks/talked with me about my career goals as part of developing my employment plan		242 (77.1%)	94 (73.4%)

Respondents were asked how comfortable they felt discussing their current situation and its effect on working with the employment counselor. A majority at Wave 2 (68.2%) and Wave 3 (71.9%) felt “mostly” to “completely” comfortable having such a conversation. Though these percentages reflect the majority, they also depict a decreased level of comfort from Wave 1, in which 75.4% of respondents felt “mostly” to “completely” comfortable.

Licensed Clinical Therapist (LCT): All FEP customers have access to LCT services if desired. Respondents who received cash assistance within 6 months of the Wave 2 and Wave 3 interviews were asked whether or not they had met, either individually or as part of a group, with an LCT. At Wave 2, 36.4% of those connected with DWS had met with the LCT; at Wave 3 the connection was similar at 38.3%.

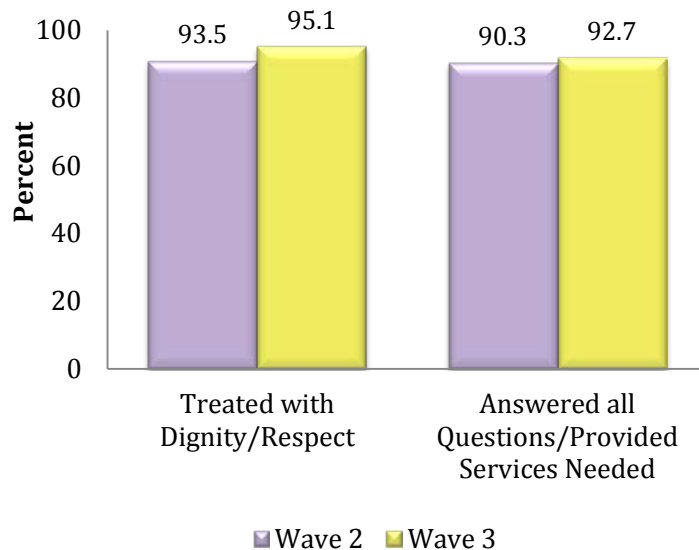
Respondents who had met with a LCT were then asked to discuss what was helpful or not helpful about their experience. Similar themes were found throughout Waves 2 and 3, with a majority (Wave 2, 83.2% and Wave 3, 85.7%) reporting their experience with the LCT as helpful with only a small group (Wave 2=1.8%, Wave 3=4.1%) rating the experience as “neutral.”

Of those that found the experience helpful, a majority found their relationship with the LCT to be understanding and supportive. This impression was often attributed to qualities of the LCT (e.g. kind, compassionate) or the way in which they were treated (e.g. nonjudgmental approach). Others found learning healthy coping skills or broadening their perspective, and being connected to additional treatment or resources to be helpful. Lastly, some noted they experienced increased confidence as a result. As one respondent stated, *“One of the LCT’s talked about self-care and reducing stress in Work Success. It was helpful because it is a stressful existence to not have money to care for family, so coping-skills are important”*.

Of those that found the experience to be unhelpful, respondents noted a variety of reasons. Some felt the LCT’s intervention did not match their needs, others felt the LCT was unprofessional or did not like the intake process. In addition, some noted the LCT was unable to help them in the way they desired, specifically with DWS program requirements. As one stated, *“It was not helpful because of my situation. I was moving towards SSI, not employment”*.

As seen in Figure 20, in both waves the majority of respondents felt the LCT treated them with dignity and respect and answered their questions or provided the services they needed.

Figure 20: Experiences with LCT



Other DWS Workers: At Waves 2 and 3, respondents who had been connected with DWS were asked to identify other DWS workers who had worked with them or assisted them since their last interview. At Wave 2, 29.1% and at Wave 3, 36.4% of respondents could not identify any person (apart from their employment counselor) with whom they had contact. Of those that could, many different roles were identified (See Attachment 4) and experiences with these workers were rated; respondents identified if they were *“treated with dignity and respect”* and whether the worker *“answered their questions or provided the services needed”*. As there were considerably fewer respondents connected to DWS at Waves 2 and 3, there were fewer responses to different positions less likely to have continual contact with customers. That being said, the majority of workers received relatively high markers; however, eligibility workers received lower satisfaction scores at both waves.

Employment Plans

As noted earlier, universal participation was part of receiving cash assistance in Utah since before TANF and FEP. The employment plan was designed to be a contract between the employment counselor and the customer; a plan, mutually agreed upon, to guide the customer's activities with DWS. Improving a customer's experience of ownership of the plan has

been emphasized to employment counselors in the past few years. That being said, the customers' experience of DWS relative to the employment plan has changed little over the course of the study.

Figure 21: Employment Plan Creation

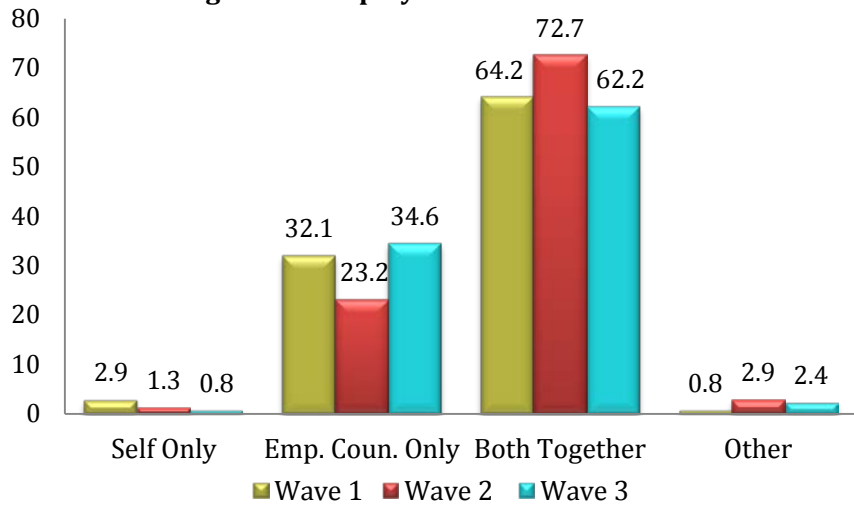
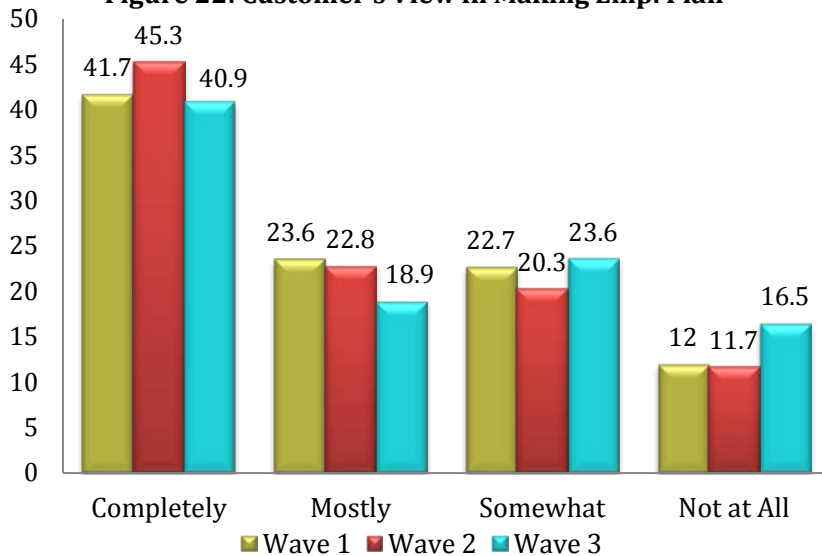


Figure 22: Customer's View in Making Emp. Plan

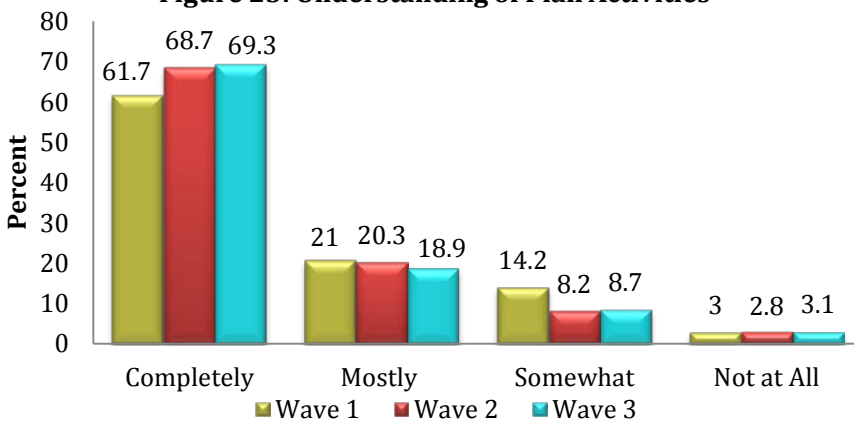


At Wave 2 (93.4%) and 3 (92.2%), as at Wave 1 (90.2%), the majority of respondents knew what their employment plan required of them. However, Figure 21 shows that only 62.2% of those with an employment plan at Wave 3 felt they partnered *with* their employment counselor in making the plan. This result is 10.5% lower than found at Wave 2, and 2% lower than Wave 1. Importantly, at Wave 3 about one-third (34.6%) of respondents felt the employment counselor basically told them what they were required to do to keep the assistance, 11.4% higher than at Wave 2.

The lack of customer participation in creating the plan is potentially reflected in their understanding of the plan and perception of whether their views were considered when making the plan (Figure 22). Across the waves, over 30% of respondents felt their views were only "somewhat" or "not at all" considered in making the

employment plan. Although this percentage decreased from Wave 1 (34.7%) to Wave 2 (31.7%), it took a sharp increase at Wave 3 (40.1%).

Figure 23: Understanding of Plan Activities



Despite this conflict, the majority of respondents reported "completely" or "mostly" understanding of plan activities (Figure 23). That being said, customers did not always feel these activities were the best fit. Respondents were asked if they thought their employment plan had

the activities that were the “best next step” for them. At Wave 2, 25% said they did not feel the plan was the best next step for moving toward self-sufficiency; at Wave 3, 27.2% reported this same result. Respondents who did not feel like their plan was a good fit were asked what they would have changed on the plan and why. Interestingly, there were overlapping trends between Wave 2 and 3 comments.

The majority of participants stated they would like more emphasis placed on school; either by supporting school rather than requiring immediate work, or by allowing schooling time apply toward weekly participation hours. Many others needed reduced hours of required activities; whether that was at Work Success, job searching, or hours at a worksite. In addition, some hoped for alternative options to Work Success that better fit their situations. Several noted they would like their EC to consider the importance of their roles as parents, the impact of physical and mental health issues, and the importance of finding *appropriate* jobs related to the respondent’s goals and experiences while creating the employment plans. Lastly, there was a small portion of respondents who were not sure what was even on their employment plan and wished there would have been more communication about the required tasks. The following quotes reflect themes:

- *“I would have liked to go back to school and go to college, but they wanted me to go back to work. I would have gone to school to better myself for my kids.”*
- *“I would have liked to do something else rather than Work Success for a second time – like job searching or a different training course.”*
- *“The 40-hours of work search required. I lost my childcare during that time with problems being juggled between employment counselors. I would change the plan to do 20 hours of work search and 20 hours of key training at home so I could watch my kid.”*
- *“To require less doctor’s notes. They were requiring them too often and it was physically exhausting for me to go to the doctor as much as they asked.”*
- *“I would change the plan to include my school work as part of my participation time.”*

In conjunction with this, participants were asked if they were able to complete all the activities listed on their employment plan (Figure 24). Throughout the waves, close to three-quarters of participants were confident they would be able to (or were able to) complete the activities. However, from Wave 1 to Wave 3, the percentage of respondents *not* confident increased from 15.2% to 21.5%.

As seen in Table 35, for those who *did not* feel able to complete all the activities on the plan, some of the most common reasons across waves were physical health issues, transportation issues, child care problems, or mental health issues. Interestingly, at Wave 1 the most common reason customers did not feel they would be able to complete their plan was because it was just too much or overwhelming (39.2%). This reality speaks to how many people felt as they started their FEP experience. At Wave 2, this was also one of the most common reasons people could not complete plan activities however it was not as prevalent (19.5%). At Wave 3 a much smaller percentage pointed to this reason (5.1%). Notably, only 39 respondents connected to an employment plan to report on their experience at Wave 3.

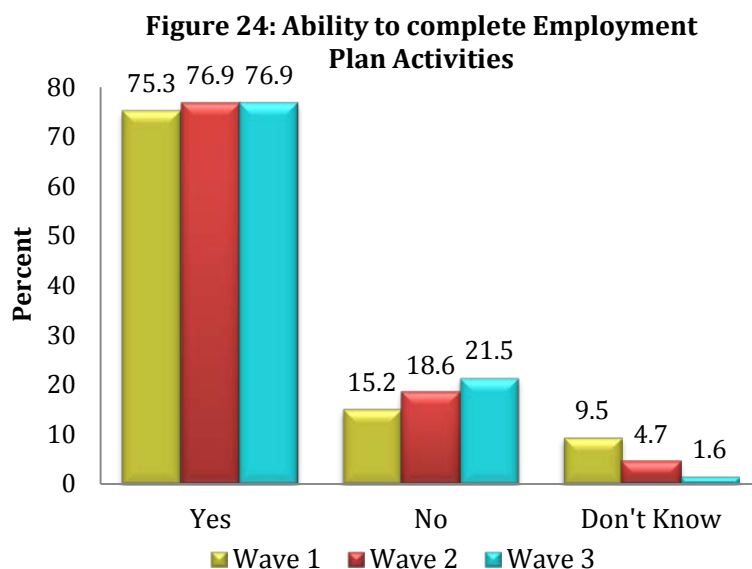


Table 34: Main Reasons Unable to Complete Employment Plan

Why Not able to Complete Employment Plan Activities:	Wave 1 N=265	Wave 2 N=118	Wave 3 N=39
Physical health issue	37 (14.0%)	15 (20.5%)	4 (10.3%)
Mental health issue	31 (11.7%)	9 (7.6%)	2 (7.7%)
Needs of a dependent	11 (4.2%)	7 (5.9%)	2 (5.1%)
Want to spend time with child	26 (9.8%)	5 (4.2%)	-
Transportation issue	37 (14.0%)	14 (11.9%)	5 (12.8%)
Just don't want to do it	11 (4.2%)	3 (2.5%)	2 (5.1%)
Too much/overwhelming	104 (39.2%)	23 (19.5%)	2 (5.1%)
Child care problems	34 (12.8%)	14 (11.9%)	5 (12.8%)
Want to focus on school	16 (6.0%)	3 (2.5%)	2 (5.1%)
Didn't believe it was right for me	25 (9.4%)	8 (6.8%)	2 (5.1%)
Other	101 (38.1%)	17 (14.4%)	12 (30.8%)

Specific DWS Programs and Resources

In addition to SNAP and cash assistance, DWS offers many other programs and services to anyone who is low-income and meets other eligibility requirements (even if they are not on cash assistance). In Wave 3, respondents were asked whether they *knew* that such services were available for them, their family members or others in the community through DWS. (Just knew, not necessary used.) As seen in Table 36, the largest percentage of respondents were aware DWS offered computers to job search (90.5%) and health insurance programs (87.1%). Significantly fewer were aware of education/training resources (60.6%) and childcare assistance (67.9%). After listing all the services and programs available through DWS, several respondents suggested that DWS make a list of all programs and services available online. This list would help customers be aware of and better utilize the range of DWS resources.

Table 35: Wave 3 Knowledge of DWS Programs/Services

<i>Did you know that you, your family members and others in the community could access....</i>	Wave 3 N=757
Education/training resources for programs lasting 24 months or less	298 (60.6%)
Child care assistance for working at least 15 hours per week	515 (67.9%)
Health insurance programs (Medicaid, CHIP, PCN)	660 (87.1%)
DWS workshops (e.g. resume writing, interviewing, budgeting, etc.)	605 (79.8%)
Help with job readiness/job search assistance	616 (81.4%)
Computers for Job Search	684 (90.5%)

Work Success

Respondents were asked about their experiences with Work Success (WS) in Wave 2 and Wave 3. At Wave 2, 30.3% and at Wave 3, 9.1% of respondents had attended WS since their last interview. (Table 37) Respondents who had not attended WS since their last interview were asked if they were ever *assigned* to attend; a small percentage at Wave 2 (9.7%) and an even smaller percentage at Wave 3 (2.9%) reported they were assigned to attend, but did not go. Although this is a small

portion of respondents, they provide insight into barriers to WS attendance and offered suggestions as to what DWS could have done so they could have attended.

Table 36: Work Success Participation

	Wave 2 N = 862	Wave 3 N = 762
Attended Work Success since last interview		
Yes	261 (30.3%)	69 (9.1%)
No	600 (69.0%)	693 (90.9%)
... If no, assigned to Work Success but did not attend	N = 600	N = 693
Yes	58 (9.7%)	20 (2.9%)
No	542 (90.3%)	671 (96.8%)
Participating in Work Success at time of interview	N = 261	N = 69
Yes	7 (2.7%)	5 (7.2%)
No	254 (97.3%)	64 (92.8%)
Number of days Work Success was attended	N = 261	N = 69
Mean	20.0	17.5
Median	15.0	12.0
Range	1-120	1-120

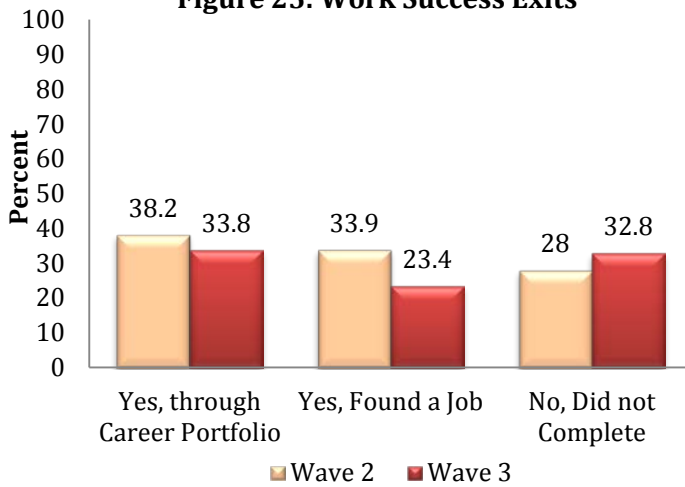
At Wave 2, the largest barrier to WS attendance was lack of childcare and in general the needs of their dependent children. Health and mental health issues were the next largest barrier, followed by transportation issues. On a positive note, some respondents no longer needed to attend because they got a job before they started WS. There were also a number of respondents who chose not to attend due to wanting to pursue other endeavors such as school, feeling the program wasn't worth their time, or just too hard to manage in general. Wave 3 respondents reported similar themes. The majority of respondents did not attend because they either got a job, had mental health issues, childcare or transportation problems, or due to conflicting needs of dependent children.

Respondents at both waves suggested DWS could increase attendance by providing child care for customers, offering more flexibility with the schedule and time of WS, or offer an online class option. Respondents stated the following:

- *“Accept the fact that a technical college is a form of college. Taking my schooling into consideration, I could have made more money working instead of Work Success.”*
- *“Be more empathetic, understanding, and open minded about what was going on in my life. Every situation is different.”*
- *“DWS could have provided child care sooner so that I could have attended the WS class.”*
- *“I didn’t have a babysitter, so I couldn’t even take the bus – only if a babysitter came to my house could I go to WS.”*

Respondents who had participated in WS since their last interview were asked if they completed the program. As seen in Figure 25, there was a fairly consistent spread of how respondents exited WS. In Wave 2 and 3 the majority exited the program by either completing the program through the career portfolio or finding a job. However, about one-third (32.8%) did not complete the program.

Figure 25: Work Success Exits



These respondents were asked what had happened that they did not complete Work Success and what, if anything, DWS could have done to make it so they could complete the program.

Not surprisingly, most respondents were unable to complete WS due to the same reasons other participants were unable to attend. Common barriers such as physical or mental health issues, feeling too overwhelmed, childcare or transportation issues, needs of dependent children or other family members were cited. In response to

these barriers, respondents reported they wished DWS could be more flexible with absences, whether short term or long term, allowing them to continue where they left off with the program when they returned. Others simply wished for more accommodation with their personal schedules or help with resources such as transportation or childcare to make attendance realistic.

Respondents who completed WS were asked to rate their experience in the program. As seen in Figure 26, the majority rated their experiences as *good*, *very good* or *excellent*. Ratings at Wave 3 were not as positive as Wave 2. Often lower ratings were due to someone being in WS for a second time and experiencing it as repetitive.

The majority of respondents also found the WS program as *very helpful* in providing the resources needed to help them get and keep a job (Figure 27), even if they were not as happy with the experience itself.

Figure 26: Rating of WS Experience

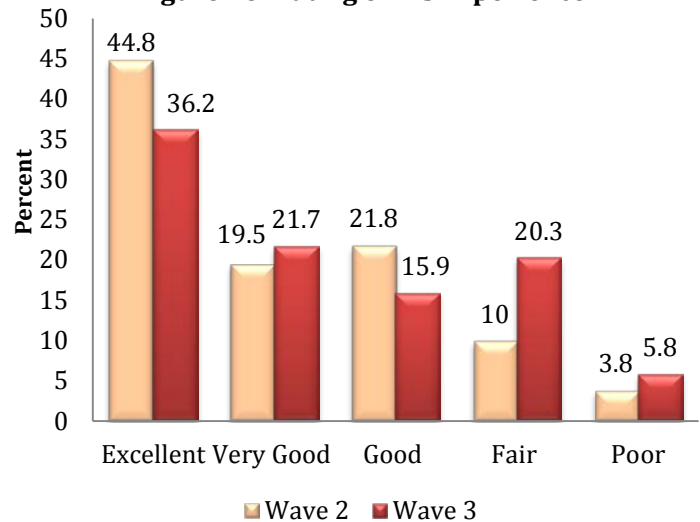
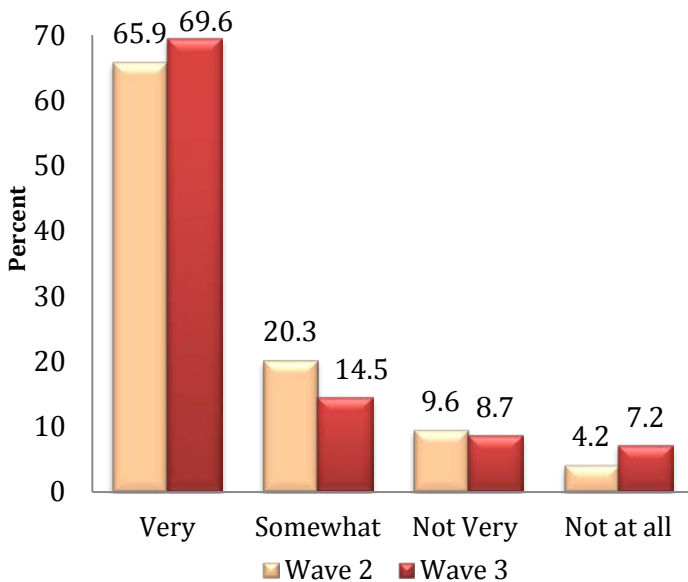


Figure 27: Helpfulness of WS



WS Benefits: Overall, WS was beneficial in many different ways depending on the respondent’s experience with the program, and structural elements such as the program setup, content, and outcomes. Resume building, interview preparation, and job searching time and resources (e.g. professional clothes, access to computers and internet, consultation with WS coaches) were the top three types of benefits noted. As some respondents stated:

- “They teach you how to fix your resume and they found ways to explain it to you. By fixing my resume, I got more job offers.”

- *“Work Success was individualized; they helped me with what I specifically needed. They helped me get a suit; I had never had one before.”*
- *Learning how to do interviews – I would always freeze up in interviews before but in Work Success I learned how to not freeze up, what to say and what not to say.”*

Others found the support and attention from staff to be the best part of Work Success. “Helpfulness” depended on the individual, one-on-one time that was available and the attitudes of the workers that encouraged positive relationships and strong connections. Others noted they experienced personal growth from being in Work Success such as increased self-confidence, motivation, and daily routines that supported employment. As some respondents stated:

- *“The ladies that were there to teach gave me their full attention. They really cared about me and taught me so much.”*
- *“One-on-one support from my coach helped with my confidence.”*
- *“It made you buckle down and look for a job. I needed the structure and focus to job search.”*

WS Challenges: Respondents were asked to identify what they found to be the *greatest* challenge to being in the WS program. The most common challenge reported by respondents was the structure of WS including the time commitment, the number of job search hours, and doing a single activity for long stretches of time (e.g. too much sitting at a computer or down time). More specifically, the schedule also presented problems with child care and transportation, including navigating public transportation, not having a car, or not having enough money for gas. Several participants reported they struggled with learning new skills such as resume writing, creating cover letters, or learning computer skills. Others felt it was hard to find jobs to apply for, adjust to finding and wearing professional clothing, or be comfortable with talking in group settings or interviews because they felt shy or nervous. For example:

- *“All the job searching – they require 40 hours and it’s hard to apply for jobs for 40 hours a week, it gets repetitive and draining at times.”*
- *“The schedule – all you do is sit at the computer all day. I don’t like that part, I want to do something quick, not be stuck on something all day.”*
- *“Waking up really early to drop my son off and make it on-time using public transportation.”*
- *“Learning new things I wasn’t aware of. It was hard for me to catch on to the computer programs and resume writing.”*

There were a few who felt that the program was a waste of time, useless, or that the information was “*common sense*.” As one person said, *“A lot of it was nonsense. It was mostly mundane common sense material I had to slough through. It could help some people, but I already knew so much of it. It wasted hours for me, but I had to do it.”*

Recommended Changes for WS: Respondents were asked what they recommended DWS do to improve WS. Respondents provided many suggestions, the majority of which were in relation to the schedule. Respondents recommend changing to a later start time, reducing the amount of required hours, allowing participants to work from home, and offering greater flexibility for absences. There were many respondents who would like to see the content of the program changed and alterations to the teaching methods. Recommendations like incorporating more experiential activities, job searching in-person, or having more workshops were offered. Many participants were not satisfied with the Work Success Coaches and stated they were disrespectful, unprofessional, or did not have enough knowledge about content; others suggested there should be more time for one-on-one help. Additionally, some respondents recommended there should be separate classes for different skill levels, online learning options, and greater compensation for the amount of hours they invest in program participation. Lastly, a few respondents wished for more time in the

program, including beginning weeks before they were enrolled or extending the program past the specified time frame. For example:

- *“They wasted a lot of time just sitting there. Give us more opportunities to go out of the office and apply for jobs instead of sitting in the office and applying on the internet.”*
- *“Match activities to the individual’s needs; don’t make people do something that are a waste of time. I should have been able to test out of some activities and get credit for past experience.”*
- *“Let people job search at home. I have internet at my home. I had to leave my boys for 8 hours a day to just sit there at a computer.”*
- *“There should be more involvement from trainers – more one-on-one time.”*
- *“Pay-scale increases while attending Work Success. DWS doesn’t pay you enough to go to WS to make it worth all the time and effort.”*

Respondents were also asked what additional resources or information, if any, they would like to see added to WS. The majority asked for more job-related resources, such as job counseling and guidance for careers, specific programs for felons, and more job fairs and job listings. Some respondents in this category suggested expanding the current curriculum or adding specialized training or job recruitments for different career fields.

There were also many who asked for help with resources that were not necessarily directly related to employment, but had a large impact on whether or not someone would be hired or able to keep a job. These included help with transportation, child care, clothing, and homelessness, as well as help with education and certifications that could potentially lead to employment. Others requested specific skills training, including more help with interviewing preparation, budgeting, starting a business, and more guidelines for picking out appropriate professional clothing. A few participants also suggested better skilled Work Success coaches or just more coaches in general to increase the individual help provided.

Activity Review

Activity Review was a relatively new process when this study started in the Fall of 2011. Respondents were asked if they ever had their cash assistance closed because of non-participation. At Wave 1, 125 respondents had their cases closed due to non-participation, with about two-thirds (66.4%) recalling being told there was a problem either by telephone or mail. Of those who remembered being alerted to the problem (N = 83), only 31 (37.3%) remember discussing the issues with their employment counselor and only 21 (25.3%) felt like they were given a chance to explain their situation in an attempt to solve the problem.

The number of cases that closed due to non-participation increased greatly at Wave 2 to 280 respondents. Out of these, a larger percentage (76.1%) recalled being notified of a problem by either telephone or mail compared to Wave 1. Of those who remembered being alerted to the problem (n=213), only 97 (43.7%) remember discussing the issues with their employment counselor and only 84 (39.7%) felt like they were given a chance to explain their situation in attempt to resolve the problem.

At Wave 3, 57 respondents had their case closed due to non-participation. This smaller number is reflective of fewer respondents still being connected with DWS. Although a smaller number, the respondent’s perception of DWS response to the activity review process remained relatively similar. About three-quarters (77.2%) recalled being notified and only 26.7% felt they were given a chance to explain their situation and resolve the problem (Table 38). Overall and across the waves, the majority of respondents in the activity review process did not feel their views were heard nor had the opportunity to resolve the situation.

Table 37: Activity Review

Non-participation	Wave 2 N = 280		Wave 3 N = 57	
Notified by DWS that cash was closing due to incomplete hours or activities on employment plan, or ORS non-coop.	Yes 213 (76.1%)	No 54 (19.3%)	Yes 44 (77.2%)	No 11 (19.3)
After being told there was problem with participation, given chance to discuss and review employment plan	n = 226		n = 45	
	Yes 97 (43.7%)	No 125 (56.3%)	Yes 12 (26.7%)	No 33 (73.3%)
If not notified, or unsure if notified by DWS about closure, told there was a <i>problem</i> with participation	n = 67		n = 13	
	Yes 13 (19.4%)	No 54 (80.6%)	Yes 2 (15.4%)	No 11 (84.6%)
Given a chance to explain circumstances and resolve situation in order to retain cash assistance by completing activities	n = 280		n = 57	
	108 (39.7%)		16 (28.1%)	

When asked “*what activities did DWS say you were not doing?*” responses varied. Many reported they were not completing job search hours, not turning in paperwork, or not attending WS. In addition, some reported they did not fulfill school requirements, work hours, therapy requirements, were in non-compliance with ORS, or were not able to keep appointments with their employment counselors.

Those who had their case closed non-participation were asked to share ideas on “*what more could have been done to prevent your case from closing?*”. The majority of respondents felt they could have avoided having their cash assistance closed if their employment counselors had been more understanding of their situation and flexible with requirement deadlines. Intertwined with this were undertones of communication frustrations between respondents and their employment counselors. Many participants felt that improving communication (e.g. listening to customers, returning phone calls, treating customers with dignity and respect) or using multiple methods of communication (e.g. email, text, voicemail, face-to-face) would have helped prevent closure. There were also respondents that had specific needs that their worker did not help accommodate and assist in problem-solving (e.g. child care resources, housing resources, assistance completing paper work).

The same respondents were asked how having their cash assistance closed affected them and their children’s situation in multiple areas (e.g. financial, emotional, job activities, etc.). The majority of respondents cited financial stress:

- Not being able to provide for their kids (e.g. food or diapers);
- Not being able to pay bills (e.g. rent, heat);
- Cutting back, budgeting, taking odd jobs or selling possessions to make ends meet;
- Becoming homeless (e.g. living in car)

Many others cited the adverse emotional impacts:

- Feeling stressed, sad and overwhelmed when not able to provide for their children;
- Losing motivation;
- Feeling hopeless.

Lastly, a few respondents noted as a result of their cash assistance closing they were unable to provide for their families and therefore lost custody of their children. These struggles illustrate that

although participants had their cases closed due to non-participation often it was not due to lack of need for assistance. As some stated:

- *“I was completely stressed, overwhelmed and basically gave up on wanting to do anything. I felt hopeless after that.”*
- *“I didn’t have money to pay application fees, riding Trax, and buying clothes or diapers for my kids. Medicaid wouldn’t cover the type of drug my son needed for epilepsy, so I had to pay out of pocket for it and wasn’t able to when cash assistance ended. It got really hard to tend to my kids the way I needed to and it broke me down because I wasn’t able to get the (medication) things I needed for my kids.”*
- *“We had no money and we lost our house.”*

In addition, a small portion of respondents reported they were not impacted in an extremely negative way, mainly due to having social supports they were able to rely on for financial and emotional support (e.g. family, friends, bishops).

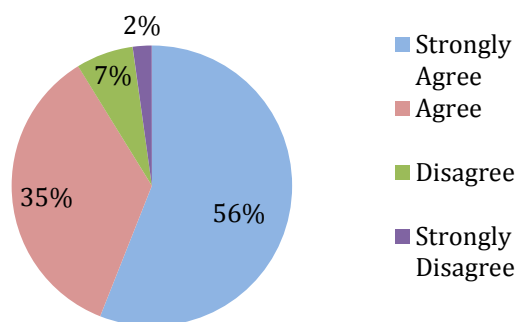
UNIQUE STUDY QUESTIONS

Wave 2 and 3 Drug Screening Process

DWS implemented drug screening as part of the application process for cash assistance in August 2012. This decision was based on legislation that mandated drug screening for individuals that would be receiving cash assistance benefits funded by the state. Respondents at Wave 2 and Wave 3 were asked about their experiences with the drug screening process and their opinions regarding the practice in general.

Wave 2 participants were asked their opinion of the statement, *“It is good to require screening for possible drug use for people applying for cash assistance.”* A majority of respondents, 91.2%, agreed or strongly agreed, with this statement (Figure 28). Of those who disagreed, many felt it was a violation of rights, was discriminating or invasive. Some also felt that the process might get in the way of people accessing the assistance they needed. Another small portion felt that due to medical conditions, or use of specific prescribed medication, drug screenings were not an accurate measure of illicit drug use.

Figure 28: Wave 2: Agreement with Drug Screening Questionnaire Process



Wave 2 respondents were also asked, *“Thinking back to when you first applied for benefits, would being required to screen for possible drug use have effected your decision to apply for benefits?”* There were 28 (3.2%) respondents who indicated they would likely not have applied at that time had they been required to drug test. Of those that felt it would had changed their decision to apply, most admitted it was tied to substance use at the time of application.

At Wave 2 and Wave 3 all participants who had reopened cash assistance were asked if they recalled completing the drug screening questionnaire and process. As shown in Table 39, most did remember participating in this process.

Table 38: Drug Screening Process

	Wave 2 N = 141	Wave 3 N = 86
Recalled completing drug screening questionnaire as part of re-applying for cash assistance	101 (78.9%)	80 (93.0%)
<i>In the future</i> , requiring drug screening would affect decision to apply for benefits	12 (1.4%)	3 (3.6%)

When reflecting on the process, about half of Wave 2 respondents expressed they had a positive experience, whereas negative experiences were reported about one-third of the time. Negative experiences increased in Wave 3 and were reported over half of the time (52.5%). In both waves, those that expressed having a positive experience commented that the process was easy, straight forward, they had helpful staff, or respondents agreed with the fundamentals of requiring drug screening. On the contrary, those who had negative experiences felt the process was long, confusing, unnecessary, unreliable, or were left feeling humiliated or embarrassed.

Of the Wave 2 respondents who did not recall completing the drug screening questionnaire as part of their cash assistance application (20.1%), the majority were still applying and not far enough into the application process to complete the questionnaire. Additionally, some were determined ineligible for cash assistance before completing the drug screening and others reported they were unaware of a required drug screening and had not been informed about it. Some of those who did not complete the process reported transportation or child care issues which got in the way of completing the process. In Wave 3 there were no respondents who reported they did not complete the drug screening questionnaire when applying for cash assistance. However, there was a small group (7%) that did not remember whether they had participated in the screening. In both Wave 2 and Wave 3, less than 4% of customers felt the addition of the drug screening process would deter them from applying for cash assistance in the future.

Non-Custodial Parent

At the request of DWS, Wave 2 participants were specifically asked if they supported DWS contacting the non-custodial parent of their child/children to offer employment focused services. Just over half (52.1%) supported this idea. Of those who did, a majority felt the other parent could benefit from employment specific skill building resources such as Work Success, resume writing, interviewing workshops, training on how to find and keep a job, and access to job listings. For example:

- “Resume writing and cover letter help. Get the same services I got.”
- “The work success program and all the resources that comes with it like resume writing, interviewing skills and job search online.”
- “The Work Success program and working with a job counselor to get back into work.”
- “He wants a job he just needs the tools and resources on how to get and keep a job. He could really benefit from the WS program.”

In addition to employment specific resources, almost a third (29.2%) of respondents felt the other parent would benefit from supports to address underlying issues that impact employment (e.g. mental health counseling, treatment for substance abuse, resources and help for finding employment with a criminal record and education opportunities to get GED, High School Diploma, or higher education to make the non-custodial parent more marketable in the workforce). A few responses reflective of these themes included:

- *"Mental health services to get her to where she can work."*
- *"Meeting with a LCT would be beneficial for the father of my kids."*
- *"I don't know. Probably starting with a substance abuse program would be the best for him right now. Then he might need everything DWS has to offer in the way of work support."*
- *"He needs to get clean, so substance abuse counseling is what he needs first."*
- *"Help with getting a job with a criminal background, a work coach that knows the places that will hire people with criminal backgrounds."*
- *"Educational support because he didn't graduate from HS so that would help him a lot."*
- *"...If he could get some educational assistance that would be good. He physically can't do the work he was trained in anymore."*

A small percentage (9.6%) thought being connected to DWS for other resources such as SNAP benefits, Medicaid, parenting classes, money management classes, and so forth, would be the most helpful. Another small subsection was not sure what the other parent needed in their specific situation or didn't think the parent would benefit because of their current life situation or because they were already employed.

Importantly, not everyone who agreed to the idea of DWS reaching out to the non-custodial parent had a partner that was struggling with employment. In these instances many felt DWS could help the non-custodial partner with upward mobility (e.g. move into a higher paying job or finding a career that offered benefits and job security). As was noted:

- *"Career oriented help instead of just employment stuff because they are both working. Maybe schooling to improve their jobs."*
- *"Find a better job that pays me more and that has health insurance. Training for jobs- he has worked at his current job for 12 years and cannot advance."*

Conversely, 47.9% of respondents were against or unsure about having DWS contact the non-custodial parent. A majority of these respondents did not want DWS to contact the other parent because they felt employment services would not be useful for that person. Rationales included that the non-custodial parent already had employment, lived outside the state/country, would not respond well to DWS contacting them, did not deserve the help, was not able to work, or did not have motivation to work. For example:

- *"Well he already has a job so he doesn't need help. I could see how it might be helpful if he didn't have a job but he does. There's no point."*
- *"Because the father of the kids is really disabled and could not work anyways."*
- *"My personal experience has been bad with my child's dad. He's not helping out with our child. So I don't think he deserves to get any help with anything himself."*
- *"The other parent is in jail for 15 years and there's no reason for them to contact him because we don't want anything to do with him."*
- *"He doesn't even live here in Utah, so that doesn't make sense"*
- *"I don't think it would matter, a letter isn't going to change someone who hasn't worked, paid child support, or been an active dad. He's just kind of lazy."*
- *"Their dad isn't involved and doesn't help us so we shouldn't help him."*

Importantly, some respondents did not want DWS to contact the other parent because they had concerns that contacting the other parent would initiate unwanted contact between the participant and the other parent. A small group said they were afraid of the repercussions or retaliation they would experience if DWS were to contact the other parent, and in some instances, there was no other parent to contact.

- *"It might lead to them figuring out where I am. I have a protective order against them both."*
- *"I don't want any of the kids information getting to the other parent. I don't want a slip up or something."*

- *“I don’t think she needs the help and wouldn’t really respond well to being contacted by DWS. She would just get upset and take it out on me or our kid.”*
- *“I don’t want him to have anything to do with him. I want no contact in any way. I don’t want a letter sent out that might create a reason for him to try and contact us.”*

Overall, respondents were divided in their opinions on this topic. Considerations about the benefits and costs should be evaluated further before implementing any efforts to contact non-custodial parents.

Adverse Childhood Experiences

Recognizing that a person’s background can impact their adult life, the FEP studies have included questions regarding family background and childhood experiences. Recently, it was discovered that others have also been exploring these connections, specifically those conducting research related to Adverse Childhood Experiences or ACEs. ACEs research includes abuse (e.g. verbal, physical, or sexual), neglect (e.g. physical or emotional) as well as family dysfunction (e.g. household member incarcerated, mentally ill, or substance abusing; domestic violence, or absence of a parent due to divorce or separation) (Centers for Disease Control and Prevention, 2010). The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente’s Health Appraisal Clinic in San Diego conducted a large investigation of over 17,000 Health Maintenance Organization members to examine the relationship between ACEs, health and well-being over the lifespan (Felitti, 2002).

The ACE study utilized an ACE score, which is the total count of positive response to the ACE categories as listed above. According to the CDC, *“The ACE score is used to assess the total amount of stress during childhood and has demonstrated that as the number of ACE increase, the risk for the following health problems increases in a strong and graded fashion”* (CDC, 2014). This includes, but is not limited to: alcoholism and alcohol abuse, depression, health-related quality of life, illicit drug use, risk for intimate partner violence, suicide attempts, smoking, and other negative physical and mental health outcomes later in life (CDC, 2014). In addition Felitti noted, *“Occupational health and job performance worsened progressively as the ACE score increased”* (2002). Due to the implication of these findings, the ACE questions and score have been utilized in many different research studies to date.

In 2010 the Utah Department of Health (UDOH) included ACE questions in the Utah Behavioral Risk Factor Surveillance System (BRFSS); a survey examining risk factors for negative health outcomes conducted with a random sample of adults in Utah’s general population (N=2307) (Utah Department of Health, 2011). In 2014, the ACE questions were integrated in Wave 3 of the FEP study (N=762). Comparisons between the two populations revealed significant differences in ACE prevalence. In addition, within group analysis revealed a significant correlative relationship exists between FEP recipient’s adverse childhood experiences and the challenges they face in adulthood relative to achieving self-sufficiency.

Between Groups Comparison: UT FEP Population and UT General Population

The Utah Department of Health (2010) included the following ACE categories to the BRFSS: abuse (e.g. verbal abuse, physical abuse, touched sexually, touched an adult sexually, raped) and household dysfunction (e.g. mentally ill household member, parents separated/divorced, household alcohol abuse, witness domestic violence, household drug abuse, household member in prison). In total, 11 questions were asked and ACE prevalence was grouped into three categories: 0, 1-4, or ≥5. For comparison, the FEP data set was analyzed in the same manner.

As seen in Table 40, the prevalence of individual ACEs in the FEP Population is significantly higher than the general population. In turn, overall ACE scores are higher in conjunction with risk for negative health, mental health, and social outcomes.

Table 39: Prevalence of Each Category of ACEs and Score by Gender

ACE Question Categories	Utah General Population			Utah FEP Population		
	Total %	% By Gender		Total %	% By Gender	
		Female	Male		Female	Male
Verbal Abuse	37.9	38.3	37.4	63.9	64.1	62.9
Mentally Ill Household Member	21.0	22.3	19.7	51.1	52.5	38.1
Parents Separated/Divorced	19.3	18.1	20.6	61.0	61.7	52.6
Physical Abuse	17.1	16.5	17.7	46.0	46.2	46.4
Household alcohol abuse	16.4	17.8	14.9	43.0	43.5	42.3
Witness domestic violence	12.4	12.6	12.2	38.1	38.6	34.0
Household drug abuse	12.0	9.7	14.5	38.8	39.5	30.9
Touched sexually	9.0	12.0	5.9	32.5	34.9	16.5
Touched an adult sexually	7.3	9.7	4.6	23.4	24.5	12.4
Household member in prison	6.1	4.1	8.1	30.3	30.8	24.7
Raped	2.9	5.0	.8*	17.3	18.5	7.2
ACE Score	UT General Population – Total %			UT FEP Population – Total %		
0	41.1	41.9	40.3	8.8	8.9	8.2
1 – 4	48.8	46.8	50.9	45.4	43.3	59.8
5+	10.1	11.3	8.7	45.8	47.8	32.0

Gender: In the FEP population, there was a higher proportion of women in the study than men, which is representative of the greater FEP population in Utah. When analyzed by gender (Table 40), the proportion of females compared to males exposed to individual ACEs yielded similar patterns to the general population, although at much higher prevalence in the following categories: verbal abuse, physical abuse, household alcohol abuse and witnessing domestic violence. Unlike the general population, females in the FEP population reported a higher prevalence than males in all categories except for a slight converse result in physical abuse.

Females were significantly more likely to report household mental illness and sexual abuse ACEs than males in the FEP population. In the general population, females were also significantly more likely to report sexual abuse ACEs however significant differences were not found between gender and household mental illness. In addition, the most prevalent individual ACE reported in both populations was verbal abuse (UDOH, 2011).

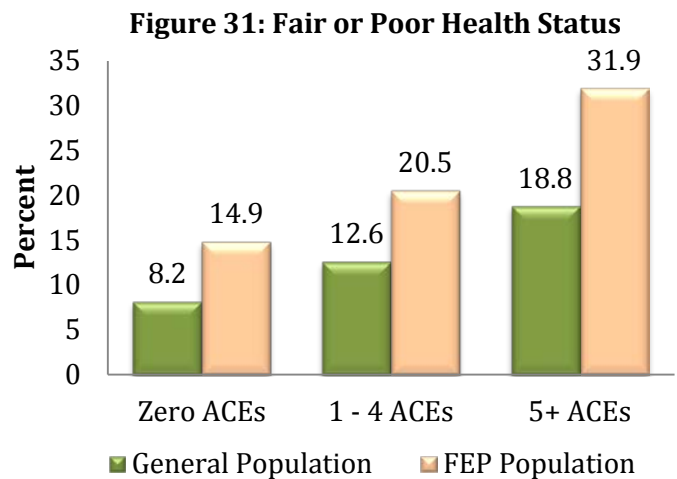
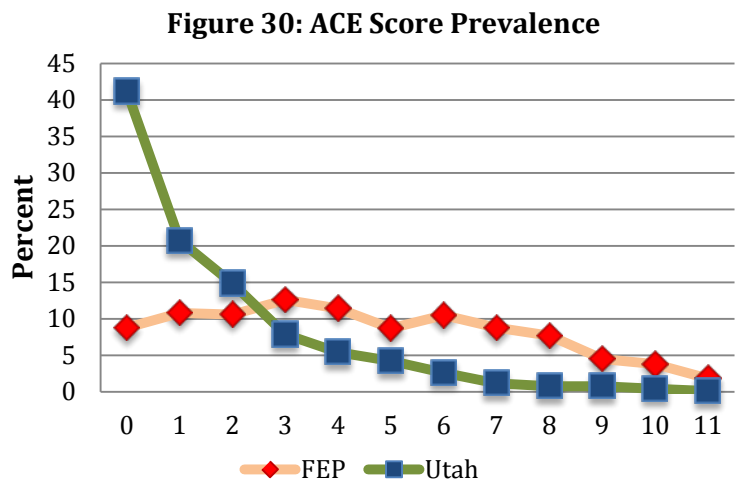
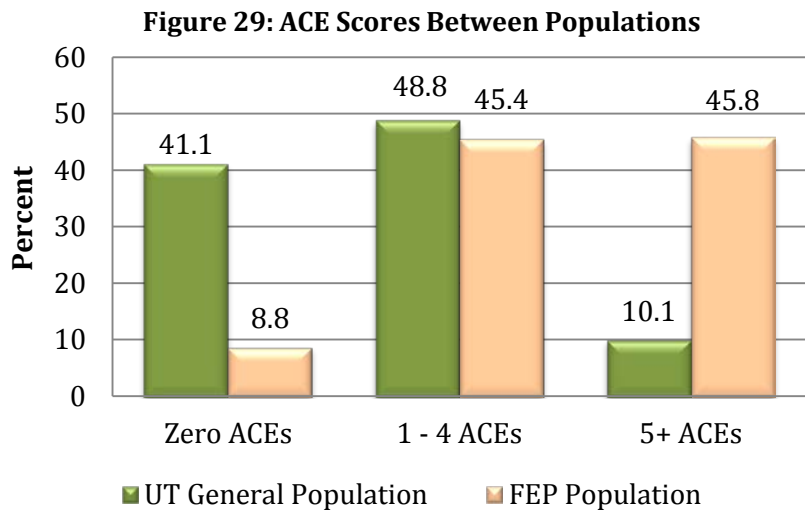
Ace Scores: ACE score comparisons between the populations yield startling results. As seen in Figure 29, 41.1% of individuals in the general population have 0 ACEs compared to the FEP population, in which only 8.8% have never experienced an ACE.

In the general population, 48.8% reported 1- 4 ACEs while in the FEP population 45.5% reported 1- 4. Interestingly, although the percentage of individuals in this ACE category is relatively similar, the average ACE score between the two groups differs; the general population averaged 1.9 ACEs while the FEP population averages 2.5. This suggests that while the percentages look similar, on average, the FEP population is exposed to more ACEs on average.

Lastly, in the general Utah population 10.1% of adults were exposed to 5 or more ACEs compared to the FEP population in which 45.8% were exposed to 5 or more. Once again, the FEP population had a higher average ACE score (7.2) than the general population (6.2). As seen in Figure 30, the prevalence of ACEs between the groups differs. Across the board, the FEP population has a higher number of ACEs compared to the general population.

The Utah Department of Health found significant differences in health outcomes dependent on ACE scores within the general population. Adults with 5 or more ACEs had a significantly higher likelihood of reporting fair or poor physical health than those with 0 or 1-4 ACEs (2011). This finding was replicated in the FEP population, yet at an even higher proportion (Figure 31).

Limitations: The Utah Department of Health included three questions that addressed the sexual abuse ACE category and two questions that addressed the substance use ACE category. As such, multiple questions that addressed one category were scored separately (UDOH, 2011). This is an atypical pattern of analysis due to the extra weight these categories carry when ACE scores are computed, as categories are counted as more than one point in the sum. The



impact of this analysis method may be seen within the gender ACE score analysis in the FEP population. Women were significantly more likely to report any sexual abuse category than men, and that category was counted 3 times in the ACE score sum. This may have contributed to 47.8% of women reporting an ACE score of 5+ compared to 32% of men. Conversely, 59.8% of men reported an ACE score of 1-4 whereas 43.3% of women did. Due to this limitation, within group comparisons will be analyzed with a more typical method in which each ACE category, not individual question, is scored on a scale of 0-1.

Within Group Comparisons

For within FEP group comparisons, ACE scores are calculated using the same categories as used in the original Kaiser Permanente and the CDC study collaboration (2010). The ten ACE categories included were: abuse (e.g. emotional, physical and sexual), neglect (e.g. emotional or physical) and the previously listed household dysfunction categories (Dong, Anda, Felitti, Dube, Williamson, Thompson, & Giles, 2004). In total, 13 questions were asked, covering these ten categories. ACE prevalence was divided into the following ACE score categories: 0, 1-3, or 4+. Using this method of analysis, 9.1% of the FEP population had 0 ACEs, 32.9% had 1-3 and 58% had 4+ (N=671).

Similar to other within group comparisons, the possibilities for comparisons between different groups within this large data set are almost limitless. The prevalence of ACEs within the FEP population suggests that similar to areas such as education, work history, physical and mental health issues, ACEs may contribute to outcomes. Indeed, analysis revealed that relationships do exist between FEP recipients' ACE scores and the challenges faced in adulthood relative to achieving self-sufficiency. Differences in these areas will be noted throughout this section and significant findings are outlined in Attachment 5.

Respondent Profile and ACEs

The demographic characteristics of study respondents and ACEs yield a slightly different picture than between group comparisons due to the aforementioned alternative method of analysis.

Gender: Statistically significant relationships remained between gender and the ACEs of sexual abuse and household mental illness. As seen in Table 41, ACE score differences by gender were smaller in the 4+ and 1-3 categories than the difference found in between group analyses.

Table 40: ACEs and Gender

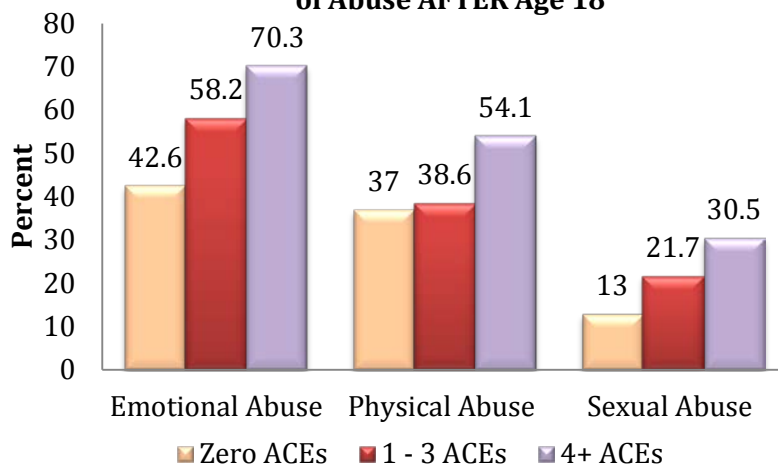
ACE Score	UT FEP Population		
	Total %	Female %	Male %
0	9.1	9.2	8.2
1-3	32.9	31.6	42.4
4+	58	59.2	49.4

However, despite analysis method, a higher percentage of women have ACE scores in the highest ACE category compared to men. This suggests that there are real and significant differences in ACE scores between genders in the FEP population that did not exist in Utah's general population (Table 40). This presents a finding that may call for future research.

Additionally, relationships exist between gender and experiences of abuse *after* the age of 18. Respondents were asked if they were ever physically, sexually, or emotionally abused *after* they were 18. Overall, females were significantly more likely to experience these adverse events as

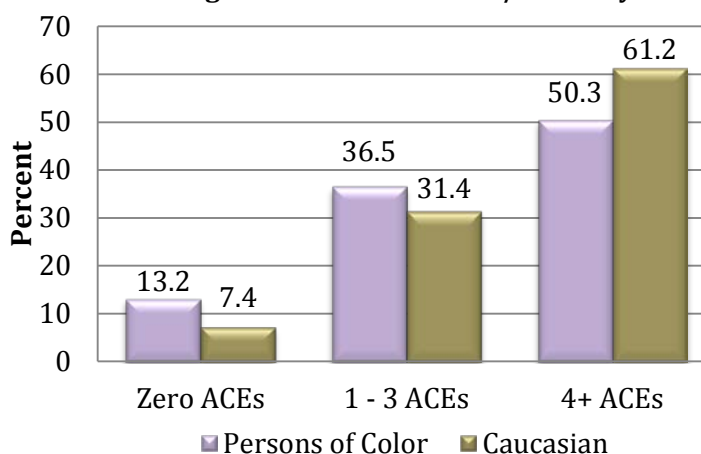
adults. When analyzed in conjunction with ACE scores (Figure 32), a dose-response relationship exists; females reporting 4+ ACEs were significantly more likely to report experiences of abuse *after* age 18. There were no significant differences between gender and exposure to domestic violence at any point throughout the lifespan, incidences of domestic violence in the past 12 months, or current domestic violence issues. However, males were significantly more likely to have a criminal record than females.

Figure 32: Female ACE Scores and Experiences of Abuse AFTER Age 18



Race and Ethnicity: A significant relationship between race and ethnicity and ACEs was found. As seen in Figure 33, individuals who identified as Caucasian were more likely to report having a higher prevalence of ACEs before the age of 18 than individuals who identified as persons of color or Hispanic. There were no significant differences in the lifetime prevalence of ACE score by veteran status or marital status.

Figure 33: ACEs and Race/Ethnicity



Age of First Cash Assistance:

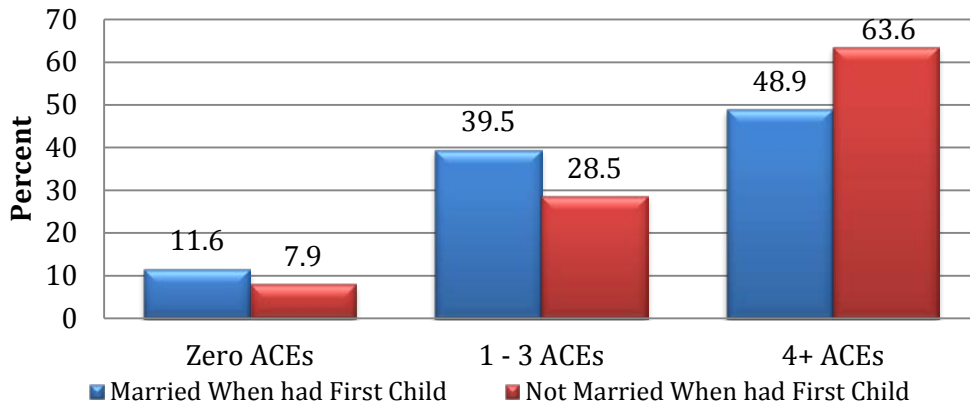
Interestingly, a significant difference exists between age of first cash assistance receipt and the ACE categories of 0 and 1-3 when compared to 4+. On average, those with 0 ACEs received cash assistance for the first time at age 29.7; whereas those with 1-4 were 28.3 and those with 4+ were 26.4 at age of first receipt. Thus, on average, respondents with 4+ACEs first received cash assistance more than 3 years earlier than those with less than 4 ACEs.

Children

In accordance with the Intergenerational Poverty Mitigation Act, DWS has collaborated with other public service agencies to analyze intergenerational patterns of poverty in greater detail. Models of two-generational approaches to ending poverty in which both parents and children are considered have been of interest. Due to this and the high prevalence of ACEs in the Utah FEP population, variables were analyzed that look at the impact of adults' ACEs on their children.

As viewed in Figure 34, respondents who reported 4+ ACEs were significantly more likely to not be married when they had their first child. No significant differences in the prevalence of ACE score by age first pregnancy (or pregnancy of a partner if male) occurred; child health, mental health, learning or behavioral problems; or removal of children from home by state agency were found.

Figure 34: Marital Status at Birth of First Child and ACEs

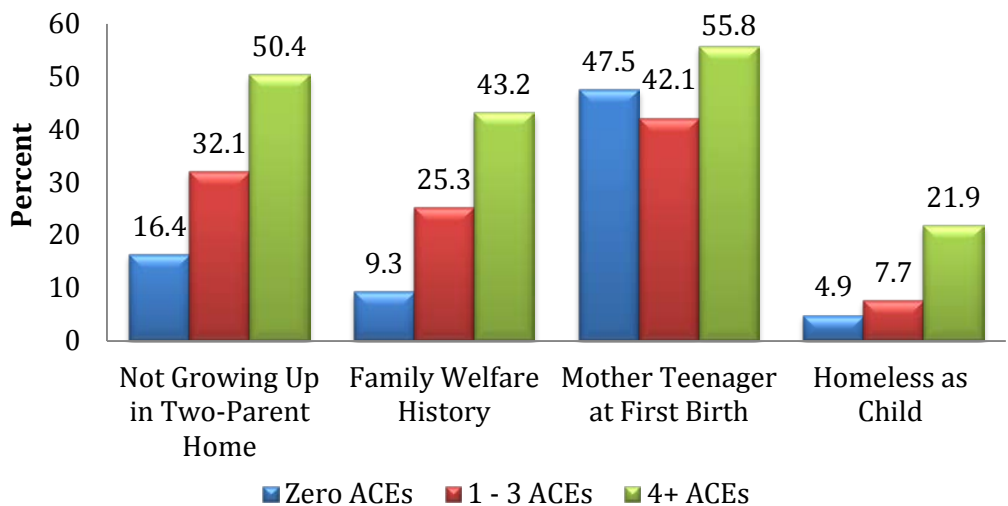


Personal History - Family Background

ACEs were related to the FEP respondent’s family background and personal history. Respondents were asked questions about: 1) family situations growing up, 2) parental education, 3) mothers age at first child birth, 4) welfare history and 5) experiences of homelessness as a child.

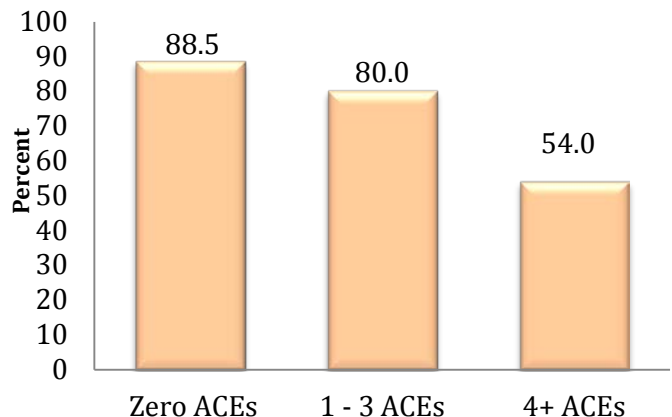
As seen in Figure 34, a statistically significant relationship exists between an ACE score of 4+ and the likelihood of reporting 1) not growing up in a two-parent living situation, 2) childhood family receipt of public benefits (e.g. cash assistance, SNAP benefits or Medicaid), 3) their mother was a teenager when her first child was born, and 4) experiences of homelessness as a child. Interestingly, there was not a significant relationship between parental education and respondent ACE score.

Figure 35: ACEs and Family Background



Seth-Purdie notes that a strong parent-child bond and childhood attachment to the community, particularly school, can combat some of the ill effects that may come with economic disadvantage (2000). Respondents were asked how involved their parents or guardians were in this last year of school as a teenager. Overall, 65.7% of respondents reported parental involvement in their education. However, as seen in Figure 35, adults with 0 ACEs were significantly more likely to report parental involvement in school (88.5%).

Figure 36: Percentage of Parent Involvement in Education and ACEs



Respondent Characteristics And Aces

Respondent characteristics such as 1) education level, 2) physical health status, 3) mental health status and 4) criminal record are linked to ACEs. This may be of particular interest to DWS, since many of the following respondent characteristics may become barriers to self-sufficiency.

Education: Within the FEP population, most (73.8%) have completed a high school diploma or GED. Of these completers, 74.5% reported some type of degree past high school, whether vocational, some college (i.e. credits but no degree), associates, or bachelors. However, as seen in Figure 36, respondents without a diploma, degree or certificate of any type or only a high school diploma/GED, were significantly more likely to report 4+ ACEs.

In addition, statistically significant relationships exist between ACE scores and the following:

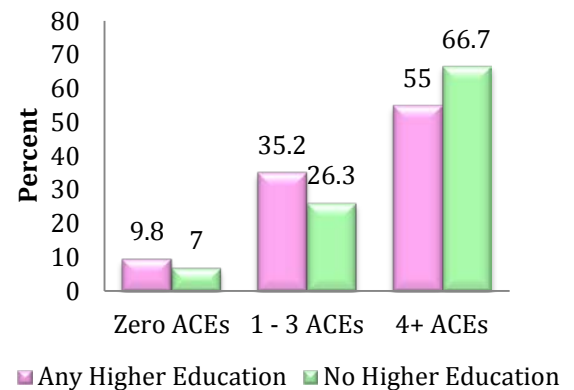
- Caring about doing well in school as a teenager;
- participation in school sports, clubs, or other extra-curricular activities;
- having enough friends as a teenager;
- and thinking of what to do after high school was over.

Respondents with 4+ ACEs were more likely to report not participating in extra-curricular activities, not having enough friends, and not considering what to do after high school (See Attachment 5). Lastly, those with 4+ ACEs were significantly more likely to report either being diagnosed with or believing they had a learning disability; as well as significantly more likely to report past placement in special education classes (See Attachment 5).

Physical Health: Within the FEP population, there is a statistically significant relationship between reported physical health status and ACEs. Those with four or more ACEs were more likely to report a fair to poor physical health status than those with 1-3 or 0 ACEs. In addition, respondents followed over a 24 month period showed significant differences in the likelihood of reporting a chronic (ongoing) health or medical condition dependent on ACEs. Notably, 65.4% of respondents in general reported a condition. However, those with 4+ ACEs were more likely to report a condition and the large majority (70.2%) of those with four or more ACEs reported a chronic health or medical condition.

Alcohol or Drug Dependency: Measurement of alcohol or other drug dependency was completed in two ways. Respondents were able to self-report if alcohol or other drug use had been a barrier to employment or schooling in the past year and respondents were screened with validated tools to evaluate alcohol and other drug dependency (World Health Organization, CIDI-12 month SF, 1998). ACE scores were analyzed in conjunction with positive scores to either screening or self-report. For alcohol dependency, there was not a high proportion of respondent who either screened or self-reported positive overall. However, of those that screened positive, 0% had 0 Aces, 19.2% had 1-3 Aces, and 80.8% had 4 or more. The average number of ACEs in this group was higher (5.5) than in the negative screened group (4.3). Conversely, there were no significant differences among ACEs and drug dependency. Interestingly, this finding is different than the original ACE study which did report a link between drug dependency and ACE score (Felitti, 2002).

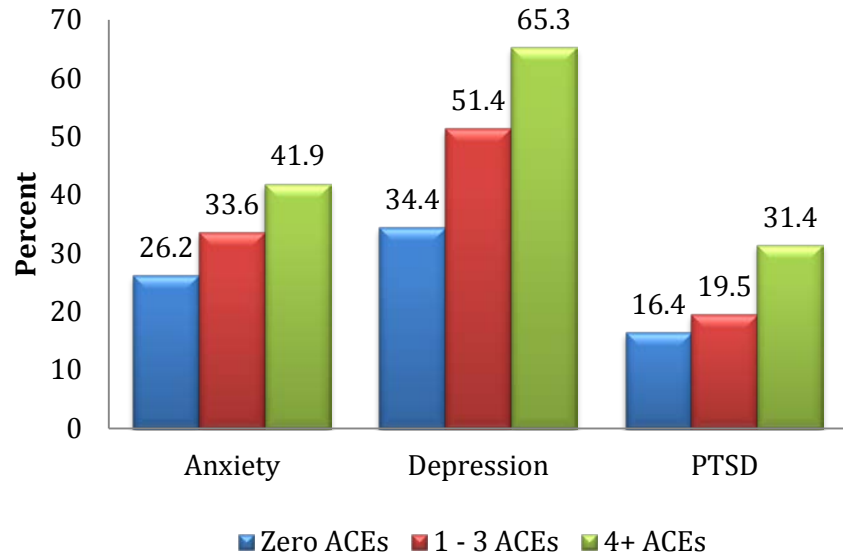
Figure 37: ACEs and Higher Education



Mental Health: Mental health issues can also be barriers to work for the FEP population. When analyzed in conjunction with ACEs, those with 4+ were more likely to report fair or poor mental health, using the General Health Index question with a mental health focus; felt that they currently needed treatment for a mental health issue or had been diagnosed with a mental health issue.

As seen in Figure 37, those with 4+ ACEs were also more likely to either have been diagnosed or screened positive for depression, anxiety or PTSD using screenings produced by the World Health Organization that have been used in multiple studies of this population (World Health Organization, CIDI-12 month SF, 1998).

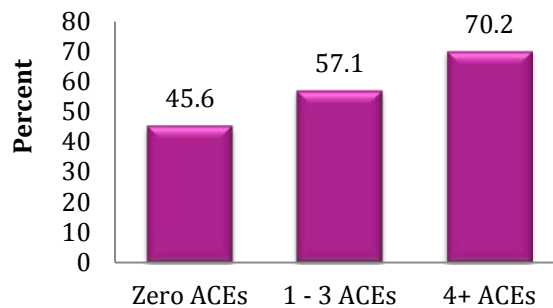
Figure 38: Diagnosed or Screened Positive for Mental Health Diagnoses



Self-Esteem: A one-way analysis of variance was conducted to evaluate if there was a difference in self-esteem scores, determined by the Rosenberg self-esteem scale dependent on the three ACE score categories (Rosenberg, 1965). The ANOVA was significant, thus there is significant evidence that there is a difference in self-esteem scores based on ACE scores. This difference exists between the 1-3 and 4+ ACE score categories; in which adults with 4+ ACEs, on average, reported lower self-esteem. This difference was quite small and although significantly different, may not be practically different.

Domestic Violence: Within the FEP population, there is a relatively high level of exposure to domestic violence at some point throughout the lifespan. Not surprisingly, a significant relationship exists between exposure and adverse childhood experiences; a higher percentage of respondents with 4+ ACEs had been exposed.

Figure 39: Exposure to Domestic Violence in Lifetime



Criminal Record: The presence of a criminal record can have a significant impact on employability. Respondents were asked if a criminal record had affected their ability to obtain or retain employment or go to school in the past year, and if so, had this happened in the past month. The difference in criminal records based on ACE score was analyzed; a significant difference exists. Those with 4+ACEs were more likely to report that in the past year a criminal record was a barrier. There were no significant differences in criminal record as a barrier in the past 30 days.

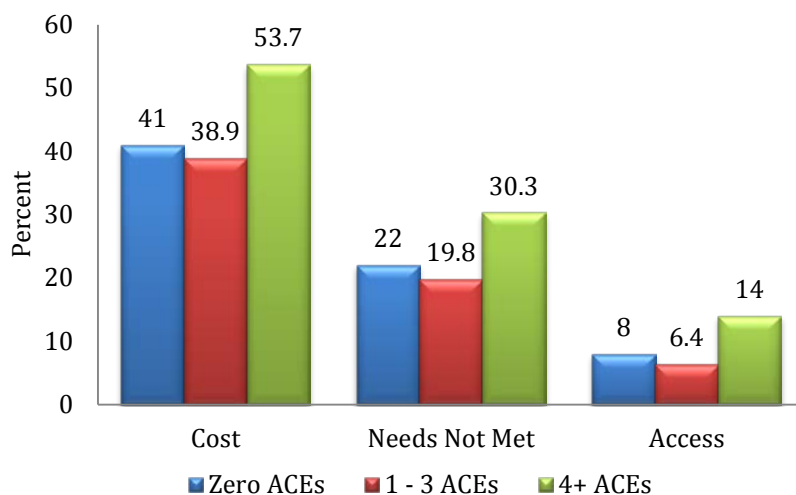
Employment Supports

Housing: Housing can also play a key part in helping or hindering individuals on their path to self-sufficiency. A portion of respondents have experienced homelessness, which often affects more than just living situations. There are various reasons individuals become homeless and without stable housing. It is quite challenging to remain employed while attempting to find a place to live, especially if you have children. As previously noted, adults with an ACE score of 4+ were more likely to experience homelessness as a child. This trend was consistent in adulthood. Adults with 4+ ACEs were significantly more likely to report being homeless at some point during adulthood. In fact, about half (47%) of respondents with 4+ ACEs reported experiences of homelessness as an adult. In addition, 68% of respondents who reported experiencing homelessness as a child also reported experiencing homelessness as an adult.

Health Care Coverage: Health care coverage is an important employment support for everyone, especially those with significant physical or mental health problems. Since the relationship between physical and mental health problems and the prevalence of ACEs has already been established, the relationship between health care coverage and ACEs was also analyzed.

There were no significant differences in having health coverage in the past 12 months, social security application or receipt, or the primary form of health coverage (e.g. Medicaid versus private) among the three ACE categories. However, as seen in Figure 39, there were significant differences in the lifetime prevalence of ACE score and the following: 1) respondent not being able to get medical care when it was needed because it was too expensive (cost); 2) respondents reporting their health care coverage did not meet their needs (needs not met); and 3) respondents having difficulty accessing the health care they need (access). In all cases, adults with 4+ ACEs were more likely to report the aforementioned as issues impacting their health care coverage.

Figure 40: ACEs and Interaction with Health Care



Social Support

Having other people around to provide support during difficult times is known to act as a protective factor in managing difficult times in life. Respondents were asked to rate their overall satisfaction with the social supports available to fill such needs. The term “support” was defined broadly to include emotional support, help with daily activities, as well as possible financial support (Kalil, Born, Kunz, & Caudill, 2001). The majority of respondents reported they were generally satisfied with their social supports. However, adults with ACE scores of 4+ had a significantly higher prevalence of being generally unsatisfied with their social support.

Another measure of social support, originally developed in the Medical Outcomes Study (MOS), was utilized. The MOS was designed to measure the following dimensions of social support on a

continuous scale: 1) emotional and informational support, 2) tangible support, 3) affection support, and 4) positive social interactions; these measures were found reliable and fairly stable overtime (Sherbourne & Stewart, 1991). A one-way analysis of variance was conducted to evaluate if there was a difference in individual dimensions of social support dependent on ACE scores. For all dimensions, significant evidence exists to conclude that there is a difference in each dimension of social support based on ACE prevalence.

For the emotional and informational support as well as positive social interactions dimensions, a significant difference exists between the 1-3 and 4+ ACE categories. Adults with 4+ ACEs reported lower emotional and informational support and less positive social interactions. For tangible support and affection support, significant differences exist between the 0 and 4+ as well as 1-3 and 4+; as adults' ACE scores increase, they report receiving less support in both areas. For all of these areas, although the results were statistically significant, the differences between the group averages were relatively small, therefore may not be practically different.

Experiences with DWS Workers and Cash Assistance

DWS Workers: Discussing barriers to employment is an important element of collaboratively finding accurate and appropriate solutions for FEP recipients. Respondents were asked to what degree they were able to discuss their barriers to work with their employment counselors. Those with 4+ ACEs were significantly more likely to report they were "somewhat" or "not at all" able to discuss their barriers compared to "mostly" or "completely." Respondents were also asked how helpful their employment counselors were in assisting them with resolving their major employment barriers. Although 81.7% reported employment counselors were "very" or "somewhat" helpful; those with 4+ ACEs had a higher likelihood of reporting they were "not very" or "not at all helpful" in this process.

Conversely, there were no significant differences in how respondents rated their relationship with their employment counselor and knowledge about activities on their employment plans among the three ACE categories.

Employment And ACEs

A host of variables can influence employment in an individual's life, and at times, prove to be barriers to work. FEP respondents with 4+ ACEs were more likely to face adversity with education, physical and mental health functioning; as well as additional adversity with employment supports: housing, health care coverage, and social support. As significant differences exist in these areas dependent on ACE scores, there is a relationship between ACEs and the challenges adults face relative to achieving self-sufficiency.

Employment History: Despite an increased likelihood of facing adversity in the aforementioned areas, there was no significant difference in work history among the three ACE categories and: 1) how many hours worked per week; 2) opportunities for advancement at work; 3) type of reference or referral for current place of employment (e.g. friend vs. DWS or government agency referral); and 4) average hourly wages (i.e. respondents with 4 or more aces, on average, about a dollar less per hour). However, significant differences were found in other areas.

Current Employment Status: Respondents were asked how long they were or had been working at their current or previous job. Significant differences were found between respondents with 0 ACE scores compared to those with 1-3 or 4+. Those with 0 ACEs, on average, had been employed at their previous or current job for nearly 27 months compared to those with 4+ who, on average, were only employed for about 11 months, a 16 month difference in job retention.

Unemployment: Respondents were asked if they had ever received unemployment compensation. When analyzed by ACE prevalence, no significant differences were found in likelihood of receipt based on ACE categories. In addition, respondents followed over a 24 month period showed no significant difference between the average number of months employed and ACE prevalence.

Attitudes towards Welfare and Work: No significant differences were found in the following attitudes towards welfare and work and ACE prevalence:

- when children are young, mothers should not work outside the home;
- preference to have a job outside the home than be a stay at home parent;
- opinion that it is good to require people on welfare to find a job;
- belief that single moms can bring up children as well as married couples;
- perception that their circumstances are different than most others on welfare;
- and confidence in ability to manage personal finances.

ACE Summary

Overall, it is evident that the Utah FEP population has a much higher prevalence of ACEs than the Utah general population. In turn, the associated negative health, mental health and social outcomes are occur at a higher rate within the FEP population. Significant differences in the prevalence of ACEs and the aforementioned within group comparisons depict this trend (See Attachment 5).

These associated negative health, mental health and social outcomes are also related to self-reported employment barriers in the FEP population. In each wave of the study interview respondents were asked about individual issues and the contribution each made to difficulties in securing or retaining employment or attending school/training. In the end, each respondent was asked to reflect on the *greatest* employment barrier over the past year. As analyzed with the Wave 1 data, adults with 4+ACEs had a significantly higher prevalence in reporting their *greatest* employment barrier was: lack of education, physical health issues, mental health issues, or having a criminal record. As such, a relationship between adverse childhood experiences and occupational health exists in the FEP population.

THE VOICE OF THE CUSTOMER

As in the third wave of the FEP Study, Wave 3 participants in the FEP Redesign study were asked a series of open ended questions at the end of the interview. Participants were given the opportunity to consent to being recorded and most participants allowed this form of data collection. Those who did not consent had their responses recorded by hand as with the remainder of the survey. There were many questions asked in this portion of the interview however this report presents findings focused on the five questions most relevant to current DWS activities. These questions include:

- 1) Thinking big picture, from the time you walked into DWS until now, what part of working with DWS has been most helpful to you? A person, a program, a way of thinking, etc.
- 2) What else do you think DWS could have done as you started assistance that would have been more helpful?
- 3) How do you feel you have become more self-sufficient since working with DWS?
- 4) Since you were last interviewed, what has been your greatest accomplishment?
- 5) Since you were last interviewed, what has been your greatest area of challenge/struggle?

Responses to these questions were analyzed and the findings are presented below.

Question 1: Thinking big picture, from the time you walked into DWS until now, what part of working with DWS has been most helpful to you? A person, a program, a way of thinking, etc.....

When respondents reflected on the most helpful part of working with DWS had been for them, two major themes surfaced. As would be predicted in Maslow's hierarchy, being able to meet the basic needs to the survival of their family was the most important and helpful part of working with DWS. Of all the things that could have been second, the specific traits of their DWS worker stood out as the most helpful part of working with DWS. Specific help with acquiring skills, education and training were also areas that stood out as most helpful.

Almost one quarter of all respondents explicitly mentioned being able to meet one or more basic need for their family because of their connection to a DWS program such as food, health insurance, and money for expenses such as rent and utilities. An additional benefit for respondents was the peace of mind that comes with meeting these needs for their families.

- *"This year, food stamps...that's huge. Just to have that burden off wherever I go, my food is covered. Like that basic need of feeding my kids is covered. That's huge. That means that my income can go towards making sure they have clothes, making sure we have heating and lighting and...that we're moving forward... I'd say food stamps have been the biggest benefit for me and it has let me feed them healthy food. Whereas I think if I didn't have that, I would buy cheap, fast food."*
- *"Food Stamps. **What's made that so helpful?** Just because it's a necessity even above money. So it's something that you have to have to even be able to take care of yourself. Even if you don't have somewhere to live, you still need that to live."*
- *"I think honestly Medicaid has been most helpful because I don't have to worry about my daughter, I don't have to worry about you know, she has gone to all her well checks, she has all her vaccinations, and so without Medicaid I don't know how I would have done that. It makes it better"*
- *"...My kids being insured was most helpful...They saved me a hell of a lot of money in medical bills, if my kids are sick I can always take them to the doctor."*
- *"I would say probably the Food Stamps and the Medicaid, I would say those both were the most help. Because I didn't have to worry about my children's health. I felt like I could take them to the doctor whenever they needed it, my son got appendicitis, but I could take him to Primary Children's and not be so worried as a single mom that you know, we would lose our home, or you know what I mean, have these huge bills that I couldn't pay. And also the food, you know not having to worry about if we were gonna be able to eat- both of those."*

Beyond receipt of family sustaining benefits, DWS personnel also played a significant role in respondents' experiences of helpfulness. Most commonly, respondents talked about traits of their employment counselor and Work Success coaches, but also discussed a few experiences with eligibility workers, LCTs, and connections staff. When talking about interactions with workers, the individual situations varied a great deal. The trends in "helpfulness of DWS" were not so much related to specific services received but more about the way respondents were treated by the influential specific worker.

Analysis of the helpful interactions, skills, and engagement styles (traits) provided clear themes and similarities. Helpful traits included: active listening, "going out of the way" to work with a customer, explaining and clarifying programs and expectations, identifying customer's individual needs and adjusting their interactions accordingly, following up via phone or in person, being accessible and returning calls or emails in a timely manner, being kind and respectful, and actively connecting customers to appropriate resources (internal and external to DWS).

- *“She is not just, “you have to do this form. You have to do this. You have to do this.” I mean I still have to do the forms, but she understands my situation and she tries to help me every way she can by still doing her job, but helping me the best that she can.”*
- *“At times, there have been people that have been like this is what you need to do step by step, they explained it. This is exactly what you do and I will show you. And that was probably the most helpful, was someone to show you.”*
- *“She was really supportive and gave me different options of different stuff I could do. I felt like it was a really open environment where I could talk to her and I could go to her and she could throw ideas at me. She always gave me options and it didn’t seem like I had nothing to do or nowhere to go.”*
- *“...He would tell me of different programs, you know, “you don’t qualify for this, but you could do this, how about you try this”.”*
- *“(My case worker) went above and beyond to make sure I had what I needed and that I knew what was available.”*
- *“She would call me when she knew my husband was going in for tests and see how everything was going.”*
- *“...They would always check up on me and see what they could do to help me.”*
- *“She’s really supportive and if she can’t get me on the phone, like she came over; I wasn’t home, I was out, but she left her card on my door and just knowing the support and she’s there, making sure that I know what I have to do with my case. I’m thankful for that. She’s really supportive.”*
- *“Probably the last two counselors I had before I closed my case. They just directed me in the right way and set me up for the next job or schooling or just opening doors for me. Kind of the bigger picture and led me-like, “Oh I see what you want to do, let’s make it possible by giving you this option or maybe you can go here and get help from this person.” Just leading me to the right person so I could do it myself.”*
- *“My caseworker was really good because she kept me motivated. There was a time where I applied for so many jobs and I didn’t have any responses. I was devastated because I had worked for the government for so long, and then nobody was calling me back. She kept me motivated. That kept my confidence high, and driven.”*
- *“The fact that every time I dialed that number, like I could call Dennis. And he would pick up or it was his answering machine, and he would return my call. Having that direct one-on-one contact was the best thing.”*
- *“I guess the way they treated me, they didn’t treat me like a number or just another welfare case, they treated me as a person.”*

These traits led to customers building lasting relationships with the workers, and gaining an ally in meeting their needs and reaching their goals. With the established relationship, customers felt they could go to their worker to ask questions. Respondents reported this also led to personal growth in confidence, hope and motivation to tackle barriers to self-sufficiency.

- *“Just going in there and having that good relationship with her helped me, you know, want to do all the things that we needed to do to get to the next step.”*
- *“I knew that no matter what, when I talked to my counselors and everything, if I had a struggle, they’d help me and they always did.”*
- *“The interviewing skills, Work Success, I would say that has probably helped me out 100% where I am at now. Just support from the staff there. So, I walk in and I have been gone for almost a year and they still recognize me and remember me. They will come in and get food here (her work) and they love to see how well I’m doing. I still have the support even though I’m not on the financial or anything.”*
- *“I think the people there. Like, they give you high hopes. They give you positive thoughts. They make you hopeful.”*

- *“It was the very first guy that I talked to in there and to this day, he still remembers me by name and that makes me feel good. I just went in there and he helped me fill out the paper work. He always acknowledges me and remembers me. And he honestly makes me feel special going in there that I shouldn’t be ashamed or anything like that.”*

For some respondents, positive experiences stood out because they were juxtaposed by negative experiences they had endured. Some described their inconsistent interactions with workers as “hit or miss” or feeling they “got lucky” in being assigned to the helpful worker. Multiple respondents described being bounced around, or reassigned to numerous workers in the time they were engaged with DWS.

- *“I had the best caseworker. She was amazing. She was so positive, and so helpful. She was my best part. (It was) her attitude. I think when you walk in there sometimes they are not the most friendly, so I think that she just stood out because she was so nice. I was embarrassed to be there, and she was just so understanding and just so nice. She was awesome.”*
- *“I kinda got bumped around from caseworker to caseworker 3-4 times. By the time I got to my 4th one, she was probably the most understanding of all of my caseworkers and she was the one who got the financial assistance for school. She was the one who was the one who made me go, “thank you,” because I am trying so hard to do what I am supposed to do what I need to do but its self-deflating. She seemed to get the situation and go, “okay.” Because some others were just like, “You need to apply for this many jobs”. And I was like okay but I am trying to do this and I don’t want to apply for jobs that I am not going to take it because I am trying to do this. Help me do what I need to do. **She saw your end goal?** Yeah so that was good to have the right caseworker but I think it depends on the person.”*
- *“He was beneficial and just his personality type was a little bit easier to work with, just nicer, less harsh, less kind of accusatory, just polite.”*
- *“... He was the kindest most helpful person ever. Not all of them are like that.”*
- *“...I don’t have a lot of good things to say about them. My employment counselor was actually helpful-she would help. It was clear her goal was to help rather than to find a way to deny benefits.”*
- *“Throughout the year it hasn’t. The counselors I’ve had haven’t been overly helpful. They have kind of been hit and miss. I kind of feel like I got shuffled over to this other office I went down there for an appointment and the lady wasn’t even there one day. I just felt like I wasn’t really supported. Then I got this new counselor, although she hasn’t been there as long she has been more on the ball. I feel like she doesn’t have all the answers but she tries to help me. So, I haven’t really felt a lot of support all year until this last couple of months. She has been the most helpful since coming to DWS. “*
- *“The one employment counselor me and my ex-husband had was really good. She followed through, she was understanding, she understood what programs and what to help with what, but since then just difficult trying to get a hold of anybody.”*

Some discussed how training, education and employment skills for the current job market made them more competitive prospective employees. Of these respondents, many felt they could better represent themselves, were more marketable to employers, and more prepared and confident in their resumes and interviews. In turn, many also attributed the building of these skills to landing a job or advancing their employment. Access to jobs through job searching skills, and resources such as job boards, job fairs, computers to use for job searching, and networking were also helpful. Work Success was frequently named as the vehicle for gaining the aforementioned skills and knowledge.

- *“The most helpful part for me was actually them helping for me to get my CDL. That was the most helpful part because that gave me more opportunities then what I would have had. Yeah, I have my high school diploma and yeah, I have some work related stuff, but I sure didn’t have,*

(work experience). You know, they want to know what experience you have. Well, I don't have any experience. They are all like - we don't want you."

- *"Getting my GED. **How has that impacted you?** Made everything possible that I'm doing now cause I wouldn't have been able to get this job and do what I'm doing."*
- *"It helped me get my confidence that I could go back to work force and get a job and-it was a step by step for how you get back into the work force and to know that I am doing it. Because of them I do have a job."*
- *"Getting my resume together and learning the online tools that's on there. These are things I can hold onto - how to fill out the paperwork properly and how to make yourself look. So instead of the bottom of the pile put yourself on the top of the pile."*
- *"The Work Success class I took. That was probably the best part. They helped me get the interview. Taught me how to do it. I don't think I would have been able to find the job if I hadn't have been there. I wouldn't have known how to go about it. They helped make my resume look professional and nice. Went over interview questions so I was comfortable in an interview. I don't think I would have done as well without that."*
- *"Work success. That is the best. It has helped me so much. I know what to be prepared for in an interview. Like, I went to the interview and no one was professionally dressed or had a portfolio and I was looking at them like DWS really helped. **You really saw a difference?** Oh yes, and I knew how to interview perfectly and I was confident in myself."*
- *"Probably, their resume workshop, when you do the resume and stuff. Cause most of the jobs that I apply for now they ask for one and stuff. And I was completely lost when it came to that and now I know how to do it and it's very helpful. I've gotten a couple of jobs thanks to it now."*

Question 2: What else do you think DWS could have done as you started assistance that would have been more helpful?

When responding to this question, just over one quarter of respondents reported they had a positive experience with DWS, and did not provide any suggestions to improve services. Another 8% of responses were neither positive, nor negative and did not provide suggestions. Combined, these groups comprised over one third of all responses.

For those with suggestions for improvement, the responses generally reflected the opposite of the aforementioned helpful factors. Common themes to improve the *helpfulness* of DWS included improving workers' interpersonal skills, streamlining and improving the case management process, and addressing issues within the process that create barriers to receiving benefits (and thus meeting basic needs).

Of all suggestions, better interpersonal skills among workers and improving case manager interactions were most commonly requested. These responses emphasized a need for an individual approach to case management, and treating customers with dignity and respect as a standard of care. A common request was for the worker to understand each customer's individual needs, situation and circumstances, and providing information about applicable resources and programs accordingly. This includes explaining programs, requirements, and processes at an appropriate level for the customer to fully understand important material (e.g., slow the process down, avoid flooding with information, explain at language level that matches customer's education, comprehension, consider customer's current knowledge of DWS programs and fill in the gaps).

- *"They could have explained a lot more of their programs better to me. To me they could have let me know that okay you've got this for an option and this for an option, not just this one specific thing and if you don't do it then basically we don't know what to tell you."*

- *Probably gave me more insight of what everything is and what it means. Like I said when I first started I had no idea there was even cash assistance, let alone what it was all about, how long it goes for and what happens."*
- *"I think they should had focused on me more as a person instead of just another number."*
- *"Having more personable interviews so that, um, we wouldn't have, so that we would know exactly what's available to us, for each individual situation, not having to call into an office and get a different person each time, so having someone who you are cased one-on-one."*
- *"I think there should be an interpretation of the needs. There are rules and things that you need to qualify to get the benefit and I understand that. But there are situations that we as humans should understand that you know, that there is a way to solve the problem. Not, "If you are not this, if you are not that, you don't qualify." Because you are missing someone who really needs the opportunity."*
- *"Just to try and take your guidelines and still apply them on a case-by-case basis and go with the spirit of the law more than the letter of the law so to speak."*
- *"Maybe have more resources for families who are in extenuating circumstances, because we're not all just the same cookie-cutter. You know, there are just different circumstances."*
- *"Have nicer personnel. That was the big barrier with me - I couldn't wait to get away from them because the counselor they put me with was a real jerk. He was judgmental I thought."*
- *"The biggest thing I think with DWS is compassion. I mean they treat you there like you are trying to cheat them-you're not willing to work-it doesn't matter who you are they treat everyone that way. They make you feel awful for having to use assistance."*
- *"Every person has their own story and I understand that an entity like that has to have a baseline requirement - it felt like I was being treated as a liar and criminal. It was a very shameful process for me because I try and be above the board - I've been so honest before that it has cost me greatly. I feel dirty going in there to ask for some help."*

Other communication improvements included having more or better access and availability to case managers, improving promptness of returning of calls and emails, and sending the overall message that the worker is there to be a support to the customer. Being kind and willing to work with customers to get the best outcomes, and increasing case worker professionalism (timeliness, organization of paperwork, case management competence, respectful of the customer's time, confidentiality, etc.) were suggested.

- *"I felt like she didn't listen to me. Ever. The one now, she's just kinda a flake. The one that did my orientation, she was 40 minutes late to that, she was 40 minutes late to our first meeting, and she was late to every other one. I mean that is disrespectful. I am a single mom with no car. If I can be on time, how is it so hard for you to walk downstairs on time, you know? I just feel like it is lack of respect. Like, you don't care. My time is not important to you. I could be out job searching, and I'm sitting here."*
- *"Having access to the person who is assigned to your case would be I think beneficial so that you feel you aren't just a case number and that you are a person and um you know understand there are protocols and limitations to the benefits that are available, it still would be nice to be able to have access to the person who knows your name and not can I get your case number kind of thing."*
- *"Talking to people. That would have been really helpful, being able to go in and talk to my caseworker and help me understand the ins and outs and how to make it work so that I didn't have any - that there weren't any loop holes, so I knew exactly what was expected of me and what I needed to get done."*
- *"I got bossed around a lot, I didn't even get to do the work program because they were too busy throwing me around with different people. And every time I met with new people I had to start all over again. So I didn't really benefit from the program out there."*

- *“The first appointment I had with a counselor was bad-I was trying to get my son to school and take care of his emotional issues and the only appointment they had was in the morning. I didn’t have a car and would have to take a couple of buses to get there. It just felt overwhelming and all the counselor told me was “Oh you can do it.”*
- *“Just being more understanding and stuff-instead of all the forms-I was so overwhelmed and it was more stress.”*
- *“She was so set, bound and determined that I get a job and not listening to my whole what the heck was going on with my health. Then she wasn’t hearing me with what I needed. Then they transferred her and then I got lost. They could have been more personable. They didn’t find out why I wasn’t working.”*

Some recommended providing support in addressing customer-driven goals such as obtaining education and becoming more competitive in the workforce through training and building employment skills. Respondents felt that long term employment goals would have been more accessible and obtainable had they have been given the chance to build a stronger employment foundation. Additionally, some suggested improving work supports like childcare and transportation assistance during job searching and preparing for employment.

- *“Probably put me through school because if they would have more of a school program, send people to school and get them an education, they wouldn’t keep coming back for assistance.”*
- *“Helping more with education and helping people out of the cycle and giving them more opportunities. Making it better. I mean nothing is ever easy, but education and training is really critical to help people out of the cycle and also just looking at other people, I think mental health is really important. I’m really grateful for the domestic violence counseling I received through DWS, I’m very grateful for that.”*
- *“I felt like DWS just gave me a bunch of rules and boundaries but didn’t really give me anyway to achieve the goals or get to where I wanted to be. It felt like a bunch or rules but nothing to move you along the path to get to the goal. To have a job where you can make enough money to where you can support your family then you’ve gotta have enough schooling to be able to accomplish that. And so I feel like the difference between VocRehab and DWS was that VocRehab gave me what I needed to get to a better place and not just well here’s what we require you to do and we require you to do these many things. They were missing a component. Because you need the things that DWS provides but then they don’t have a way to actually get you to the goals. Does that make any sense? They don’t give any schooling, you gotta have schooling to have training to then get a better job.”*
- *“Would have been nice to have had the schooling, you know, the schooling even while I was pregnant because then, you know, I could have finished by the time my son was born and I could have gotten the child care I need, gotten the job..whatever.. It didn’t quite work out that way. **When you first applied did they offer school assistance to you? No. Did you know that that resource was available? No, they just had me looking for jobs. I didn’t even know the whole schooling option was there. It was just oh you have to look for a job, I was like okay.”***

Systemic changes to DWS and its programs were also mentioned by a small but noteworthy group. These changes included increasing the cash assistance amount to reflect a livable amount, changing the structure of ending cash assistance where DWS tapered off the amount more gradually, taking preventative measures to avoid miscommunications that lead to case closures, improving the content, timeliness and method of notifications, and making the paperwork and process easier. By addressing these issues and creating more opportunities for worker and customer success, many barriers to self-sufficiency, feeling “stuck,” or slipping through the cracks would be lifted.

- *“I think it’s just realizing, I don’t want to call it a trap because it is a great program, but sometimes it is, and just being motivated to get out of that “trap.” Not that that’s what it is*

intended to be... **Tell me more about the trap...**...because you can't ease your way out of it. It's really difficult like in the past I would get a job that would pay be \$700 or \$800 a month on top of my husband's salary which was more than minimum wage, but it was still not a living wage for a family. And if I took a raise that was too high or took on more hours, I would lose \$1000 for day care, which doesn't add up which makes it really difficult. And then if I lose my day care I lose that \$700 or \$800 in income and that's how it becomes a trap and I don't think it is intentional, but it's just what happens."

- "Made it a little easier for the process. Like sometimes the amount of paperwork they want is astronomical."
- "If they (DWS) see you saving a certain amount of money, they take away your benefits. They don't even consider the fact that maybe you're saving it for your kids college funds. And if my kids don't have to pay for college, if my kids go to college, then they won't need government assistance."
- "You had to have 40 hours of job search and you can only credit yourself with so much time on an application. So, 40 hours of job searching and filling out applications is really like 80+ hours of job searching a week and it was ridiculous."
- "Sometimes getting somebody on the line is a huge pain and they don't really do email, at least not in my experience, so it was like, you're waiting on the line for like an hour, hour and a half."
- "if they had just been more flexible about hours and time and things like that to be able to keep enrolled in their program."
- "Once you do get a job, instead of just cutting you off on everything right off the bat at least give you a chance to get on your feet. Cause cutting a person off still throws them back."
- "I think there are some restrictions that don't make sense. Like the child care, I need the help. My parents could use the income, but I can't pay them. And since they are under the same roof (DWS) won't help, pay them. The other thing is I think it's a cliff. I think there should be a gradual weaning of benefits versus just a chopping block. Because then you are stuck thinking, I can't take this job that pays a little bit more because it doesn't pay enough or I can't, you have to fly out of it versus being able to step out of it [benefits] or you just forget about it and find some other way like food bank or churches and stuff like that."

Question 3: How do you feel you have become more self-sufficient since working with DWS?

When respondents were asked how they felt they had become more self-sufficient since they started working with DWS two years ago, almost one third (30.0%) talked about newly gained or increased income, assets and financial stability. These achievements were met through finding and maintaining employment, receiving a raise or promotion at work, a partner's increased income or a change in life circumstances that promoted stability such as gaining a partner (and having an additional income to support the family), being able to afford to buy a car that met needs of transportation, and the ability to consistently pay bills.

- "Just being able to provide for my family and having good paying job."
- "Finding more work, having a savings account, just slowly climbing up the ladder and acquiring more things to better myself. **Acquiring more things, like what kinds of things?** Vehicles, clothing, certain jobs need certain types of clothing, vehicles to get to jobs, a lot of employers won't hire you if you don't have a vehicle, and just that."
- "Just being able to do things on my own. In the last two years I've been able to get a house on my own- I've never had a house that was just mine. I've always lived with roommates, boyfriends, other people's houses, or my parents. So I have a place of my own, I have a steady job, I've always had a job in this last two years. And it's just I've really stepped up and been able to be my own person and support my child."

- *“Well I’ve had this job for a year, I’ve actually gone up in pay, so worries about financial stress has gone down.”*
- *“I do now have a car, my kids have clothes, um, they have food without my worrying about how I’m going to take care of it, and I have a job, that I’m actually able to make it to, having that transportation and the childcare in place.”*
- *“Yeah, I’ve been working a lot more steadily and making more money so I don’t - so I can give a lot more time to family stuff. Yeah, I mean, I pay my bills a lot more often. Yeah, I mean, just working more consistently, having a steadier job - one that’s not just \$7 or \$8 an hour has made it a lot easier to provide and be more independent and, I mean, I can buy things because we want them now and not just because we absolutely need them. I’ve taken her on a couple of vacations, so that’s nice, so. Yeah, I’ve been more of an independent adult.”*

A large group talked about specific skills gained that were the difference maker in becoming more self-sufficient. Employment skills (e.g. interviewing, resume writing), computer skills, additional work experience, job searching techniques and access to resources, and soft skills such as time management, problem solving, goal setting, follow through, etc., were some of the areas of development. Additionally, some respondents discussed life skills and lessons including financial planning skills (budgeting, prioritizing, how to stretch the dollar and make ends meet), and how to navigate various systems independently. Respondents expressed in building these foundational skills, employment marketability and opportunities improved, and once the income was there, respondents’ ability to manage their finances well improved their overall stability.

- *“They taught me how to get a job! Things have changed since I had to get a last job. People don’t do paper resumes anymore. I was able to learn how to go on a computer and learn those things. I needed help with that.”*
- *“I think I have more courage when it comes to finding work. I have more confidence than before in an interview. My resume is more appropriate now. There was a lot of very specific tools that helped me understand to work in an environment where it is competitive.”*
- *“I’ve put myself in a position with work where I’ve gotten... taken advantage of experiences and suggestions from my managers...**Awesome...** to the point where...when it’s.. a full-time supervision position becomes available, I’m a great candidate because I’ve already had the experience of supervisor work... **yeah...**and I’m, I’ve moved around I’ve been promoted enough to the point where it’s just a matter of time before I get promoted to that position where I’ll, I’ll be fully self-sufficient.”*
- *“Like I am more confident in interviews. I’m more confident on what I’m applying for. Some people go out to interviews not knowing anything. So it is good to talk about the company, ask questions about the company. It lets the interviewer know you are very interested and you know about it. So that is very important. I think before I use to just go and interview, stutter or wait to answer a question. Now, I’m asking more questions and stuff.”*
- *“I’m holding jobs longer and not relying on food stamps any more, It’s hard, but I’m doing it on my own and doing it day by day. **So keeping jobs longer, what’s been the change there, what has allowed you to do that?** I think because my resume was built so good, I’m getting jobs that I like more so now I’m staying longer.”*
- *“I’ve got a lot better with managing my money. I did okay before, but it’s gotten better. I am in charge of everything. I pay all the bills, I buy all the groceries, I pay everything, make sure we have what we need. I try to be more organized. My credit has come up a little bit. I’m taking care of things a little bit at a time.”*
- *“I have used what I have learned to get this far. I can see better now and do what I need to do better and grow. Application of lessons. **Are those life lessons?** Yeah. My fear of computers has been reduced somewhat. I still just really dislike them. What little money I do have, I don’t spend it frivolously anymore, I can see where it needs to go-a little bit better at budgeting. Being able to help my kids with their school work now better, because I have learned that*

process of how to actually help them. I've basically just learned how to really function without mom and dad. Now, that I know all this-I have the information to do it."

- *"I think part of being self- sufficient is being aware of the resources. And I did, I found a church nearby that had a food pantry and so like I supplemented that when I didn't have my food stamps, you know you have to do something. I haven't had a car payment because I chose to save money and buy a car because a car payment can be something that can-if you lose your job or get less hours you still have a car payment and I didn't want that."*
- *"Well, through all the training I received, it made me more self- sufficient. I was able to go out there and seek employment on my own and be more effective. **Your employment counselor helped you apply for your current job right?** Yeah that was the one I was interested in and told her. Then she put me there as a volunteer and that is how I started. There was a job opening and she knew someone there so she put me there as a volunteer and so I had all the qualifications for that job-so I applied at that time, you know like every job, some managers they won't hire the people that are applying because they already have somebody in mind. It worked, so that was great."*
- *"You just have to adjust things and when you have to cut back you cut back. When you have to go without-you go without-sometimes it's for a long time."*
- *"You know, since we met a couple years ago, I wasn't employed at that time because I just had surgery and was at home. But being stable with your job and being able to pay your bills I think is a good thing. It's a really big improvement for most people-a lot of people don't do it so, but I would say that."*

Another common indicator of self-sufficiency reported was a decreased need to receive support from others, primarily referring to public assistance, and money or resources provided by family, friends, and their church. The degree to which they were able to cut ties with outside support varied between respondents, however there is a common mentality that the less involvement with others to meet their needs, the better. For example, in the realm of public benefit use, getting to the point where only a single benefit was being received (e.g. SNAP benefits or health insurance) was perceived as a self-sufficiency victory.

- *"But I've been able to rely on myself more than rely on the state. That's the best way to put it."*
- *"Now, I am here to where I don't have to rely on roommates hoping they pay their part of the rent hoping they pay their part of the utilities. It's all me."*
- *"I got my degree (BS). I no longer live with family. I own my own home. I make enough money to provide every bit of the expense of the home and still have money for food and clothing - everything else he needs."*
- *"It's opened my eyes about working. It got me a job so we don't have to depend on one house income so that way I can actually feel in control of my own life, pay my own bills."*
- *"A lot. At first I was on Medicaid and food stamps and cash assistance and WIC. I think I was on almost all the programs and then now I'm just on child care. I think I'm very self-sufficient right now. Not all the way but I'm very self-sufficient."*
- *"I got a better paying job, I'm on my own, yes I'm on food stamps, yes I get child care benefits but other than that I do it on my own. I don't have somebody else paying my bills, I don't have somebody else coming in and helping me with my kids, it's me. I'm the one taking care of them, I'm the one providing for us, I'm the one that makes sure all the bills are paid."*

Importantly, in this group some expressed that certain support they received through DWS was necessary for their stability even while working, citing the extremely high costs of childcare, health insurance, and food. Similarly, many also expressed feeling unable to get ahead due to losing benefits after a slight income increases that left the respondent slightly above eligibility requirements, but well below a living income.

- *“I’ve...I’ve grown...employment wise. To the point where I don’t have to rely on getting food stamps or cash from them. The only thing I would say I need is medical, cause no one in their right mind can actually afford medical assistance unless they’re rich.”*
- *“I’m not receiving Food Stamps, WIC, or anything just the Medicaid and we have no other access to Medicaid or to any other insurance and we’ve looked into private health plans and stuff, and a lot of them we don’t qualify for or we don’t you know, we wouldn’t be able to afford.”*
- *“Well I feel that I was able to get a job, so that was huge and that just made me feel self-sufficient because I was providing for my family the best I could. At the time I still needed the assistance as far as like child care because there’s no way I could have afforded child care and the food stamps helped out a lot.”*
- *“Sometimes I feel a little discourage because I feel like, just as I feel like I’m getting ahead then they take more away and I guess I don’t understand how that works because I felt like oh yay I got a better job and my son’s working now and that’s working now and that’s gonna help cause he can get what he needs for himself like clothes and stuff but as soon as that happened... **They decreased your benefits?** Yeah they decreased it by over half and I was like oh no I’m just going to make enough to pay the rent, now I don’t have enough for food. So sometimes that’s discouraging.”*
- *“Well, it’s a tough question. When I received help, I was better off. Because when you start working, the help starts to go away, you know, like the food stamps. Sometimes it’s very difficult for me because I am single. The food is expensive, so sometimes it’s difficult to buy food for meals; I’m not able to cover all the costs.”*
- *“I guess the thing that does frustrate me with them is if I start getting ahead in work, they take stuff away so it’s a step backwards you know? It doesn’t help you get anywhere because they take everything away and you still don’t get away. It’s like you don’t earn enough yet to take over everything and they take everything away.”*
- *“I really haven’t. I mean DWS provide me food stamps, but once you get a job they don’t help you with food stamps so it’s really ridiculous, it’s like even when you have a job you still do need food assistance especially with the prices of groceries these days. It’s like, when you do have a job and you are making minimum wage like \$7.25 an hour and they find out you have a job, they reduce your \$200/month [food stamps] from not having a job at all worth of food stamps to offering you something ridiculous like \$19. What are you going to do with \$19 worth of food stamps in food? Seriously, it’s almost like a joke, it’s almost like an insult.”*

Gaining education and training was one of the ways that respondents were able or planned to bridge this gap.

- *“Well right now I’ve graduated from the school, my income has like tripled...and I’m not on assistance anymore. And I’m very proud of that. I’m glad it was there...but I’m, I’m glad that I, I’m doing it on my own now.”*
- *“School. **How did that help you?** Well, I was looking for a job and just the requirements people want now - I had such a gap in employment because I was a stay-at-home mom for so long. So many people are looking for jobs now that you aren’t looked at first if you didn’t have some kind of training or schooling.”*
- *“Well I feel good because when I came down here I was able to go to school and get my high school diploma. I know that’s going to help me. A lot of jobs you need to have a good education or a high school diploma.”*
- *“They helped me get my GED which is better because now I can get better jobs then I woulda had with no education.”*

A small group discussed an improvement to their mental health and emotional wellbeing as an important step, or result of their journey to becoming more self-sufficient. Addressing underlying mental health needs, as well as improved outlook and confidence were discussed.

- *"I'm so proud of myself for where I'm at right now. My self-confidence has turned around."*
- *"Before, at my first interview, I didn't even want to get up in the morning and go to work. I mean, I knew I had to, but I didn't want to. Now I want to get up, and I go into work early sometimes because I want to be there and make sure everything is okay. I found something that I like, and that I'm good at."*
- *"Well I think I've grown through just building confidence and having the support has made me realize you know, even if you're older you can do things."*
- *"I was going through a very huge transitional period. I was without a job for the first time, and almost all of my working life, my life is completely different- I've got a stable job, I have you know stable pay that comes in every week and I mean I love my job, I get along well with all my coworkers, my supervisors my manager, I love it. I love that feeling of being just... stable. Like not ever having to worry am I gonna have a job? Am I gonna have a place to stay? Can I pay my rent? I don't have to worry about that anymore."*
- *"Like, I am doing everything on my own now. Which I'm happy, I am proud because I am doing what I'm doing so it does mean something."*

There was a small portion of respondents reported they did not feel they had become any more self-sufficient in the last year, or they had become less self-sufficient (10.4%). Sometimes this was due to changes in life circumstances that resulted in set-backs, other times respondents felt self-sufficiency had been lacking throughout the two year period. In a few instances respondents felt intermediate steps towards self-sufficiency were not noteworthy and would not have anything to report until they reached their broader self-sufficiency goal (such as being completely off all public benefits).

- *"I wouldn't say I have. Financially I'm in the same place-trying to keep the bills paid and keep the lights on. I'm so close to being broke. I can only spend time working and don't have time because I use public transportation. Using public transportation makes a long day."*
- *"The loss of the car, when it broke down, it was more to fix it than what the car was worth, that was the biggest setback to any kind of independence or self-sufficiency."*
- *"In a way I feel like I've gone backwards just from being married and having you know, our place and his income and now it's just me on my own with no income."*
- *"I don't feel like I've become more self-sufficient. I feel like the last 5 years of my life have been a big back-slide."*
- *"To tell you the truth I don't think I've really improved at all. I feel like I've gotten worse."*
- *"Honestly I haven't. I mean I've looked for jobs and whenever I've gotten jobs I've told them I've had jobs, but like I said I didn't graduate high school so there is not a whole lot of options of jobs for me."*
- *"I don't feel I have at all because I'm not really that self-sufficient. **What do you mean by that?** I still have to depend on my husband. I don't make enough money to depend on myself and if something were to happen with him, it's always thrown in my face that I couldn't survive without him even though I know I could, it just would be rough."*
- *"I'd like to say that I have, but I haven't. **In any way?** I mean, I'm still on food stamps, I'm still on cash assistance. Right now, if I still had my job, I would be in a more comfortable position, but I don't so I completely rely on other people for everything right now."*
- *"I don't know if I feel like I am more self-sufficient but I feel like I am able to take better care of my family better than I would have on my own. So...I feel better about that but self-sufficient not so much."*

Question 4: *Since you were last interviewed, what has been your greatest accomplishment?*

The sense of personal accomplishment comes in many forms. Respondents listed many areas that provided their own personal sense of accomplishment. The most commonly mentioned areas included: employment, parenting, education, housing, finances, relationships, health, and sobriety. The “greatest” part of the accomplishment was often not the achievement itself but the way it made the person feel about themselves through the process. No matter the specific area, it was very common for respondents to identify something as a great accomplishment because of how that particular factor improved their capacity to be a good parent. With that in mind, the first area of accomplishment was just simply the children and all the pride they can give a parent.

- *“My daughter. She has grown so much right now that I think she is the greatest accomplishment that I have ever had. She is so smart and amazes me every day and sometimes I look at her and go “oh my gosh, you are mine” and realizes that I taught her that or you know, she does that because I showed her, or she picks up on that because I do. I think honestly she is the greatest accomplishment I have.”*
- *“I think every day is an accomplishment to me because my kids are healthy, they’re happy. I see smiles not frowns. We learn- they learn- well we both learn how life really is. So I think I accomplish something each and every day to tell you the truth.”*
- *“Being a mom, a great mom, being here for my kids.”*
- *“My kids. Everything about them. I love ‘em so much. Me raising them is my greatest accomplishment.”*

Others spoke proudly about their ability to provide for their kid(s) on their own by means of income, food, housing, clothing, activities, and nontangible things such as time, love, emotional support and instilling positive values. Respondents spoke about exceeding their own expectations of what they could do, and the positive impacts their accomplishments are having on their child(ren). For some this meant balancing multiple responsibilities (school, work, and parenting) and overcoming challenges that arose.

- *“Getting a job and supporting my kids on my own. Cause I know I’m a great mom you know, they’ll always look at me and say oh my mom did this for me you know.”*
- *“Probably having-making sure that we are a loving family. There is a lot of love in this house. That is my greatest accomplishment; that is what I am really proud of. We might get a little snag here or there with bills and we don’t have a lot okay, we don’t have brand new cars or furniture, but you know what-there is a lot of love in this house. My wife and I don’t fight, we don’t yell at each other. The boys are so happy, he’s like Tigger. So you know, greatest accomplishment is having a loving family.”*
- *“That I am able to keep food on the table for my kids and keep electricity on, pay the rent, and get them clothes.”*
- *“I think finally feeling like I can pay for things myself right now, probably evidenced by not having the food stamps anymore, and that I can go to the grocery store and, instead of being like, ‘I have this much in food stamps, let’s get a bunch of tuna fish and Ramen noodles and we’ll go up from there.’ But now I can say, ‘Yeah, we haven’t had hot dogs...,’ not that it’s that much better, but they love corn dogs and chicken nuggets, that I’m able to buy those things without worrying, ‘Okay, how much do we have left? If we do this, I still have two more weeks before the next food stamp. How much can I then take away from my paycheck?’ It’s just worry-free shopping now.”*
- *“My greatest accomplishment is I can still do it by myself with kids. I mean, cuz that was my fear last time was that I wouldn’t be able to take care of them, but I can. **What do you mean by ‘you can still do it’?** I am doing it on my own. **Like working and paying for things?** Yeah.”*

Like everything, yeah. They're getting what they need and there are clothes on their back and food in their stomachs."

- *"...I've noticed how smart they've gotten. How, I mean my son, he's 3 years old and he talks like he's 7. And I look at him, and I'm like, oh my gosh, I'm doing a good job...I've noticed that teaching them has been a lot, cause she teaches him, and then you get to see them grow and huh it's pretty awesome."*
- *"I am back in school, still working- and still have time to spend with my daughter and take her to activities she wants to do. Balancing that."*
- *"Probably getting the crossing guard job. Even though it's small it's enough that it does give us that extra money that my kids can do little things - little extra things."*

About a quarter of respondents discussed aspects of employment as their greatest accomplishment. This included getting a job, maintaining a job, or progressing within employment. For a small portion it was *only* the monetary aspect that stood out. For most however, the positive feelings and experiences related to their job were at the core of their responses and the income was only a small piece of their success. Examples of these feelings included confidence and pride in oneself, personal achievements within the workplace, exceeding perceived employment limits or employment history, and simply experiencing success.

- *"Holding a job. Holding a job is definitely one of my biggest accomplishments because I had a hard time holding a job. I was bouncing from job to job. For me to say I actually worked the last year the whole entire year, is a great feeling for me because I now realize that you are never going to get anywhere doing that."*
- *"Probably just getting my job and being able to support my son and being able to support us both without the help of others, really..."*
- *"Working longer than a month. Yes that is my biggest accomplishment... It just made me self-sufficient-more self-sufficient so I don't have to be on cash assistance or use the state money to get a babysitter. It is nice to get money and pay my bills. So that is a huge thing and I feel it is a huge relief."*
- *"Just ahh, really honestly is getting back to work. Just makes me feel better about myself. You know, just being the man of the house and not... when I wasn't (working) I just didn't feel like I was providing for my family, doing what I should be doing as a father and a husband. Now that I am, it gives me more ground to stand on teaching my kids good attributes about working, work ethic."*
- *"Excelling in my position at work. I got a \$7.00 raise within two years, so that is amazing for me. It's my job, that's my biggest accomplishment. I'm not expendable to the company, I'm very important to that company and I get reminded all the time. I love it."*
- *"Getting 'Employee of the Month' at work - that really lifted my spirits. I have never been recognized in a job for doing so good.. It just felt great!"*
- *"My promotion. That felt good. I felt like my effort was recognized and I didn't, you know, without, I was offered a pretty good raise...So that felt good, I think because other people recognized I did a good job."*
- *"Probably my job, like I- like the success I've had in it, and the opportunities I've had and then being able to move up so quickly, and then just havin' the motivation to continue to move up to where I want to be in the company."*
- *"Probably just being promoted at work. Yeah. Taking on the responsibilities of being a supervisor and actually doing it, not just sitting there and telling myself that I can't. Yeah, and with that, with making more money, I've been a better parent; that's an accomplishment too."*
- *"I guess it was my promotion. I've never been like a supervisor or anything, it's like the first time. I'm making more money than I ever had. It's not like I'm rich but it feels better to make more money."*

Education was a domain that was discussed by respondents. Obtaining degrees or certifications, hitting milestones and reaching educational goals were reflected. For many, reaching educational goals took perseverance, commitment, and hard work which were reflected upon with pride. Some respondents identified their children's' educational success as personal victories for themselves.

- *"Finishing school. With my girls right there. So they can see what it actually feels to accomplish something and there was a lot of restless night, you know, a lot of frustrating and a lot of lack of sleep, but you know that was my greatest thing."*
- *"I finished my degree even though they wanted me to stop. It took me 7 years and there never was a separation between semesters, and that is really hard as a single mom. I also went through a divorce at that time and a lot of emotional trauma. I was still able to finish school, even through homelessness. I was still in school even when we were jumping from household to household."*
- *"Being able to have my son graduate was huge and to be able to give him the support he needed and he got straight A's and built up his self-confidence and he's just continuing to grow in that direction."*
- *"Staying in school and continuing to balance my life."*

A smaller, but still notable group discussed improving their housing situation as the greatest success for the year, usually discussing their experience in having stable, affordable housing. The underlying theme for a majority of respondents was that housing was an indicator of greater independence, responsibility, and stability that had been established by the respondent.

- *"Keeping this house for that long, I was in a really bad transitional period before that, especially right after my accident and like job things, this and that, I was moving around a lot. Relying on certain other people to give me a place to live, old friends and stuff like that. So keeping this house for as long as I have is a really big thing, my son needed some stability you know."*
- *"Getting into a house again. Because I feel like I'm moving forward and I'm not staying in the same place. Moving forward in creating a better place for my kids and a better place for us and for my grandkids for my family."*
- *"Probably, I don't know, probably just a stable home, you know, since I've been all over the place and stuff, I just think being more stable and having somewhere to rest my head."*
- *"Being able to be independent on my own without having a lot of help from a lot of people. And just helping support my family be there for me. Get on my feet, getting on my feet, getting my own place and getting my own job. I never thought I would do it. I was so used to being taken care, I'd always have people who'd take care of me like boyfriends and I lived with my mom for a while. And everyone was kinda like you would never be able to live on your own so now that I am I'm like Ahh, what now!"*
- *"My apartment. Because it's putting a roof over my son's head and he's had a stable place to stay for the past year and a half. That's a pretty big accomplishment you know, keeping it. It's not burnt down yet."*

Some responses were related to finances such as increasing or securing income, learning new financial skills, addressing debt and paying bills and living expenses were also reported. Consistent with the other domains above, responses present markers of broader self-sufficiency and personal growth. Budgeting, paying bills on time, saving, and making efforts to improve or build credit were also tied to leaving public benefits and not relying on others to make ends meet.

- *"Greatest Accomplishment? Being more stable. Not living paycheck to paycheck, pinching pennies, being able to have that little bit of extra for anything fun if my daughter wants to go do something, or if I want to go out and have mom time."*

- *“Being able to pay bills. We haven’t had to go and ask for help. We have been able to do it on our own.”*
- *“Probably that I was able to support my daughter and myself, like, alone when it was just us here for the past year. I just am glad I didn’t have to go to like a church or outside resources...It felt good knowing I didn’t have to go out and ask family members for help or anything, that I could just pay the bills and stuff.”*
- *“We got to go to Sea World. I had money to do that. I could afford to take a week off of work and take my kids to Sea World. Paid all in cash - no credit. A product of my savings.”*
- *“Well, not getting the cash assistance I was getting and having a job. Because getting cash assistance from DWS I felt like I was depending on someone, so I feel better depending on myself; I feel more proud that way.”*

Additional accomplishments mentioned include positive familial and partner relationships (including getting away from unhealthy or abusive relationships), improvements to physical and mental health (living healthier lifestyles, addressing or coping with mental and physical health needs through counseling, medication, and appropriate medical care), and for a handful, reaching and maintaining sobriety.

Notably, beyond the specific areas brought up by respondents, analysis shed light on *why* responses were given, and the underlying subthemes across areas of accomplishment. Building independence and stability were at the root of many responses. Respondents were gratified by their ability to contribute to their family’s overarching self-sufficiency by bridging gaps and overcoming barriers. Importantly, these hurdles were not only related to financial need, but also in fulfilling their role as a parent. Generally, in reflecting on greatest accomplishments, the intrinsic feelings and personal growth tied to their accomplishment were considered the most valuable part of their success.

Question 5: *Since you were last interviewed, what has been the greatest area of challenge or struggle?*

As might be expected, the issues reported as “greatest area of struggle” often mirrored the exact opposite of the areas of greatest accomplishment. Some also found that the same response worked well for both questions, while not a consistent trend, this did occur periodically. Many responses were complex and layered, reflecting interconnected domains and the growing pains experienced as a result of changing life circumstances. It was only a very small group who, in the end, could identify no area of challenge or struggle in the past year.

These circumstances often had to do with the need to juggle and balance multiple things. Such struggles are magnified when there is little to no social support available. Approximately 20% of respondents explicitly reported a struggle with adjusting to specific circumstances, experiences, losses, adoption of new roles, and adaptation to new paradigms and outlooks on life. Many more implied an adjustment struggle, but did not specifically name it as such.

- *“Trying to find a balance between mom and work. Because you want to do a good job and it takes so much effort as a teacher but first and foremost, (being a) mom is the most important to me and I want my kids to know they are the most important to me. It is finding that balance. It’s just tricky.”*
- *“I would say being a full time mom and a full time employee. Balance is hard to find at times cause I give so much at work - sometimes I come home and I don’t have any energy, but I still have to cook and clean and bathe him and play with him. You know, read to him and sometimes I don’t have it and just finding the balance. So my son is not losing anything and my job’s not losing anything. Balance.”*

- *"The only thing I can think of is, exhaustion. That has been the worst is the go, go, go, never stop ever. I mean I live with it so it's not a problem. I haven't had too many struggles. But the constant get up take kids, go to school, get kids, homework, get dinner, work weekends. But it's not so bad. It has taken years to get used to but it's not so bad."*
- *"Working full-time and going to school full-time and then being a single mom and it's graduate work as opposed to undergraduate work - that's a whole different ball game, just trying to find the balance between that."*
- *"Just probably dealing with everything I have to do and having so much and taking care of it one at a time. Everything that I haven't taken care of-I am just struggling with. Like working, getting her everything that I want to get her (daughter) and she needs, trying to get a car, and like taking school-finishing school. Taking care of all those things. Like everything I need to do is a struggle. Mostly just childcare."*
- *"Money issues. An unexpected bill comes along and you have to decide which one is more important, bills or your kids. I know I had that situation just like a month ago."*
- *"Coming to a new place and starting out fresh without really anything. I don't know anybody, or have anybody to help me out."*

Adjustment struggles were manifest in many ways including interpersonal distress (anxiety, depression, fatigue, feeling overwhelmed, experiences of constant worry, etc.), stalled personal growth or an inability to move forward with life, strained relationships, lack of stability or sense of control of a situation, inability to meet basic needs, and lack of safety.

- *"Surviving on the money that we have. Living off of \$720 a month. It's hard. It puts a lot of stress on us, a lot of stress."*
- *"I feel like I'm stuck in a rut. And I feel like I've been stuck in a rut for a while now. We're doing fine, you know, for the most part, but it's just like, I'm kind of stuck. I'm not making any real progress."*
- *"I would probably say, not being able to move forward more like I would like to. I mean like, paying off-get my divorce done, you know what I mean. It's just hanging there. Not being able to move forward-not having the money to get the schooling that I need to get a degree and move up. That is a struggle. Because it stops that giving to your family."*
- *"Managing stress and depression. At times, the stress has overwhelmed me to where I couldn't think about anything else."*
- *"I didn't know it would be so hard cause I was married 7 years before, so I didn't know that it was going to be so hard. They cry for their dad and it's sad cause we don't know how to get a hold of him. That was the challenge, but we made it over that hill."*

Both ongoing issues (consistently unmet needs, chronic health and mental health issues, continued struggles with employment or finances, etc.) as well as single significant life events (death or loss of a loved one, accidents, sudden or unexpected blows to stability, etc.) were reported.

- *"My financial situation. And child care and stuff like that. It all comes down to the same thing every time."*
- *"Myself, I'm more harder on myself than I need to be. I want to just get back on my feet and get everything back together. But it's not happen as fast and sometimes I get on myself a little harder. I know it's going to take time, everything happens for a reason. The biggest challenge right now is just getting back on my feet."*
- *"Losing my dad. That was my biggest struggle so. He was my best friend, so that was my biggest struggle."*
- *"Trying to go on without my mom. She'd always be here with my health. So going on without my mom is really hard. I just want to curl up in a ball, but I have to do it for my boys."*

- *“My car accident and dealing with the physical and mental - trying to get my memory back and things like that. I had what they call amnesia - I will lose chunks of every single day and I don’t remember some of the days following my accident. Stuff like that.”*

Some respondents reported coping with these challenges through building capacities of self-discipline, responsibility, independent living, ability to prioritize, decision making, finding a balance between life’s demands, and looking for silver linings in their situation.

- *“Probably that same thing, learning to take responsibility and making a conscious change and awareness to actually try to change the bad parts to make it better.”*
- *“Just, one thing after another. Trying to stay positive I guess and working through everything and knowing everything’s gonna be okay.”*
- *“My relationship. It’s still hard but it forced me into a better spot in life I think so. It was a challenge but I’ve overcome it, like I’ve come a long way from it.”*
- *“Trying to look at the upside of things, trying to see the positive.”*
- *“Accepting certain things in my life. That things are probably never going to be easy again.”*

Themes also emerged about the specific domains of struggle. The area of parenting was most commonly reported in both greatest accomplishments, and greatest struggles. Nearly one quarter of responses spoke of the challenges of parenting, including being a single parent, managing behaviors of children, coping with high stress levels due to being a parent, dealing with child custody issues, affording child care costs, and finding appropriate care for their children.

- *“Raising my kids on my own. Being a single parent. Even though their dads are around they are not - know what I mean. It is still on me. I am the main provider. They don’t worry if they have a roof over their head, I have to worry. Know what I mean. They may buy them diapers - that is on a good day - but me. I am the mom, I’m the dad.”*
- *“He still misses his dad. And you know him wanting dad and feeling that you know as a mom I’m not enough. Just kind of lack like I lack the parenting skills that but I don’t know I think as a single parent you deal with it a lot more because you really are trying to make up for a whole other being missing in this child’s life. And it misses out in so many ways, and they know it.”*
- *“Raising my kids. **What part of it?** Raising them in general. Controlling them, playing referee, they’re always fighting. Making sure they go to school, and just being there for them, I guess.”*
- *“Being a positive role model for my children. When they were small and couldn’t move very much I thought I was doing great, but now they’re wild and crazy and it’s harder to keep my patients with them.”*
- *“Childcare. That’s always my big struggle.”*
- *“Childcare, I guess. It was a really big issue. My mom actually changed her work schedule at her job, which she’s been at for like 7 years, to help me since I work nights.”*
- *“Childcare because it’s not that easy to find a good babysitter and my situation is that when we were growing up we were close to friends and family. If we ever needed a babysitter we could go to that. Here, I have family, but I don’t really talk to them so it’s kinda difficult to let my daughter go with just anybody. I’ve seen a lot of stuff about babysitters who watch kids and that scares me to put my child in a childcare.”*

Finances were also a prevalent challenge for respondents. This included not being able to pay all the bills, pay off debt, afford divorce fees, budgeting, and affording specific family circumstances. Financial struggles also represented the broader theme of an inability to meet the basic needs of their family, “make ends meet,” or take necessary steps to reach stability and financial security. Housing issues were a large predictor of overall financial stability, where challenges of multi-family living spaces, affordable housing, frequent relocations, and homelessness were reported. Broader

finance related themes were also laced throughout responses across domains referencing an unmet need for food, healthcare, shelter, and making a wage that supports the basic cost of living.

- *“Just getting out of financial situation that we were in after two years of not working. That was, that was tough. In the beginning, there didn’t seem like there was an end in sight and now were back to where you know we should be. And that right there is, that’s huge. I mean financial stress on the family is probably the worst thing that anybody can have. And I think being able to get out of that was...financially...that was the biggest challenge.”*
- *“Probably just the financial side, yeah. I think everything else is a lot better so I think it’s just financial side of things. Always thinking about how are we going to make this bill get paid and all of this kinda takes away from family time. You know mentally you’re not thinking about what you’re doing at the time. It’s bills, bills, bills, bills, bills.”*
- *“Just figuring out the future financially. Where I’m going to, how I’m going to get there. The debate on do I want to go back to work, and leave my kids in daycare, or do I suck it up and deal with not having as much money as I’d like to.”*
- *“I would say my housing and financial situation, not having a job. Not having a stable place to live is kinda hard when you have a kid, and not having a job is even harder because you can’t really get a place without a job.”*
- *“When I lost my job, I had nothing. I had struggles with food for him and me- so whatever we had I mostly fed him cause he was so little I could go without food.”*
- *“Stability. I want to have my own home, I want her to have her own home. My own house.”*
- *“Finding my own place - housing. **Why is that a struggle?** Because I can’t seem to make enough to pay for rent - all by myself.”*
- *“Hard on me? From last interview? It was a little bit of everything from my last interview. I didn’t have any Medicaid. Sometime I didn’t have enough money to buy medication and provide some food for me and the boys. Just a little bit of everything, but right now, like I said, I feel improving right now. Hopefully it’ll stay that way, keep on going.”*
- *“Paying off debt, old bills. It’s something that you have to pay that isn’t benefitting me right now. It’s like throwing money away.”*

Health and mental health issues were also reported by respondents at a high rate. Comments related to health and mental health included symptoms and coping with physical and mental health problems, the struggle of meeting the needs of a dependent or partner with poor health, and lack of access to health care.

- *“Mental health, all my problems- PTSD, Anxiety, Panic- all of it.”*
- *“Right now it’s the insurance. But, my daughter, my daughter’s ADHD and her behavior, and just, yeah. It’s, it all comes down to insurance. Cause I need, I need medication for her, and I need counseling back.”*
- *“My son’s health. We don’t know if he is going to have a seizure from one day to the next. It is a roller coaster right now. That’s the greatest barrier right now, his health. I don’t know if I’m going to get a call from the hospital or not, telling me that my baby had another seizure.”*
- *“Health issues between me and the wife. She’s had a lot, I’ve had some and they both affect everything. Whether it’s somebody to watch the kids while she goes to the doctor, or we gotta come up with \$2000 for a tooth to get pulled, or something to that effect...”*

Employment issues also arose, where respondents spoke of the difficulties of having sufficient work hours, making enough money, finding reliable and consistent jobs, and developing necessary soft skills for a job. Most often the soft skills reported were “people skills;” the ability to get along with supervisors and coworkers, appropriate interactions with customers, and holding down a job even when faced with adversity from the employer or other life circumstances.

- *“Trying to really find a full time employment. I have like last year I think I had anywhere from 6-8 jobs last year. And majority of them were the temp agencies-2 of the jobs ended because they were only month long jobs. I want to find something that is guaranteed.”*
- *“Working, because I don’t have an education, so you know, people frown upon that and don’t want to hire your without experience, so like everything on my resume is no good. So, it’s just looking for a better job with a crappy resume, you know?”*
- *“Being able to have a job that provides all my needs. It has been part time work and that has been rough. But I have still kept my job.”*
- *“Just keeping that job. It’s not difficult, it has just been my goal to keep the job, maintain my job, maintain my home, family. **You feel like it has challenged you this year?** Oh yeah. From moving from job to job and not having anything and moving home to home, it is a challenge. **To keep it all now?** Yeah to keep it all now, it is still a challenge every day.”*
- *“I hate when people tell me to smile, I do not need to smile 24/7 and they always think that if I am not smiling, I am pissed off. You don’t have to smile to be happy. And I have been fired for not looking at people when they walk in the door.”*
- *“Jobs, you know, learning that you know you have to find another job before you get fired or quit from one.”*
- *“I have a hard time not quitting things. I have a hard time showing up. Showing up to work, showing up on time.”*
- *“Basically keeping a job that I like. That I like the management. **What’s been hard about that?** I don’t get along with management very well. If they treat me like crap I just kind of say, “See ya!”. **not gonna put up with that.** Yeah, cause I know I’m worth more than being yelled at and being talked down to. So if I’m talked down to, I yell about it- just kind of you’re not worth my time! I’m gonna find a place that is worth my time and they’ll pay me a whole lot more for it!”*

Some respondents spoke of relationship issues with a partner or family member. For example, relationship struggles that were reported included marriage, leaving a spouse/partner or abusive environments, interfacing and co-parenting with ex’s, blending and adjusting to new family dynamics, and dealing with strained relationships with their children and family members.

- *“Since we are a blended family, that is the biggest challenge. Just making sure there is a balance in this home and that each individual child is getting the individual time and attention they need and time with their individual parents. Making sure home is where they want to be even though sometimes they all hate each other and sometimes they are best friends. Just find that balance to where they blend together. I want it to be when they grow up they want to come back home to us. That is one of the biggest challenges-I don’t want them to hate me and I don’t want them to hate each other, “that is my wicked step-mother”.”*
- *“All the bills was a big problem for me. And besides that, the family-most of my children were sick and my grandchildren too. It created problems for me you know, like children and grandchildren fighting. I have to do it, but it was not something I have to spend my time only so that the children can be at their home.”*
- *“I just wanted to live on my own and stuff. Because I was living on my family at the time and we were always fighting fighting fighting and I wanted my own place to live.”*
- *“The ex’s and trying to make our family work. That’s been a big thing, just blending that family has been a really good thing.”*
- *“I’d say leaving my ex because I didn’t have anywhere to go, at all. I was in a hotel for like two weeks with my kids, my brothers, my mom. It was so hard. One day I was like, “I can’t do it no more.” I just got up, and got everything on my own.”*

Some participants discussed challenges because of difficulties with the legal system (i.e. criminal justice issues, incarceration), transportation issues, education, and problems with agencies and

systems such as DWS, DCFS. A very small group discussed their experience with substance abuse as their greatest struggle. This was sometimes personally experienced (e.g. maintaining sobriety, living with an addiction), or was experienced by a loved one and was a struggle of the respondent vicariously.

- *"I've had cars throughout the year they've just been bad cars. The first one had a lot of miles on it, broke down. Then I bought one that had a lot of miles on it...that was another trial and an error. So gaining transportation/losing transportation was difficult for me."*
- *"With my criminal history it has been kinda rough for me to be able to find a place, and be able to get assistance from housing. They denied me because of my criminal history."*
- *"When I was working graveyards I didn't really have time to do anything else. When I was off work I was either sleeping-trying to recuperate, I didn't have much time to go out looking for work. Then it goes back to the whole education. A lot of jobs want you to have a GED or high school diploma before they'll even look at your application."*
- *"Going to school. I need to get back to school. I really do. I want to start my education for these guys."*
- *"Dealing with the State, and court and everything like that. **Did they take the kids in the past year?** No. My kids have never got taken away from me. We just did this to keep these cats away from me. We're doing this to get DCFS gone. Because I could have kept my kids, but we're just trying to get DCFS off of my back."*
- *"Being single, not being with her dad, staying sober, keeping my job, just living life different, sober, it's different. So it's still a challenge, (it's) a lifestyle change, just how to cope with stressful things, or you know, how to reach out to different types of people and how to talk about things that you're really struggling with and that it's okay to still struggle, so I just plugged in to an AA group and my church groups and I still go to therapy with my after-care."*
- *"Staying clean, honestly."*
- *"Trying to get my divorce. Um, from my ex-because he is going from house to house doing drugs-he is an alcoholic. So that has been a big thing. That has been a big challenge-is-I am trying to find closure."*

DISCUSSION

The FEP Redesign Study of Utah was designed as a follow-up to the FEP 2006 Study. The main purposes of the study were to update the FEP customer profile and provide input on customer experiences of new programs and innovations of the FEP Redesign process and follow the cohort over two years to monitor outcomes over time. The data presented above reflects the final phase of a ten year project exploring the characteristics, attitudes, strengths and needs of FEP recipients and the impact of changes to Utah's FEP program on this population. These data provide valuable insights to help guide state leaders as the next set of FEP changes are designed and implemented.

In late fall 2011, approximately 6 months after all changes introduced by the FEP Redesign process had been fully implemented, the FEP Redesign Study of Utah was launched. Wave 1 of this study produced an initial snapshot of FEP recipients who entered FEP under the redesigned structure.

As in the FEP Study, Wave 1 introduced the "average" FEP recipient as someone very different than the stereotypical "welfare mom." The average FEP recipient is a white, 28 year old single mother (likely divorced) of two with a high school diploma (and likely some additional education or training) and a relatively strong work history. She came to seek welfare assistance after losing her own job or separating from another a spouse or partner who was helping make ends meet. It was only after accessing all other family and other personal supports that she turned to DWS. The typical recipient felt humiliated when seeking help and was very anxious to move off assistance. She looked to DWS for short term help to get back into work or to help her engage in activities (such as education or certification) which would help move her forward in the long run. Wave 3 data confirmed the initial findings and show that, on average, most study respondents used cash assistance for a very short time (average seven months) and moved off assistance.

Some find it difficult to believe that the profile just presented is a true picture of the typical welfare recipient in Utah. Certainly the FEP population is as diverse as any identified segment of our society. There are those who fit the traditional stereotypical welfare recipient to some degree. Yet, the data provide a strikingly consistent portrait of DWS customers over time, challenging the beliefs upon which many programs and policies are based.

The findings of Wave 1 were amazingly consistent with findings of the FEP study initiated in 2006. However, several significant differences were found, primarily in areas closely related to the great recession which occurred in the time between the studies. These differences included a larger portion of males, more long-term unemployment, more use of unemployment insurance, and in general a higher portion who entered FEP after having fallen from the middle class.

Many questions within the FEP 2006 and Redesign 2012 studies asked individuals to discuss access to resources for supporting the family. In the Redesign 2012 data, several findings point to shifts in available resources. As compared to the FEP 2006 cohort, Redesign 2012 respondents reported:

- an increase in those relying on family to provide housing at little or no cost;
- an increase in the proportion receiving cash assistance due to the loss of income support from a spouse or partner;
- an increase in the proportion receiving cash assistance due to the loss of income support from other family members;
- an increase in the reliance of financial support from family and religious groups;
- an increase in the exchange of goods and services between family members;
- an increase in those accessing community resources for basics like food and shelter;
- a jump from 1.6% to 6.0% in the portion of respondents in their third trimester with no other child in the home and were seeking assistance.

These examples reflect the realities of an economic downturn which affected a broad segment of the population. Individuals who previously would have been able to turn to family or friends for support in a period of financial crisis are not able to access this resource. Everyone was struggling.

At Wave 2 patterns of welfare use began to emerge as 68% of the study respondents received less than 6 months of assistance after the Wave 1 interview. Those who left cash assistance due to employment were very different from those who had received more months of assistance or those who had been sanctioned or cut from the roles due to other problem situations. Those closing due to problem situations (sanctioning, paperwork problems, and lack of DWS support) looked very much like respondents who had traditionally remained on cash assistance and had become long-term recipients, the hard-to-employ.

A new profile of long-term recipients began to emerge. This group had no more barriers to employment than others in the sample; however, their severe physical or mental health needs or the fact that they were in an approved educational program led to the extended stay. TANF policy, rather than level of need, became the primary predictor of long-term welfare receipt. This finding was identical to that of the original FEP study.

Wave 3 data provides an opportunity to test patterns observed at Wave 2 and determine whether positive trends were sustained over time. This discussion will summarize the final situation for Wave 3 participants, explore employment and cash assistance use patterns over time, evaluate the impact of FEP Redesign Changes, and reflect on the movement from FEP Redesign to FEP Refocus.

Study Respondents at Wave 3

Wave 3 data reflected a dramatic shift in the realities of study respondents two years after they first participated in the FEP Redesign Study. The outcomes for this cohort were very similar to those experienced by participants in the original FEP Study. As noted at Wave 1, many respondents initially opened a cash assistance case due to the unexpected loss of financial support. Now, most were returning to the level of self-sufficiency experienced prior to entry into cash assistance. Physical and mental health issues diminished, while the period without public cash assistance and the duration of current employment continued to grow. This general upward trajectory for a majority of respondents reflected steady improvement that came with being stable in enough areas of life to be able to look toward improvement versus mere survival.

In general, those identified as long-term recipients between Waves 1 and 2 also moved away from cash assistance. Those who had received extended benefits due to physical or mental health issues typically either improved or were granted Disability. There were also those who had been in school, finished their programs and moved into work. Only 10% of the sample remained as long-term recipients after two years.

As respondents reflected on the past 24 months, the most helpful part of working with DWS was re-stabilizing the family and receiving help securing basic resources. In the movement out of crisis participants appreciated the interpersonal skills of workers that meant so much in this time of desperation. There was also a sense that DWS provided actual tools and resources for securing employment. These new skills and abilities lead many people to experience personal accomplishments which brought a great sense of personal satisfaction. Just being able to provide for ones' family without the help of the state was a great source of pride.

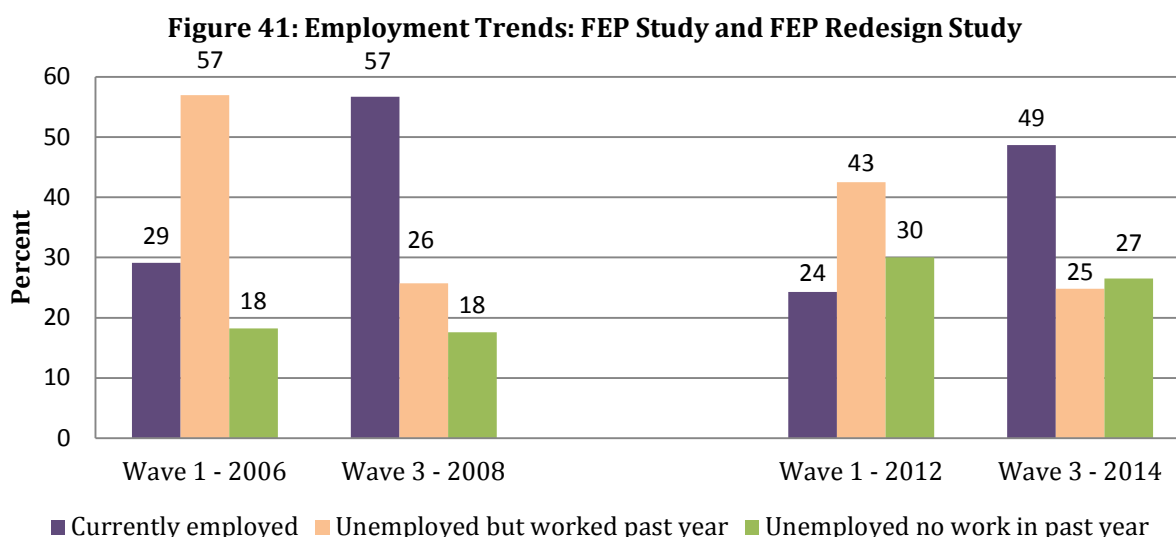
There were also some who reflected on the past two years as a growing experience that had helped them identify their own resiliency and expanded capacity to make it through the crisis to the other

side. They and their children were the beneficiaries of this new found stability and as parents this was viewed as a very important thing to provide for their children.

In one aspect, Wave 3 participants in the FEP Redesign study were doing somewhat better than those at Wave 3 in the original study. In FEP Redesign only 60 (7.9%) respondents were found to be “disconnected” that is, not receiving income from DWS, employment, or a family member or partner. Just over 19% of those in Wave 3 of the original study were found to be in this category. This finding suggests that there are fewer people left with no resources after leaving DWS. On the other hand, employment patterns did not show such positive results.

Employment Patterns Over Time

Employment is certainly one factor significantly impacted by the great recession. While employment rates nationally have improved (even more so in Utah) there are still significant numbers of people who have not been able to reattach to the labor market. This is true with the FEP population as well.



As shown in Figure 41, employment rates throughout the waves of the original FEP Study are significantly higher than found in the FEP Redesign Study. Not only were employment rates higher but the portion of participants who had been out of the job market for more than a year was originally much lower.

This trend in the study data reflects the current economic reality. While employment rates have improved for many, there are groups of people for whom the economy has not recovered well. This includes those who lost jobs in declining industries and workers who needed new skill development or additional education to compete for jobs. There are also workers with challenges such as special needs children, transportation and child care issues, and personal limitations. When the economy improved those without such challenges were the first back into the workforce, often leaving these others without a place in the renewed economy, a very frustrating position.

Most study participants want nothing more than to reconnect to the workforce. New programs and incentives have supported the idea that work pays. TANF benefits across all the states are not enough to bring a family above even half of the poverty line. Even when SNAP benefits are added families only rise to about 60% of poverty in 36 states (Lower-Basch, 2015). Respondents seek assistance from DWS for obtaining and retaining work that will provide the means to actually support their family. A large majority of families and children are raised out of poverty not by cash

assistance but by the EITC. This means tested government benefit supplements the incomes of low wage workers and is the most common way poor families raise out of poverty (Sherman, & Trisi, 2015). However, the instability of work hours, shift work, and low wages still challenge many workers and often undermine the best efforts at obtaining family sustaining work over time.

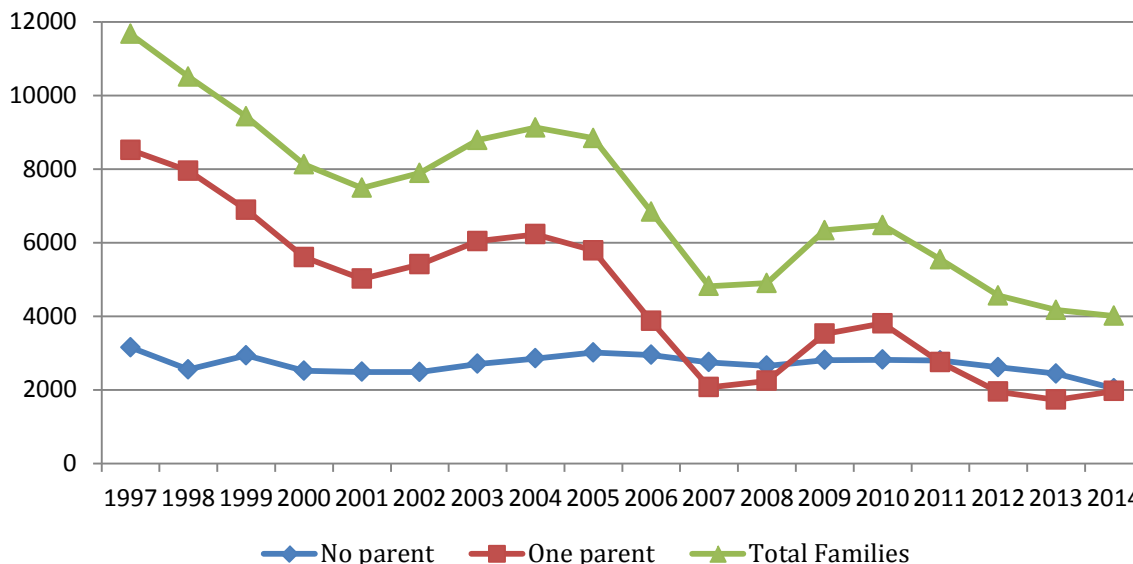
Welfare Use Over Time

There is a wide spread perception that most welfare recipients stay on cash assistance long-term, either for one continuous episode or for multiple cycles due to short term employment or a sanctioning process. Prior to this study, few would have imagined that at Wave 3, 74.2% of study respondents would have received no months of cash assistance between Waves 2 and 3. In addition, only 7.9% had returned to reopen the cash assistance portion of their case. These findings are nearly identical to the original FEP Study and suggest this is a typical usage pattern, not an exception to the rule.

The attitudes of respondents toward the use of cash assistance do support this usage pattern. Again, in both studies respondents consistently reported feelings of embarrassment, shame and humiliation over the need to seek assistance. These feelings toward receiving public benefits were heightened when participants experienced the program as treating them as “moochers,” or people trying to scam the system, defraud the government or just “chose not to participate.” Sometimes these perceptions were gleaned from their treatment by program workers but, most often it is the nature of the program and the way it is almost designed to “weed out” those who need it the most.

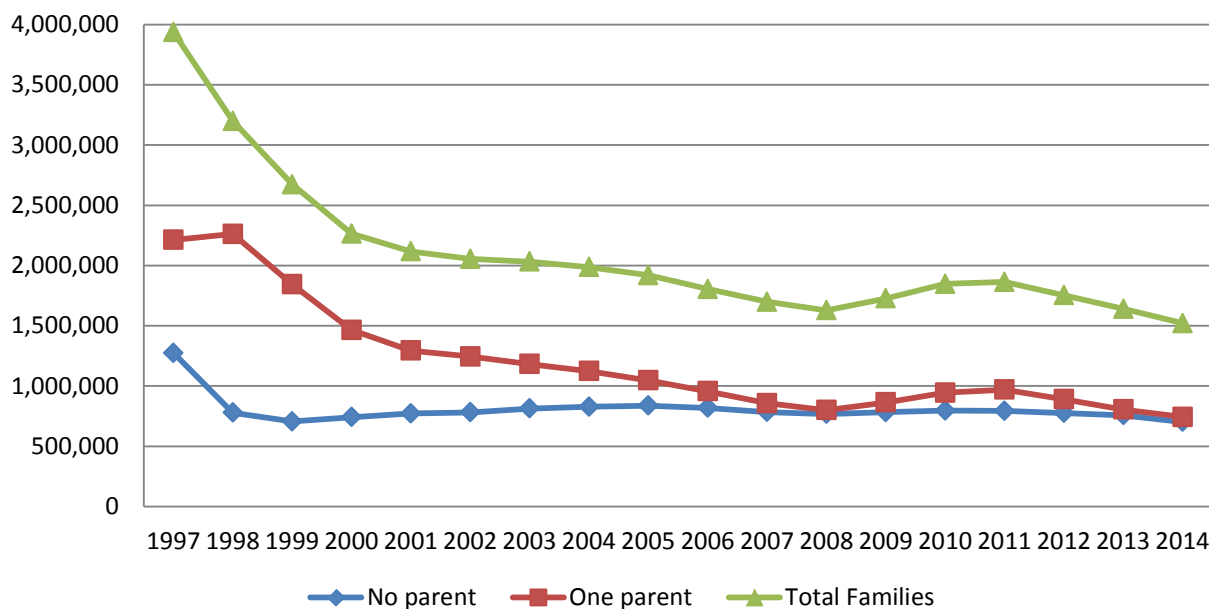
Over the past 20 years there have been dramatic changes in the rates of accessing public benefits. In Utah, the usage rate has dropped by more than 65% with the majority of change among single parent families as opposed to child only cases (See Figure 42 – TANF Caseload Data). At times the child only caseload had actually surpassed that of single parents.

Figure 42: Utah TANF Caseload Over Time



This dramatic reduction has not only occurred in Utah but is a nationwide trend with few exceptions (See Figure 43 – TANF Caseload Data). At least the Utah figures show some responsiveness of the program to the great recession. National figures were basically unchanged during this period of significant economic challenges.

Figure 43: U.S. TANF Caseload Over Time



In 2014, the average number of people receiving cash assistance per month was 3,406,751. This figure was comprised of 2,600,556 children and 806,195 adults (TANF Caseload Data). In 2014 the population of the U.S. was nearly 319,000,000 million people. This means that, on average, TANF benefits were received by just 1.1% of the U.S. population per month. At this same time nearly 7 million families were living in poverty.

Since the early years of welfare reform these figures have defined the “success” of welfare reform with little attention to the actual wellbeing of the families behind these figures. These figures, and especially the lack of responsiveness to the economic crisis of 2007 – 2009 raises questions about what is fueling this dramatic decrease.

The low TANF usage rate nationally is thought to be caused by factors such as the very restrictive eligibility standard, the use of full family sanctions, the requirement to job search immediately upon TANF receipt and the implementation of the time limit on benefits (Lower-Basch, 2015). Understanding that factors such as these can discourage people from accessing this program, DWS designed a process focused on reengaging families who were no longer accessing TANF benefits, had a history of intergenerational poverty and were still struggling.

The Next Generation Kids (NGK) pilot has specifically targeted individuals with a history of welfare use in their family. Many of these families have been sanctioned out of the program or self-selected out due to the reasons above. Sanctioning customers or even exempting them from participation does not produce positive long-term outcomes for the family. The NGK program attempts to reconnect families with TANF services and provide quality services based on each family’s unique needs. It is believed that by building a strong relationship of mutual trust, each family will make progress toward employment and self-sufficiency in the way that best fits their needs.

Impact of FEP Redesign Changes

It is often difficult to attach specific outcomes with specific components of a program. While this is the case with outcomes relative to the FEP Redesign, there are some findings which can be useful in making decisions about what to retain and what needs to be changed moving forward. This includes decisions about what programs to keep, what to adjust and perhaps what to let go.

Probably the single most customer recognized change to the FEP program was the implementation of Work Success. This program provided DWS with a substantial response to the challenge of earlier findings when participants complained that “DWS could not help me find a job!” Work Success created that pathway for many who either came to DWS job ready or gained that status soon after arriving. This program had some of the highest customer satisfaction ratings and positive employment outcomes in all of DWS. Changes made to the Transitional Cash Assistance (TCA) program made it more user friendly and a strong work support to those who were bridging the often financially tenuous time between securing a job and being able to catch up on bills.

Some changes were implemented with the best of intentions however have not yet seemed to hit the mark. Implementation of a Work Readiness Assessment was to be used to determine the best pathway for a customer including options such as Diversion, Work Ready, and Work Preparation. Several factors impacted the effectiveness of this process. First, the work preparation pathway was never fully developed and thus customers who were not appropriate for diversion but not work ready had little programmatic direction.

Changes to the sanctioning process and the introduction of *Activity Review* was aimed at reengaging customers not perceived as engaged in their employment plan activities. While the process was designed with good intentions, it soon became clear that for perhaps a myriad of reasons, it was not being implemented as designed. The first wave of the FEP Redesign study was significantly impacted by the increased rates of rapid case closure for non-participation. Use of this program component quickly became tied to managing the participation rate.

Additional features such as the new FEP orientation video and goals surrounding Worksite Learning were not noticed in the data even though these components were implemented. The creation of a new Retention Specialist role and policy that focuses on extended support for employment success has yet to be implemented; however, there is evidence that given the right relationships this is still a valuable component to add to the FEP program.

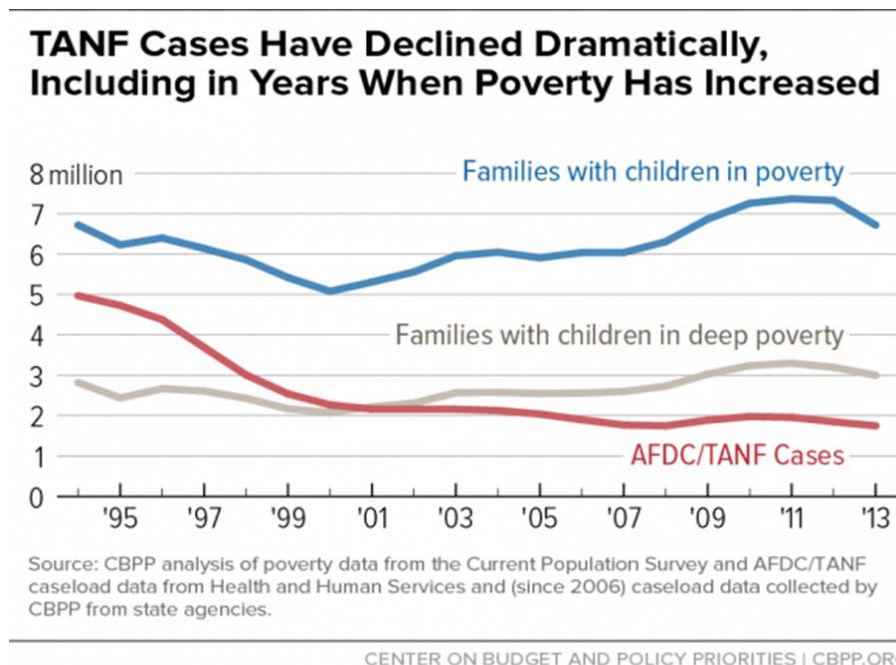
The new FEP Redesign features were the result of extensive work by many DWS personnel in 2008 and 2009. However, as the climate around securing higher participation rate numbers intensified, some FEP Redesign components were implemented differently than originally designed. Unfortunately, a period of focusing on the work participation rate to the near exclusion of any other factor has created unintended consequences for both DWS workers and customers. The needs of one group often conflict with the needs of the other creating discord and no win situations for both. This important lesson can certainly be applied in DWS’s effort to move forward once again from FEP Redesign to FEP Refocus.

From FEP Redesign to FEP Refocus

The lessons learned over the past few years, along with the data from this most recent study, suggest that it is time to step away from the unfortunate national perspective that simply closing cases demonstrates success, and review how TANF is truly providing “assistance to needy families.” Poverty levels, including deep poverty, among families with children far outpace the usage rate of TANF benefits (See Figure 44 – Chart Book, 2015). Nationally, the lack of participation in the TANF program has raised questions regarding program access and factors which are, perhaps unintentionally, creating barriers to participation among those who could most benefit from the services. Currently, the incentive structure offered by the federal government discourages workers within states from serving families with multiple challenges who struggle the most to obtain employment. Unless the goal is simple reduction of caseloads regardless of client need, this structure should be adjusted. Notably, TANF is not the only program being underutilized childcare

programs across the states only reached 17% of eligible children in 2011 (Lower-Basch, 2015) and a similar trend has been recognized in Utah.).

Figure 44: Poverty Levels and Public Cash Assistance Usage



In Utah, DWS leaders are also exploring why so few eligible families (11 of 100 in Utah) are accessing cash assistance. The philosophical framework of FEP Refocus includes designing and implementing a program that actually serves the needs of the people for which it is designed; and not just the adults on the case but the children as well. FEP Refocus calls for a two generation approach to working with families as every family receiving cash assistance reflects a “two generation” attachment to public benefits. This is a new direction for DWS and involves a new way of viewing case management.

As noted above, the NGK program was specifically designed to engage families (both adults and children) who had a history of welfare use as a child and were experiencing multiple employment barriers. Early outcomes suggest that investing the time and effort to assist families in managing and mitigating the effects of these barriers can prepare them to successfully engage in long term self-sufficiency producing activities such as education, training and work. Multiple studies have shown that children’s education and employment success are directly linked to the success of their parents in these same tasks in adult life (Magnuson, Sexton, Davis-Kean, & Huston, 2009; Seth-Purdie, 2000). Some states have started collecting the educational levels of children in families receiving cash assistance. Education outcomes such as lower test scores, less grade progression, sagging graduation rates, and higher rates of school change were correlated to higher levels of housing stability and behavioral health conditions (Shah, Liu, Felver, & Lucenko, 2014). There is a plethora of evidence that recognizing the impacts of programs, both on parents and children, is critical to moving the whole family forward.

The goal then of FEP Refocus is to design a program in which parents gain enough skills, resources and supports so that they are able to provide for their children, thus improving the chances that this next generation will not need public benefits as adults. Many of the components of the family-focused FEP Refocus efforts are consistent with the ideas being presented to the federal legislators

regarding TANF reauthorization (Lower-Bosch, 2015, Pavetti, 2015). It is a good time to be stepping out in this direction.

Reviewing the proposed changes to TANF in the draft Reauthorization bill suggests there may be opportunities to create a better balance between work and family focus. The potential expansion of the education and training time limit, the inclusion of partial participation credit, and removing the distinction between core and non-core activities could all support being more family focused.

The TANF Reauthorization draft also measures outcomes associated with purpose of program and not just process measures. These outcome measures include 1) employment two quarters after exit, 2) employment four quarters after exit, and 3) the change in median earnings between quarters two and four, reflecting greater attention to employment, retention and advancement (Pavetti, 2015). In states such as Utah where cash assistance and wages can be tracked, data could be provided to shed light on current patterns of employment, retention, and advancement for those who have been attached to public benefits.

If there is the will to change the direction of the FEP program then changes in performance measures will be a key consideration. In an evaluation of a selection of state performance measures (of which Utah was one), state and local staff emphasized that “what gets measured gets done” (Hahn & Loprest, 2011). Any efforts to alter the direction of the program must be accompanied by adjustments to performance and program measures to track the desired changes over time. Such changes help ensure that the goals of FEP Refocus are reached for the betterment of all low income Utahns in this generation and the next.

REFERENCES

- Becker, G. S. (1999). Human Capital. *The concise encyclopedia of economics: The library of economics and liberty*. Retrieved January 7, 2007 from: <http://www.econlib.org/library/Enc/HumanCapital.html>
- Centers for Disease Control and Prevention (CDC). (2010). Adverse childhood experiences reported by adults---five states, 2009. *MMWR. Morbidity and mortality weekly report*, 59(49), 1609.
- Centers for Disease Control and Prevention. (2014, May 14). *ACE study-major findings*. Retrieved from: <http://www.cdc.gov/violenceprevention/acestudy/findings.html>
- Chart Book: TANF at 19. (August 19, 2015). Center on Budget and Policy Priorities. Retrieved August 22, 2015 from: <http://www.cbpp.org/research/family-income-support/chart-book-tanf-at-19>
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., ... & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child abuse & neglect*, 28(7), 771-784.
- Ellwood, D. T. (1986). Targeting "Would-Be" long-term recipients of AFDC. Princeton, N.J.: Mathematica Policy Research, Inc.
- Felitti, V. J. (2002). The relation between adverse childhood experiences and adult health: turning gold into lead. *Perm J*, 6(1), 44-7.
- Hahn, H. and Loprest, P. (2011). Improving state TANF performance measures, Urban Institute. Retrieved August 23 from: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/412447-Improving-State-TANFPerformance-Measures.PDF>.
- Kaleba, K. (July 14, 2015). House committee to consider draft TANF reauthorization bill. National Skills Coalition. Retrieved August 9, 2015 from: <http://www.nationalskillscoalition.org/news/blog/house-committee-to-consider-draft-tanf-reauthorization-bill>
- Kalil, A., Born, C., Kunz, J. & Caudill, P. (2001). Life stressors, social support, and depressive symptoms among first-time welfare recipients. *American Journal of Community Psychology*, 29(2).
- Knold, M. (n.d.) Utah in the Great Recession. Insider News. Retrieved from: <https://jobs.utah.gov/wi/pubs/trendlines/novdec10/insidernews.html>
- Lower-Basch E. (April 30, 2015). Hearing on ideas to improve welfare programs to help more families find work and escape poverty. Testimony for the Record. Center for Law and Social Policy. Retrieved August 12, 2015 from: <http://www.clasp.org/resources-and-publications/publication-1/CLASP-Way-and-Means-Testimony-on-Improving-TANF-May-2015-2.pdf>
- Magnuson, K., Sexton, H., Davis-Kean, P., and Huston, A. (July 2009) Increases in maternal education and young children's language skills, *Merrill-Palmer Quarterly*, (55)3. Retrieved August 15,

2015: http://muse.jhu.edu/login?uri=/journals/merrill-palmer_quarterly/v055/55.3.magnuson.pdf

- Mainieri, T. & Danziger, S. (2001). Designing Surveys of Welfare Populations. Presented March 15-16, Ann Arbor, Michigan.
- Moffitt, R., Cherlin, A., Burton, L., King, M., & Roff, J. (2002). *The characteristics of families remaining on welfare*. Policy brief 02-2. Welfare, Children and families: A three city study.
- National Comorbidity Survey (NCS. (2007). Lifetime and 12 Months Prevalence Estimates from the NCS-R and NCS-A: NCS-R Lifetime prevalence estimates. Retrieved from: http://www.hcp.med.harvard.edu/ncs/ftplib/NCS-R_Lifetime_Prevalence_Estimates.pdf
- Office of Family Assistance (2012): Characteristics and Financial Circumstances of TANF Recipients, Fiscal Year 2012 - Table 22: Temporary Assistance for Needy Families - Active Cases FY2012; Percent Distribution of TANF Adult Recipients by Marital Status. Retrieved from: http://www.acf.hhs.gov/sites/default/files/ofa/tanf_characteristics_fy_2012.pdf
- Parisi, D., McLaughlin, D., Grice, S., & Taquino, M. (2006). Exiting TANF: Individual and local factors and their differential influence across racial groups. *Social Science Quarterly*, 87(1), 76-90.
- Pavetti, L. (July 15, 2015). Testimony Before the House Committee on Ways and Means, Subcommittee on Human Resources. Retrieved August 10, 2015 from: <http://www.cbpp.org/family-income-support/ladonna-pavetti-how-to-improve-tanf>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, N.J.: Princeton University Press.
- Seefeldt, K. S., & Orzol, S. M. (2005). Watching the clock tick: Factors associated with TANF accumulation. *Social Work Research*, 29(4), 215-229.
- Seth-Purdie, R. O. B. Y. N. (2000). Multiple risk exposure and likelihood of welfare receipt. *Family Matters*, 57, 22-29.
- Shah, M., Liu, Q., Felver, B. & Lucenko, B. Education Measures for Children on TANF, RDA Report 11-210, June 2014, Retrieved August 10, 2015 from: <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-210.pdf>.
- Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social science & medicine*, 32(6), 705-714.
- Sherman, A. and Trisi, D. (2015) Safety net more effective against poverty than previously thought. Center on Budget and Policy Priorities. Retrieved August 10, 2015 from: http://www.cbpp.org/research/poverty-and-inequality/safety-net-more-effective-against-poverty-than-previously-thought#_ftnref8
- Strauss, M.A. (1979). Measuring intra-family conflict and violence: The conflict tactics (CT) scales. *Journal of Marriage and the Family*, 41, pp. 75 - 88.

- Taylor, M.J., Barusch, A., & Vogel-Ferguson, M.B. (2000). Multiple impacts of welfare reform in Utah: Experiences of former long-term recipients. Social Research Institute, Graduate School of Social Work, University of Utah.
- Taylor, M.J., Barusch, A., & Vogel-Ferguson, M.B. (2002). The dynamics of leaving welfare: A study of long term welfare recipients in Utah. Social Research Institute, College of Social Work: University of Utah.
- TANF Caseload Data. Office of Family Assistance. Retrieved August 12, 2015 from: <http://www.acf.hhs.gov/programs/ofa/programs/tanf/data-reports>
- Utah Department of Health: 2008 Utah health care access study. Retrieved from http://health.utah.gov/oph/publications/2008uhas/Overview_State_2008.pdf.
- Utah Department of Health. (2011). *Utah health status update: adverse childhood experiences and health*.
- Women's Employment Study - WES (1997). Principal Investigators: Sheldon H. Danziger, Mary E. Corcoran, Sandra K. Danziger, Kristine Ann Siefert, and Richard M. Tolman. University of Michigan, Gerald R. Ford School of Public Policy.
- World Health Organization (1998). CIDI - 12 month SF. World Health Organization's Composite International Diagnostic Interview: Version - v1.0 November 1998. Retrieved from <http://www3.who.int/cidi/cidisf.htm>.

ATTACHMENTS

Attachment 1: STUDY SUMMARY

DEMOGRAPHICS

HOUSING AND HOUSEHOLD COMPOSITION

CHILDREN

EMPLOYMENT (CURRENT AND HISTORY)

CHILD CARE

INCOME

USE OF COMMUNITY RESOURCES

EDUCATION

CASH ASSISTANCE

EXPERIENCE WITH DWS WORKERS

EXPERIENCE OF EMPLOYMENT PLAN

SOCIAL SUPPORTS

TRANSPORTATION/TELEPHONE/CRIMINAL RECORD BARRIERS

PERSONAL HEALTH

ALCOHOL AND OTHER DRUG USE

MENTAL HEALTH

DEPRESSION SCREEN

ANXIETY SCREEN

ACCESS TO HEALTH CARE

DOMESTIC VIOLENCE

BARRIERS TO EMPLOYMENT

ADVERSE CHILDHOOD EXPERIENCES (ACE)

**Attachment 2: Distribution of Welfare Months Received by Wave 3 Respondents
Living in Utah**

Total Months	Between Wave 1 and Wave 2 N = 828		Between Wave 2 and Wave 3 N = 717	
	Frequency (Percent)	Cumulative Percent	Frequency (Percent)	Cumulative Percent
0	113 (13.6%)	13.6%	532 (74.2%)	74.2%
1	107 (12.9%)	26.6%	17 (2.4%)	76.6%
2	70 (8.5%)	35.0%	20 (2.8%)	79.4%
3	89 (10.7%)	45.8%	26 (3.6%)	83.0%
4	68 (8.2%)	54.0%	16 (2.2%)	85.2%
5	65 (7.9%)	61.8%	16 (2.2%)	87.4%
6	51 (6.2%)	68.0%	16 (2.2%)	89.7%
7	51 (6.2%)	74.2%	7 (1.0%)	90.7%
8	38 (4.6%)	78.7%	10 (1.4%)	92.1%
9	33 (4.0%)	82.7%	5 (0.7%)	92.7%
10	21 (2.5%)	85.3%	10 (1.4%)	94.1%
11	23 (2.8%)	88.0%	13 (1.8%)	96.0%
12	99 (12.0%)	100%	29 (4.0%)	100%

Attachment 3: "Other" Mental Health Issues Diagnosed During Study Period

DSM Category	DSM Diagnosis	
Attention Deficit and Disruptive Behavior	Attention Deficit Disorder	2
	Attention Deficit Hyperactivity Disorder	20
	Oppositional Defiant Disorder	1
Other Disorders of Infancy, Childhood or Adolescence	Separation Anxiety	1
	Attachment Disorder	4
Dementia	Dementia	1
Substance Related Disorders	Substance Abuse	6
Schizophrenia and Other Psychotic Disorders	Schizoaffective Disorder	1
	Schizophrenia	23
	Psychotic Disorder NOS	1
	Drug-Induced Psychosis	1
	Brief Psychotic Disorder	1
	Psychosis	5
Mood Disorder	Dysthymic Disorder	3
	Seasonal Affective Disorder	2
	Depression with Psychotic Features	1
	Manic Depression	1
	Mood Disorder	7
	Manic Disorder	1
	Rapid Cycling	1
Anxiety Disorders	Agoraphobia	9
	Panic Disorder	23
	Social Anxiety	1
	Social Anxiety Disorder	1
	Obsessive Compulsive Disorder	15
	Acute Stress Disorder	1
	Panic Attacks	3
Personality Disorders	Antisocial Personality Disorder	10
	Borderline Personality Disorder	30
	Paranoid Personality Disorder	1
	Personality Disorder	4
	Histrionic	1

DSM Category (con't)	DSM Diagnosis	
Tic Disorders	Tourette's Syndrome	1
Learning Disorders	Learning Disability	4
Dissociative Disorders	Multiple Personality Disorder	1
	Dissociative Identity Disorder	15
	Dissociative Personality Disorder Traits	1
Somatoform Disorders	Conversion Disorder	3
Sleep Disorders	Sleep Disorder	6
	Insomnia	1
Adjustment Disorders	Adjustment Disorder	4
Impulse-Control Disorders Not Elsewhere Classified	Intermittent Explosive Disorder	1
Eating Disorders	Anorexia	3
	Bulimia	3
Misc. Responses (Client's word)	Abandonment Issues	1
	Anger Issues	6
	Cutter	1
	Emotional Disorder	1
	Fetal Alcohol Syndrome	1
	Grief from Loss	1
	Maniac	1
	Memory Loss	3
	Mood Swings	1
	Paranoia	2
	Post-Partum Depression	1
	Psychosomatic conversion disorder	1
	Social Disorder	1
	Sociopath	1
Stockholm Syndrome	1	
Trauma	1	

Attachment 4: Experiences with DWS Workers

	Wave 2 N = 242		Wave 3 N = 76	
	Generally Agree	Generally Disagree	Generally Agree	Generally Disagree
LCT	n = 93		n = 41	
Treated me with dignity and respect	87 (93.5%)	6 (6.5%)	39 (95.1%)	2 (4.9%)
Provided services I needed	84 (90.3%)	9 (9.7%)	38 (92.7%)	3 (7.3%)
Eligibility	n = 20		n = 5	
Treated me with dignity and respect	12 (60%)	8 (40%)	2 (40%)	3 (60%)
Provided services I needed	12 (63.2%)	7 (36.8%)	1 (20%)	4 (80%)
Front Desk/Information Desk	n = 20		n = 5	
Treated me with dignity and respect	18 (90%)	2 (10%)	3 (60%)	2 (40%)
Provided services I needed	19 (95%)	1 (5%)	3 (60%)	2 (40%)
Work Success Coach	n = 80		n = 22	
Treated me with dignity and respect	74 (92.5%)	6 (7.5%)	21 (95.5%)	1 (0.5%)
Provided services I needed	74 (92.5%)	6 (7.5%)	21 (95.5%)	1 (0.5%)
Previous/other employ. counselor	n = 81		n = 26	
Treated me with Dignity and respect	65 (80.2%)	16 (19.8%)	22 (84.6%)	4 (15.4%)
Provided services I needed	62 (76.5%)	19 (23.5%)	21 (80.0%)	5 (19.2%)
Workshop presenter	n = 4		n = 3	
Treated me with dignity and respect	4 (100%)	-0-	3 (100%)	-0-
Provided services I needed	4 (100%)	-0-	3 (100%)	-0-
Job Connection	n = 4		n = 1	
Treated me with dignity and respect	4 (100%)	-0-	1 (100%)	-0-
Provided services I needed	4 (100%)	-0-	1 (100%)	-0-
Education Worker	n = 3		n = 1	
Treated me with dignity and respect	2 (66.7%)	1 (33.3%)	1 (100%)	-0-
Provided services I needed	2 (66.7%)	1 (33.3%)	-0-	1 (100%)
FEP Supervisor	n = 3		n = 6	
Treated me with dignity and respect	1 (33.3%)	2 (66.7%)	4 (66.7%)	2 (33.3%)
Provided services I needed	1 (33.3%)	2 (66.7%)	4 (66.7%)	2 (33.3%)
SSI/Soar Worker	n = 13		n = 3	
Treated me with dignity and respect	12 (92.3%)	1 (7.7%)	3 (100%)	-0-
Provided services I needed	12 (92.3%)	1 (7.7%)	3 (100%)	-0-
Other	n = 13		n = 4	
Treated me with dignity and respect	13 (100%)	-0-	4 (100%)	-0-
Provided services I needed	13 (100%)	-0-	4 (100%)	-0-

Attachment 5: Statistically Significant Within ACE Group Comparisons

ACE Score	0 ACE	1-3 ACE	4+ ACE
Respondent Profile – Gender Differences			
<i>Females: Emotionally Abused after Age 18***</i>	25 (41%)	114 (51.8%)	265 (68.7%)
<i>Females: Physically Abused after Age 18***</i>	22 (36.1%)	74 (33.6%)	194 (50.3%)
<i>Females: Sexually Abused after Age 18**</i>	7 (11.5%)	41 (18.6%)	108 (28%)
Race and Ethnicity			
Respondent’s Race: Caucasian	32 (57.4%)	149 (67.4%)	290 (74.6)
Children			
Not married when had first child**	32 (54.2%)	115 (55.6%)	257 (69.3)
Family Background			
Did not grow up in two parent home***	10 (16.4%)	71 (32.1%)	193 (50.4%)
Mother was teen when first child born*	28 (47.5%)	91 (42.1%)	212 (55.8%)
Experienced homelessness as a child***	3 (4.9%)	17 (7.7%)	85 (15.6%)
Family had welfare history***	6 (9.8%)	56 (25.3%)	168 (43.2%)
Parents not involved in respondents education during last year of school as teenager***	7 (11.5%)	44 (20%)	178 (46%)
Education			
No higher education*	12 (19.7%)	45 (20.4%)	114 (29.3%)
Did not care about doing well in school**	2 (3.3%)	16 (7.3%)	53 (13.7%)
Did no participate in school sports, clubs, or other extra-curricular activities**	22 (36.1%)	73 (33.2%)	180 (46.5%)
Did not have enough friends as a teenager**	1 (1.6%)	12 (5.5%)	42 (10.9%)
Did Not think about what to do after high school *	10 (16.4%)	29 (13.2%)	84 (21.7%)
Were in special education classes***	13 (21.7%)	50 (22.8%)	143 (37%)
Diagnosed with or believes they have a learning disability**	12 (19.7%)	60 (27.1%)	143 (36.8%)
Physical Health			
Fair to poor physical health*	0 (16.4%)	45 (20.4%)	110 (28.4%)
Positive report of chronic (ongoing) health or medical condition over a 36 month period**	31 (50.8%)	135 (61.1%)	273 (70.2%)
Alcohol dependency in the past 12 months*	0 (0%)	5 (2.3%)	21(5.4%)

ACE Score (Con't)	0 ACE	1-3 ACE	4+ ACE
Mental Health			
Fair to poor mental health**	7 (11.5%)	48 (21.7%)	123 (31.6%)
Report currently NEED treatment for mental health issue*	5 (11.4%)	36 (24%)	66 (30%)
Had ever received treatment for mental health issue***	27 (44.3%)	121 (54.8%)	275 (70.7%)
Had been diagnosed with mental health issue**	23 (37.7%)	102 (46.2%)	224 (57.6%)
Either diagnosed or screened positive for anxiety*	16 (26.2%)	74 (33.6%)	163 (41.9%)
Either diagnosed or screened positive for depression***	21 (34.4%)	113 (51.4%)	254 (65.3%)
Either diagnosed or screened positive for PTSD**	10 (16.4%)	43 (19.5%)	122 (31.4%)
Health Care Coverage			
Have difficulty accessing the health care needed*	4 (8%)	13 (6.4%)	50 (14%)
Needed medical care but could not afford it**	25 (41%)	86 (38.9%)	209 (53.7%)
Health care coverage does not meet health needs*	11 (22%)	40 (19.8%)	108 (30.3%)
Criminal Record			
Criminal Record was a barrier to work or education activities in the past 12 months*	9 (14.8%)	34 (15.4%)	90 (23.1%)
Housing/History of Homelessness			
Experienced homelessness as a child***	3 (4.9%)	17 (7.7%)	85 (15.6%)
Experienced homelessness as an adult***	11 (18%)	64 (29.1%)	182 (47%)
Employment			
Average amount of time spent at previous or current job	26.8 months	15.8 months	10.9 months
Experience with DWS and Cash Assistance			
Average age of first application and receipt of cash assistance	29.7 years	28.3 years	26.4 years
Were "somewhat" or "not at all" able to discuss barriers to work with their employment counselor*	8 (13.1%)	52 (23.5%)	112 (28.9%)
Their employment counselor was "somewhat" or "not at all" helpful in resolving employment barriers*	6 (9.8%)	34 (15.6%)	82 (21.1%)

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .001$

Attachment 6: Attitudes Toward Public Assistance Vs Employment

	Wave 1 N = 1075		Wave 2 N = 862		Wave 3 N = 762	
	Generally Agree	Generally Disagree	Generally Agree	Generally Disagree	Generally Agree	Generally Disagree
My children would benefit from having me employed outside the home.	937 (87.2%)	132 (12.3%)	704 (81.7%)	133 (15.4%)	573 (75.4%)	168 (22.1%)
I would rather have a job outside the home than be a stay at home parent.	619 (57.6%)	449 (41.8%)	478 (55.5%)	356 (41.3%)	453 (59.6%)	291 (38.3%)
It is good to require people on welfare to find a job.	1005 (93.5%)	63 (5.9%)				
When children are young, single parents should not work outside the home.	353 (32.8%)	703 (65.4%)				
Single parents can bring up a child as well as married couples.	914 (85.0%)	155 (14.4%)				
A single parent who gets a job to help support her/his children is being a responsible parent.	1048 (97.5%)	22 (2.0%)				
I feel confident that I can manage my own finances and resources.	941 (87.5%)	130 (12.1%)	658 (76.5%)	202 (23.5%)	587 (77.0%)	175 (23.0%)
I would prefer to stay home and raise my children rather than work outside the home.	533 (49.6%)	534 (49.7%)	370 (42.9%)	467 (54.2%)	342 (45.1%)	402 (53.0%)
My circumstances are different than most others on welfare.	488 (45.4%)	510 (47.4%)	400 (46.4%)	372 43.2(%)	350 (46.1%)	337 (44.3%)
Needing cash assistance is a sign of weakness.			119 (13.8%)	737 (85.5%)	104 (13.7%)	654 (85.9%)
Welfare is a trap from which few escape.			228 (26.5%)	617 (71.6%)		
Keeping cash assistance open is a full time job.			502 (58.2%)	350 (40.6%)		
If poor people would only get married they would be less likely to be poor.			40 (4.6%)	808 (93.7%)		
Most people I know would rather receive cash assistance than get a job and work.			273 (31.7%)	565 (65.5%)	240 (31.6%)	504 (66.3%)
It is likely that I will never be on cash assistance again.			513 (59.5%)	295 (34.2%)	462 (60.7%)	260 (34.2%)

	Wave 1 N = 1075		Wave 2 N = 862		Wave 3 N = 762	
	Generally Agree	Generally Disagree	Generally Agree	Generally Disagree	Generally Agree	Generally Disagree
Most people only stay on welfare a very short time			295 (34.3%)	462 (53.7%)		
Most people are on welfare because of their own bad choices.			242 (28.1%)	587 (68.1%)	159 (20.9%)	586 (77.0%)
Welfare programs really do help people find jobs.			758 (87.9%)	79 (9.2%)		
Applying for cash assistance when you need it is a sign of being a good parent.			800 (92.8%)	43 (5.0%)	718 (94.3%)	39 (5.1%)