

**IOWA FAMILY DEVELOPMENT AND  
SELF-SUFFICIENCY (FaDSS) PROGRAM  
CONTINUATION STUDY:**

**SUMMARY REPORT**

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Authors:

Thomas J. Martin

Jan L. Losby

John F. Else

Project Director:

John F. Else

Institute for Social and Economic Development  
1901 Broadway, Suite 313  
Iowa City, IA 52240

Submitted to:

Iowa Department of Human Rights  
Division of Community Action Agencies  
Lucas State Office Building  
Des Moines, Iowa 50319

The Mott Foundation  
1200 Mott Foundation Building  
Flint, Michigan 48502-1851

FaDSS Program Manager:  
Karen McCarthy

Associate Program Officer:  
Jennifer L. Phillips

Iowa Department of Human Services  
Division of Economic Assistance  
Hoover State Office Building  
Des Moines, Iowa 50319

The Joyce Foundation  
Three First National Plaza  
70 West Madison Street, Suite 2750  
Chicago, Illinois 60602

Administrative Assistant:  
Linda Mount

Program Officer:  
Kara Kellaheer Mikulich

## **POLICY CONTEXT FOR THE FaDSS PROGRAM**

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In 1988, the Iowa General Assembly enacted legislation establishing the Family Development and Self-Sufficiency (FaDSS) Program. FaDSS was enacted in a climate of welfare reform which resulted in the passage of the federal Family Support Act of 1988. FaDSS was designed to assist families who are at risk of long-term welfare dependency to become self-sufficient—a continuing concern of state and federal policy makers throughout the 1980s and 1990s. The importance of effective interventions with at-risk families increased with the passage of the federal Personal Responsibility and Work Opportunity Act (PRWOA) of 1996, which instituted higher work participation rates and a five-year lifetime limit on cash benefits.

As a result of this new policy environment, there has been a dramatic decrease in the number of families receiving public assistance. The most employable recipients have already left welfare, leaving behind a welfare caseload which is comprised of an increasingly higher percentage of harder-to-serve families. Consequently, interventions such as FaDSS that specifically target this population are of great interest to state policy makers and program managers as they struggle to create strategies that will help these remaining families achieve self-sufficiency.

Many states have adopted a “work first” or “workforce attachment” model for welfare reform.<sup>1</sup> The assumption of the work first model is that most families can achieve self-sufficiency by a relatively brief period of preparation for a job search followed by structured job search activities. In contrast, FaDSS is based on the assumption that many families require intensive services before they are ready to enter the workforce successfully.<sup>2</sup> FaDSS services focus on overcoming barriers to employment and building the basic life skills and the social and family relationships essential to family stability. FaDSS assumes that it is critical to first build family stability before families can achieve and sustain economic self-sufficiency. The effectiveness of FaDSS in assisting families to develop personal skills and relationships, strengthen family stability, gain further education and vocational skills, and make measurable progress in achieving long-term self-sufficiency is of critical interest, not only to policy makers and stakeholders in Iowa, but also to those in other states facing the challenge of effectively assisting at-risk families.

## **FINDINGS IN BRIEF**

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The research activities described in this summary report yielded a rich set of findings. Below we summarize the major findings pertaining to FaDSS families, program impacts, and outcomes.

### *Prevalence of Abuse in the Lives of FaDSS Participants*

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<sup>1</sup> Wisconsin’s Wisconsin Works (W-2), California’s Greater Avenues to Independence (GAIN), Nebraska’s Employment First, and Washington State’s WorkFirst are examples of state welfare programs which emphasize employment (workforce attachment) in contrast to education and training (human investment or more commonly termed human capital development).

<sup>2</sup> See Bruner & Barryhill (1992) for a detailed description of the creation of the FaDSS program.

FaDSS participants reported high levels of emotional, physical, and sexual abuse. As adults, nearly 70 percent were emotionally abused, nearly 60 percent were physically abused, and 25 percent were sexually abused. When the adult participants were children, 50 percent reported they were emotionally abused, nearly 40 percent were physically abused, and nearly 30 percent had been sexually abused.

#### *Impacts on Family Intermediate Outcomes*

FaDSS generates a significant level of improvement in personal competency, parenting behaviors and education, but not in sense of control over life course and housing stability.

#### *FaDSS Impacts on Family Self-Sufficiency Outcomes*

FaDSS does not have a significant impact on the self-sufficiency outcomes of families in general, nor are there any late-developing impacts. On the other hand, FaDSS has significant positive impacts on families headed by women who experienced abuse as children—higher levels of employment and earnings and earlier exits from welfare.

#### *Relationships Between Intermediate and Self-Sufficiency Outcomes*

Educational gains and gains in the ability to meet concrete needs are associated with better self-sufficiency outcomes. Conversely, gains in personal competencies, the ability to meet psycho-social needs, and sense of control are not associated with better self-sufficiency outcomes.

#### *Relationships Between Program Design and Self-Sufficiency Outcomes*

Three program design elements are associated with better self-sufficiency outcomes: formal partnerships with employers, successful involvement of the FaDSS participant's partner, and higher per capita funding levels. On the other hand, an emphasis on human investment and center-based activities are not, by themselves, associated with better self-sufficiency outcomes.

#### *Relationships Between Level of Exposure to the Intervention and Self-Sufficiency Outcomes*

Families who receive services from specialized staff (e.g., mental health and career counselors) and who focus on goal-directed activities have better self-sufficiency outcomes. On the other hand, staff turnover is associated with poorer self-sufficiency outcomes.

## **THE FaDSS PROGRAM**

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The purpose of the FaDSS intervention is to stabilize families in crisis and assist them in overcoming barriers to education, employment, and self-sufficiency. The intervention is expected to lead to better intermediate outcomes such as educational advancement, strengthened basic life competencies, and an increased sense of control over one's life course. Improvements in intermediate outcomes are expected, in turn, to lead to sustained progress toward economic self-sufficiency.

FaDSS is designed to provide a comprehensive, strength-based program intervention that involves the entire family. It seeks to strengthen the skills of families in diverse areas such as: adult personal and parenting skills; family social relationships and linkages to the wider community; adult and child health, safety, and well-being; family stability; children's school performance and relationships with peers; education and vocational skill training; and employment. The underlying philosophy of FaDSS holds that: (a) early capacity-building interventions will improve the stability and self-sufficiency of at-risk families; and (b) such interventions are most effective when they build upon the strengths of each participating family, treat parents as partners, provide comprehensive services, and integrate the family into the community.

Thus, FaDSS focuses not solely on the individual welfare recipient, but on the entire family and its relationship with the community. The active involvement of children is intended to improve multigenerational outcomes. The active involvement of the partner or significant other of the FaDSS parent in program activities increases the likelihood of supportive involvement and reduces the likelihood of sabotage by the partner.

## **THE FAMILY SELF-SUFFICIENCY MODEL**

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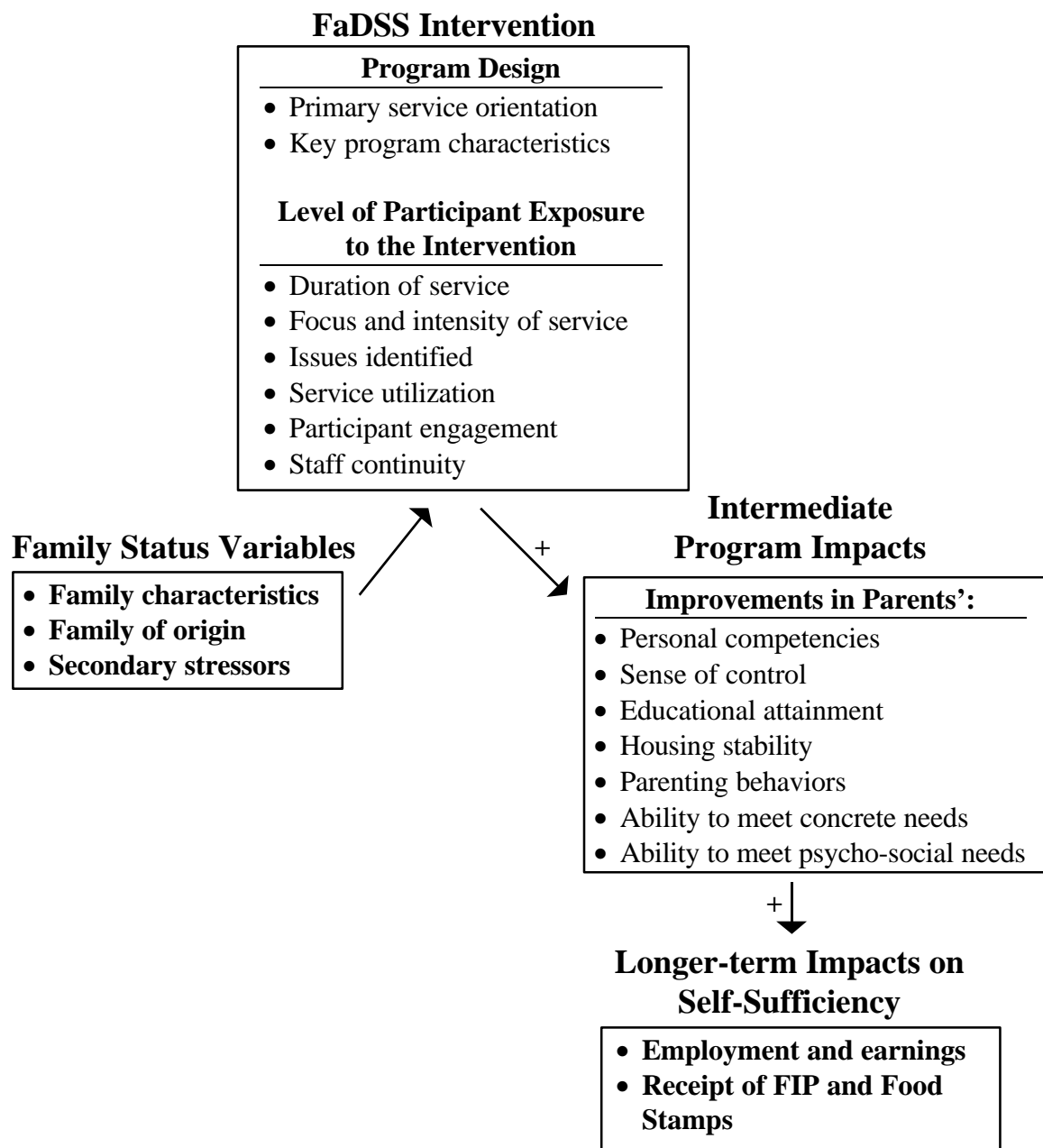
The FaDSS intervention was based primarily on the theory of life cycle development as expounded by Bronfenbrenner (1979) and further developed by other researchers.<sup>3</sup> Linking ideas from these streams of research resulted in the development of a logic model depicting the assumed relationships among family status, the FaDSS intervention, intermediate impacts, and longer-term impacts. This Family Self-Sufficiency Model is presented in Figure 1. Four clusters of variables make up the model. They are: (1) family status (or antecedent) variables; (2) the FaDSS intervention (or moderator) variables; (3) intermediate program impacts; and (4) longer-term self-sufficiency impacts.

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<sup>3</sup> These include social ecology theory (Germaine, 1989), family empowerment theory (Dunst, Trivette, & Deal, 1988b), and theories about chronic stress (Cole, 1980; Mirowsky & Ross, 1989).

**Figure 1**

The Family Self-Sufficiency Model



NOTE: The (+) sign indicates the direction of the expected relationship between two model components. For example, the FaDSS program intervention is hypothesized to lead to positive (+) intermediate program impacts which, in turn, are hypothesized to result in positive self-sufficiency outcomes. FIP (Family Investment Program) refers to the cash assistance program that was formerly known as AFDC (Aid to Families with Dependent Children).

**Family status variables** are the factors preceding a family’s involvement with FaDSS (or assignment to the control group). There are three subsets of family status variables. First, *family characteristics* are variables such as the number of children, the marital status of the primary parent, gender, age, ethnicity, level of education, and employment status. Second, *family of origin* variables are relationships and events pertinent to FaDSS parent’s family of origin, the family in which the participant was raised. Examples of these factors include: parental nurturing and support of children; style of parental discipline; family violence; placement of children in foster care; children’s emotional and behavioral difficulties; parental attitudes toward education and work; parental difficulties in obtaining education and employment; and family welfare history. Finally, *secondary stressors* are pressures that emerge from relationships and events pertinent to the FaDSS participant’s current family. Examples of this factor include: past and current physical, sexual, and emotional abuse; relationship(s) with partner(s); number and timing of childbirths; family health problems; parental nurturing and support of children; children’s emotional and behavioral difficulties; parental difficulties in obtaining education and employment; and prior welfare history.

The second cluster of variables in the Family Self-Sufficiency Model relates to the **FaDSS intervention**, that is, the services and supports that are intended to create positive change in the family, to “moderate” the negative effects of the particular configuration of family status factors that have created barriers for the family. The FaDSS intervention consists of an array of services and supports offered through the FaDSS program and the family development specialists (providers of FaDSS services).<sup>4</sup> Intervention variables fall into two different subsets of variables. The first subset is the specific *program design*. While the 10 grantees (the individual agencies which provide FaDSS services) shared an underlying FaDSS philosophy and a set of core practice principles,<sup>5</sup> each grantee had the freedom to vary the emphasis it put on various aspects of the basic design and to add other components in response to local community factors and the characteristics of target families. The second subset consists of variables related to the *level of participant exposure* to the intervention. There were variations in the duration of services, the focus and intensity of services, the number of issues identified, the level of family engagement, services and supports received by families, the continuity of staff, and the reasons for exiting the program.

The third cluster in the model consists of **intermediate program impacts**—tangible changes in families on their path toward self-sufficiency. The model assumes that sustained progress in reducing the welfare dependence of at-risk families is preceded by progress with respect to intermediate impacts. In this FaDSS continuation study, we define six intermediate indicators of family progress: (1) personal competencies; (2) sense of control over life course; (3) educational attainment; (4) housing stability; (5) parenting behaviors; (6) ability to meet concrete needs of self

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<sup>4</sup> These include: a strong relationship between the specialist and the family; linkages with and referral to various community resources; and support networks among FaDSS families. The services and supports are designed to strengthen the existing coping resources of families, such as self-esteem, in order to increase family resiliency and ability to cope. The FaDSS intervention assumes that the best way to accomplish this is by building on the strengths that families bring to the FaDSS program through positive family development activities as facilitated by professional, yet close and personal, relationships between specialists and FaDSS families.

<sup>5</sup> These are: (1) a developmental approach through personal relationships; (2) family-centered support services; (3) multi-systemic interventions; and (4) linkages to informal and formal networks of support and services.

and family; and (7) ability to meet psycho-social needs of self and family. It is assumed that positive intermediate impacts of the program will lead in turn to positive self-sufficiency impacts.

The final cluster of the model consists of **longer-term impacts on self-sufficiency**. This study defines two measures of longer-term impacts: (1) increases in employment and earnings and (2) decreases in the receipt of welfare (i.e., AFDC/FIP and Food Stamps).

## **THE FaDSS EXPERIMENTAL DESIGN**

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FaDSS was one of only a few family support programs across the nation to use a true experimental design, that is, the random assignment of program-eligible families to treatment and control groups. The fact that FaDSS was implemented with an experimental design enabled this study to directly measure the impacts of FaDSS on both family intermediate and family self-sufficiency outcomes.

Starting in 1989, the Iowa Department of Human Services (DHS) identified families at risk of long-term dependency on welfare, using a specific set of criteria to distinguish them from the larger population of AFDC families. DHS supplied these lists of eligible families to seven FaDSS grantees starting in 1989 and to three additional FaDSS grantees starting in 1990.

FaDSS grantees were then responsible for recruiting families for the FaDSS experiment from these lists. Families were informed that they would be notified whether they were assigned to the treatment group or the control group. Assignment to the treatment group would mean that families could receive FaDSS services in addition to services and benefits that they were already receiving from AFDC and other programs. Assignment to the control group would mean that families would not receive FaDSS services,<sup>6</sup> but would continue to receive services and benefits from AFDC and any other programs in which they were enrolled at the time.

DHS made the random assignments through a computer program. Random assignment of 899 treatment group and 799 control group families occurred from May 1989 through April 1992. Approximately 95 percent of the families included in the FaDSS experimental design had been assigned to their respective groups by December 1991.

## **RESEARCH DESIGN**

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### *Research Objectives*

The primary objective of this study was to determine whether FaDSS had a positive *impact* on the outcomes of participating families. This involved comparing the outcomes of families who participated in FaDSS (treatment group) with those of families who did not participate in the program (control group). A secondary objective was to identify programmatic and family factors associated with better outcomes.

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<sup>6</sup> In 1993, following the period of random assignment, control group families were allowed to receive FaDSS services. Nineteen control group families subsequently enrolled in the FaDSS program.

## Research Questions

To meet the research objectives stated above, the study posed five major research questions:

1. Does FaDSS have a significant impact on the *intermediate outcomes* for families (personal competencies, sense of control over life course, educational attainment, housing stability, parenting behaviors, ability to meet concrete needs of self and family, and ability to meet psycho-social needs of self and family)?
2. Does FaDSS have a significant impact on the *self-sufficiency outcomes* for families (increased employment and earnings and decreased welfare receipt)?
3. What changes in intermediate outcomes are associated with better subsequent self-sufficiency outcomes?
4. What programmatic factors are related to better or poorer self-sufficiency outcomes?
5. What changes in program design and implementation might improve the outcomes for families?

## Research Activities

To answer the five questions listed above, we conducted a study which consisted of five major research activities.

1. **Analysis of variations in the FaDSS intervention.** We identified important variations in the FaDSS intervention as experienced by participating (treatment group) families. These pertain to (a) *variations in the design of the programs* as implemented by the 10 FaDSS grantees during the early years of the program; and (b) *variations in the level of family exposure* to the FaDSS intervention.

Research Method: Variations in the design of the programs were identified by surveying individuals who were FaDSS program coordinators for the 10 grantees during 1989-91. Variations in the level of family exposure to the FaDSS intervention were identified by conducting in-depth case file reviews of 80 treatment case files. This subset of cases was selected from the 142 treatment cases who completed the 1997-98 telephone survey. These 80 cases constituted a purposive sample selected on the basis of several criteria: participation in FaDSS for more than six months, demonstration of a range of different levels of FIP benefits, and the existence of retrievable case files with complete specialist case notes.

2. **Analysis of intermediate impacts.** In 1997-98 we interviewed families to identify changes in family status and measure progress toward self-sufficiency since the 1993 survey. These new survey data enabled us to determine program impacts on the

following intermediate outcomes: (1) personal competencies; (2) sense of control over life course; (3) educational attainment; (4) housing stability; and (5) parenting behaviors.<sup>7</sup>

Research Method: Telephone interviews were conducted with 244 of the 348 treatment and control group families whom we interviewed in 1993 (a 70 percent response rate) in order to obtain updated information on the intermediate outcomes.<sup>8</sup> We interviewed 142 treatment group and 102 control group families. Intermediate impacts were defined as statistically significant differences between treatment and control group families on the intermediate outcomes listed above.

The family status variables—family characteristics, family of origin, and secondary stressors—of the individuals we interviewed are presented below.

- **Family Characteristics.** All heads of households (both treatment and control groups) are women who on average are age 36, white, and have two children. About half are currently married or living with a partner (44 percent of the treatment group and 49 percent of the control group).
  - **Family of Origin.** As children, more than two-thirds of the heads of households (both treatment and control groups) had lived in two-parent households. Over twenty percent of the mothers of the participants were teens when the participant was born. Over one-third of the adults reported that their families of origin had received welfare cash benefits and Food Stamps.
  - **Secondary Stressors.** All adult treatment and control group participants reported extraordinarily high levels of abuse. Specifically, nearly 30 percent said they had been both sexually and physically abused as children. Forty to 50 percent were emotionally abused as children. As adults, over 60 percent were emotionally abused, nearly 60 percent were physically abused, and over 20 percent were sexually abused.
3. **Analysis of self-sufficiency impacts.** We conducted three analyses of FaDSS impacts on family self-sufficiency using administrative data derived from 1,698 families—899 treatment group families and 799 control group families. We identified overall impacts of the program on employment, earnings, and receipt of Family Investment Program (FIP) benefits and Food Stamps. Then we identified program impacts for selected subgroups of families. Finally, we identified variations in impacts over time between treatment and control groups.

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<sup>7</sup> The 1993 survey examined a different set of intermediate outcomes: (1) personal competencies; (2) sense of control over life course; (3) educational attainment; (4) housing stability; (5) ability to meet concrete needs of self and family; and (6) ability to meet psycho-social needs of self and family.

<sup>8</sup> See Alter and Losby (1995).

Research Method: The three administrative data sets we accessed include: (a) Iowa Workforce Development wage data over a four-year period starting in January 1993; (b) Iowa DHS FIP data over a period of five to eight years from the date of assignment to the control or treatment group; and (c) Iowa DHS Food Stamp data over a period of nearly six years (1991-97). Self-sufficiency impacts were defined as statistically significant differences between treatment and control group families on these self-sufficiency outcomes.

- 4. Analysis of the relationships between intermediate outcomes and self-sufficiency outcomes.** We analyzed the relationships between changes in intermediate outcomes (from the time of random assignment to the 1993 survey) and subsequent self-sufficiency outcomes (from the 1993 survey to the end of our data).

Research Method: Analyses were conducted using intermediate outcome data from the 1993 survey and administrative data on wages and FIP and Food Stamp benefits.<sup>9</sup>

- 5. Analysis of the relationships between variations in FaDSS intervention and self-sufficiency outcomes.** We analyzed the relationships between self-sufficiency outcomes and variations in the FaDSS intervention (variations in program designs and levels of participant exposure).

Research Method: Multivariate statistical analyses were conducted using the FaDSS intervention, survey, and administrative data.<sup>10</sup>

### *Limitations*

It is important to note the limitations of this study—limitations inherent in longitudinal research. The families studied in this evaluation were those assigned to treatment and control groups from May 1989 to April 1992. There are two reasons the findings might be different if the study population were families assigned to FaDSS during a more recent period. First, the profile of FaDSS-eligible families recruited between May 1989 and April 1992 may differ, in the number or seriousness of barriers faced, from that of more recent FaDSS entry cohorts. Second, the FaDSS intervention has been continually refined over the years, so the intervention effects for families who entered the program in later years may differ from those for families involved in this study.

Three other factors should be considered in interpreting the findings of this study. First, the policy incentives offered by the state through the welfare reform FIP (e.g., work transition period, increased income disregard, and increased resource limit) for which some control families were eligible starting in October 1993 may have had the effect of reducing FaDSS self-sufficiency impacts. Second, improved support services made available through PROMISE JOBS and community-based programs (e.g., Head Start and Community Action Programs) may also have

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<sup>9</sup> Relationships between intermediate and self-sufficiency outcomes were identified using multivariate statistical models.

<sup>10</sup> Relationships between variations in the FaDSS intervention and self-sufficiency outcomes were identified using multivariate statistical models.

had the effect of reducing FaDSS impacts.<sup>11</sup> Finally, the study examined FaDSS impacts during a period of economic prosperity; it is possible that FaDSS would result in different impacts during an economic downturn.<sup>12</sup>

## **RESEARCH FINDINGS**

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The research activities described above yielded a rich set of findings. Below, we summarize findings related to each of the research questions, as well as our interpretation of their implications for FaDSS program development and further research.

**Question 1: Does FaDSS have a significant impact on the intermediate outcomes for families?**

**Finding: FaDSS has a significant impact on three intermediate outcomes, but not on two others.**

The FaDSS intervention focuses on creating change in intermediate outcomes: personal competency, parenting behaviors, educational gains, sense of control over life course, and housing stability. Our findings show that FaDSS has successfully generated a significant level of change in the first three dimensions, but not the last two. The positive impacts of FaDSS on personal competency, parenting behaviors, and educational gains are all consistent with FaDSS theory which emphasizes the need for families to make progress in these areas in order to achieve and sustain progress toward self-sufficiency.

The lack of a significant impact on family housing stability may reflect an interdependence between this outcome and economic factors; that is, the effect of local housing market conditions on housing stability may outweigh any effect attributable to FaDSS participation. The lack of difference between the treatment and control groups in participants' sense of control may reflect the fact that at the time of assignment to FaDSS, both treatment and control group families already reported a relatively high level of sense of control; thus, there was little room for improvement in either group.

**Question 2: Does FaDSS have a significant impact on the self-sufficiency outcomes for families?**

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<sup>11</sup> At the same time it should be understood that FaDSS, over the entire study period, was unique among Iowa programs targeted to welfare families with respect to two core principles: (1) a developmental approach emphasizing personal relationships between families and family development specialists, and (2) family-centered support services as exemplified by home visits. There is no evidence that control group families had access to such intensive family development and support services either before or after the implementation of welfare reform.

<sup>12</sup> It is also possible that an economic downturn would result in a "lowering of all boats." That is, a slowdown or reversal in job growth could equally affect FaDSS and non-FaDSS welfare families in their search for employment and higher-paying jobs.

**Finding: FaDSS does not have a significant impact on the self-sufficiency outcomes of families in general, nor are there any late-developing impacts.**

**FaDSS does, however, have substantial impacts on the self-sufficiency outcomes of a specific subgroup of families.**

An analysis of data on 1,698 treatment and control group families found that FaDSS does not appear to have a significant impact on the self-sufficiency outcomes of families (employment and earnings, receipt of FIP and Food Stamps, and amount of benefits received), nor are there any late developing impacts.

On the other hand, FaDSS does appear to have significant positive impacts on families headed by women who experienced abuse as children.<sup>14</sup> Treatment families in this subgroup average over \$12,000 more in total earnings and nearly \$800 more in earnings per quarter (from January 1993 to December 1996) than control families in this subgroup. Treatment families are also more likely than control subgroup families to have been off welfare as of July 1997.

While the finding regarding the overall impact can be seen as discouraging, it raises important issues about the purpose and focus of the FaDSS program.

### **Issues Relating to Program Purpose**

From the start of the program FaDSS has had two purposes: (1) to be a pre-employment developmental program and (2) to be a self-sufficiency program. As a developmental program, the purpose of FaDSS is to help families overcome multiple and severe barriers so they are prepared for successful entry into the workforce. As a self-sufficiency program, FaDSS is expected to combine this developmental work with job placement, retention, and advancement in order to produce self-sufficiency outcomes.

Four questions need to be answered regarding FaDSS' dual role in serving families: (a) whether the two purposes are clearly spelled out in grantee mission statements, strategic plans, program directives, and program auditing instructions; (b) whether program design, management, and staffing clearly reflect a commitment to both purposes; (c) whether it is feasible to achieve both purposes at current resource levels; and (d) whether there are ways to develop collaboration with other employment-oriented welfare-to-work initiatives to jointly achieve the two purposes.

The success of FaDSS in improving specific intermediate outcomes of families (i.e., personal competencies, parenting, educational achievement) suggests that FaDSS is fulfilling its developmental purpose. The fact that improved outcomes in these areas are not also coupled with overall gains in self-sufficiency suggests that other, offsetting factors may be obstructing family progress toward self-sufficiency.

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<sup>14</sup> This finding came out of an analysis which examined FaDSS impacts on five subgroups of parents who responded to the 1993 survey: (1) family of origin received FIP; (2) was a teen mother; (3) lacked a high school education at time of assignment; (4) was unemployed at time of assignment; and (5) experienced abuse as a child.

## Issues Relating to Program Focus

As noted above, FaDSS has substantial positive impacts on the earnings and self-sufficiency of families headed by women who experienced abuse as children. This finding suggests that FaDSS may be most effective for families with serious barriers that other programs are not designed to address. While this finding points only to a single category of clientele, and generalizations cannot be made beyond that specific category, it does suggest that the maximum benefits of the FaDSS intervention may be achieved by targeting FaDSS services to particularly distressed or hard-to-serve subgroups of FIP clients.

**Question 3: What changes in intermediate outcomes are associated with better subsequent self-sufficiency outcomes?**

**Finding: Gains in some intermediate outcomes are associated with better self-sufficiency outcomes, but this association does not exist in other cases.**

Gains in education and in the ability to meet concrete needs are associated with better self-sufficiency outcomes. (For example, a one-year gain in education is associated with over \$2,700 more in total earnings [from January 1993 to December 1996] and about \$1,200 less in total FIP benefits. A one-unit gain [on a 15-point scale] in ability to meet concrete needs is associated with over \$1,800 more in total earnings and over \$600 less in total FIP benefits.) On the other hand, gains in personal competencies, the ability to meet psycho-social needs, and sense of control are not associated with better self-sufficiency outcomes.

These findings suggest that the relationships between intermediate and self-sufficiency outcomes are complex. Taken by themselves, gains in the ability to meet concrete needs and gains in education tend to lead to better self-sufficiency outcomes, but such gains do not occur in a vacuum. A multitude of family, program, and community factors offset the effects of gains in specific intermediate outcomes. The seemingly contradictory findings that we have discussed to this point suggest that while FaDSS leads to gains in important intermediate outcomes, other factors tend to cancel those gains. This leaves unanswered the question of what those other factors are and how to address them so as to produce better self-sufficiency outcomes. This is a question for both FaDSS management and researchers to address as FaDSS continues to re-examine and re-shape its intervention in the years ahead.

These findings also indicate the importance of identifying additional intermediate outcomes which are strongly correlated with self-sufficiency outcomes. Educational gains and increased abilities to meet concrete needs are clearly important; both program theory and empirical evidence support this idea, but it is likely that there are other valid intermediate indicators of progress toward self-sufficiency. These indicators need to be identified so that family development specialists can target a spectrum of intermediate outcome goals which, in combination, have been demonstrated to lead to better self-sufficiency outcomes.

**Question 4: What programmatic factors are related to better or poorer self-sufficiency outcomes?**

**Question 5: What changes in program design and implementation might improve the outcomes for families?**

**Findings: Two program design factors, as well as program funding level, appear to be associated with better self-sufficiency outcomes. Level of family exposure to the FaDSS program intervention is also associated with differences in self-sufficiency outcomes.**

**These findings have implications for the improvement of outcomes among participating families.**

### **Program Design Factors**

The results of our analysis of program designs do not permit us to create a simple typology of program designs based on mutually exclusive categories. We are able, however, to identify several distinctive program design features which were implemented by some of the FaDSS grantees during the early years of the program.

- Three grantees implemented designs which emphasized *formal employer partnerships*.
- Four grantees successfully emphasized the *involvement of FaDSS participants' partners*.
- Three grantees placed an *equal or greater emphasis on human investment as compared with the development of personal competencies*.
- Four grantees implemented designs which included the *use of center-based activities* (in addition to the use of home visits).

### **Relationships Between Program Design Features and Self-Sufficiency Outcomes**

Relationships between program design features (as well as per capita program funding) and self-sufficiency outcomes provide insights for improving FaDSS designs to achieve better outcomes for families. Two program design features are positively associated with self-sufficiency outcomes and two are negatively associated. An increased level of program funding is also positively associated with self-sufficiency outcomes.

*Formal employer partnerships* (three grantees) is associated with nearly \$7,700 more in total earnings (from January 1993 to December 1996) and nearly three additional quarters of employment.

The establishment of formal partnerships between FaDSS grantees and local employers was an early strategy of some grantees. This strategy is now

recognized as an effective one in facilitating the entry of adult program participants into the job market. It increases employer awareness of a pool of motivated job aspirants whom they might not otherwise have thought to recruit. In addition, when employers make a formal commitment as part of the partnership, they have a stake in the success of the participants; they agree to share responsibility for facilitating this success. FaDSS grantees have a special contribution to make to Iowa's workforce attachment strategy if they coordinate with local employers as well as with other welfare-to-work programs and initiatives.

*Successful involvement of the FaDSS participant's partner* in family development activities (four grantees) is associated with over \$5,800 more in total earnings, two additional quarters of employment, over \$2,200 less in total FIP benefits, and over \$1,500 less in total Food Stamp benefits.

The successful involvement of participants' partners has come to be recognized as a critical factor in enabling families to overcome barriers, engage in human capital development and employment, establish a solid foundation for family finances, and leave welfare. It has also been recognized as an extremely difficult task, since the male partners of women on welfare often have serious problems of their own.<sup>15</sup> These partners, if not successfully engaged in program activities with the other family members, can sabotage family efforts to make progress. On the other hand, successful involvement of male partners reduces the likelihood of such sabotage by the partner and increases the likelihood of supportive involvement, both personally and financially.

The successful involvement of all family members, including male partners, has been a core FaDSS principle from the start of the program. While FaDSS programs have had some success in this area, additional work is needed to build on this success. Specifically, techniques are needed for successfully involving a larger number of male partners. This is likely to entail designing incentives for male partners to participate constructively with other family members in FaDSS-sponsored activities.

*Primary service orientation of human investment* (three grantees) is associated with lower levels of earnings and higher average Food Stamp benefits.<sup>16</sup> (In this study, human investment is defined as a program focus on meeting family education and training goals.) *Use of center-based activities* (four grantees) is associated with lower levels of employment and earnings, higher levels of FIP and Food Stamp benefits, and longer periods of FIP and Food Stamp receipt. These findings suggest that neither a focus on human investment nor the use of center-based activities is, by itself, correlated with better self-sufficiency outcomes.

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<sup>15</sup> One of the observations made at the 1998 Department of Health and Human Services welfare reform evaluation conference was that 60 percent of the male partners of women on welfare have a criminal history and a high percentage have alcohol and substance abuse problems.

<sup>16</sup> That is, lower than those associated with a primary service orientation of personal competencies.

Human investment may lead to better outcomes when it is integrated within a workforce attachment strategy. There are indications that FaDSS grantees have placed increased emphasis on workforce attachment in recent years in response to the general shift in the focus of welfare reform initiatives. FaDSS will need to continue to struggle with the appropriate balance between human investment and workforce attachment strategies in serving families with multiple barriers.

Similarly, the use of center-based activities may be counterproductive, at least in terms of self-sufficiency outcomes, if they are not conducted within the context of a strategy to link families to jobs and job progression opportunities. Center-based activities may be most effective when they serve two functions: (1) initially engaging families to address critical physical and behavioral health issues for all family members; and (2) linking adult family members to human capital development and employment opportunities. FaDSS will need to re-examine the role of center-based activities as it continues to refine the program intervention.

*Higher levels of per capita program funding*<sup>17</sup> (i.e., total funding divided by the number of active cases) are associated with higher levels of employment and earnings and lower levels of welfare benefits. Each additional dollar of annual per capita funding is associated with about nine dollars more in total earnings, two dollars less in total FIP benefits, and two dollars less in total Food Stamp benefits.

Since the evaluation did not focus specifically on program funding levels, there was no systematic analysis of how funding level is related to the acquisition and use of program resources (e.g., facilities, personnel, and equipment), nor any analysis of how the uses of program resources are related to family outcomes.<sup>18</sup> The fact that higher funding levels are associated with better self-sufficiency outcomes suggests, however, that this is an area worthy of further study. Our finding that staff continuity is important in achieving better outcomes also suggests the need to determine the resources which are required to attract and retain qualified staff.

### **Level of Family Exposure to the FaDSS Intervention**

Our review of treatment case files was designed to determine the level of exposure to the FaDSS intervention in terms of several factors: duration, focus, and intensity of the intervention; adult, child, and family issues identified during the intervention; level of family engagement; continuity of staff; and the reasons families leave the program. The analysis of case review data found the following:

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<sup>17</sup> This is not a program design factor, per se, since program design factors are under the control of individual grantees. Program funding level reflects externally imposed financial constraints not under grantee control.

<sup>18</sup> FaDSS program expenditures on a per family basis were relatively low over the study period, amounting to \$1,272 per family per year during 1989-91 and increasing to \$2,773 by 1995-97.

### *Duration, Focus, and Intensity of the Intervention*

- One-third of the families are short-term consumers (less than 2 years), 45 percent are intermediate-term consumers (2-4 years), and 23 percent are long-term consumers of FaDSS services (more than 4 years of participation).
- Families spend slightly more time addressing crises than goals in their work with family development specialists.
- Over the duration of involvement with a family development specialist, the typical family has 53 home visits, nearly 30 telephone contacts, and 28 letters.

### *Issues Which Families Bring to the Intervention*

- Families typically face multiple adult, child, and general family issues. Out of 35 issue areas, the typical family (with the help of the family development specialist) identifies 11 issues needing to be addressed.
- The most common issues for adults are: education/technical training, unemployment, marital and intimate relationships, parenting, problems at work, and extended family relationships.
- The most common family issues are: need for emergency cash assistance, inadequate housing, transportation, financial management, and child care.
- The most common child issues are: sexual, emotional, or physical abuse; chronic health problems; not progressing a grade level; and mental health problems.

### *Level of Engagement and Services and Supports Received by Families*

- Families typically have a moderate level of engagement in the program, where the level of engagement is defined in terms of keeping appointments and progress toward agreed-upon goals. The majority of families gradually increase their level of engagement, following an initial six months of program involvement which is characterized by a low to moderate level of engagement.
- Families consider the personal support services they receive from family development specialists to be the most important part of the intervention.

### *Continuity of Staff and Reasons Families Leave the Program*

- On average, a family has fewer than two family development specialists assigned to their case over the course of their participation. Each specialist works with a case for an average of 25 months.
- Two-thirds of the families exit FaDSS because of an increase in the earnings of adult participants (i.e., self-sufficiency).

### **Relationships Between Level of Family Exposure and Self-Sufficiency Outcomes**

Relationships between level of family exposure to the FaDSS intervention and self-sufficiency outcomes provide insights for improving FaDSS designs to achieve better outcomes for families. Three FaDSS intervention variables are associated with positive self-sufficiency outcomes and one variable is associated with negative self-sufficiency outcomes.

*Use of specialized staff* (e.g., mental health and career counselors) is associated with receipt of \$13,700 more in total earnings (from January 1993 to December 1996). The use of specialized staff may reflect both a high level of participant involvement in and commitment to the FaDSS program as well as the availability of such staff in the community. The technical expertise of specialized staff appears to contribute to participants' progress and thus should continue to be encouraged.

Each additional *child issue identified for resolution* is associated with about an additional quarter of employment. Each additional *family issue identified for resolution* is associated with over \$1,000 less in total FIP benefits and four fewer months of benefits. The identification of a higher number of child and family issues may reflect a level of trust in FaDSS staff that allows disclosure, as well as a major step in the process of personal development.

*A focus on goal-directed (in contrast to crisis-directed) activities* is associated with receipt of nearly \$11,000 more in total earnings and \$3,500 less in total FIP benefits. The focus on goal-directed activities demonstrates planning that enables families to move away from a crisis orientation and toward the goals they have set.

On the other hand, *staff turnover*, as measured by the number of family development specialists assigned to a case, is associated with lower levels of earnings. Each additional specialist assigned to a case is associated with nearly \$9,900 less in total earnings. Since the trust relationship between the participant and the FaDSS family development specialist is central to the intervention, the negative effect of staff turnover is predictable.

## **CHALLENGES FACING POLICY MAKERS AND PROGRAM MANAGERS**

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While acknowledging that serious efforts have been made to improve the delivery of services to more recent program entry cohorts, the findings of this study suggest that FaDSS policy makers and program managers face several challenges as they continue to seek to improve the delivery of FaDSS services to Iowa families who face multiple and severe barriers to self-sufficiency.

*Target Population and Assessment.* The findings from our overall and subgroup impact analyses suggest that FaDSS may be particularly effective at serving families who have serious problems which other programs are not designed to address. Continuing efforts to identify such families, including the use of structured assessments, are important. It is also important to assess other locally available service alternatives (i.e., non-FaDSS) to determine the most appropriate service provider and to avoid duplication of effort.

*Intermediate Indicators.* Valid intermediate indicators of progress toward self-sufficiency are important because they enable family development specialists to tailor their interventions to the specific needs of families in response to changes in those indicators. Our analysis suggests that gains in the ability of families to meet concrete needs (e.g., nutrition and transportation) and gains in adult level of education are valid indicators of progress toward self-sufficiency. Other intermediate indicators need to be identified and tested to guide the tailoring of interventions for families.

*Focused Interventions.* Continuing efforts are needed to identify interventions which are successful in addressing specific presenting problems relating to physical and mental health, domestic violence, sexual abuse, substance abuse, and child abuse and neglect. This is likely to necessitate the use of structured assessments and specialized staff. Progress in the use of structured assessments for the family barriers listed above will be integral to the development of new intermediate indicators of family progress toward self-sufficiency. At the same time, programs need to find a way to address serious family barriers while maintaining a focus on workforce attachment and job progression.

*Goal-Directed Activities.* FaDSS is designed as an intervention to enable families to move toward goal-oriented activities based on planning. Program staff need to continue to design services and supports to assist families in the transition from crisis-to goal-oriented work.

*The Role of FaDSS in a Changing Welfare Environment.* The implementation of statewide welfare reform and local welfare-to-work initiatives is indicative of a changing policy and program environment for assisting families to achieve self-sufficiency. FaDSS should continually re-examine its role in this changing environment and distinguish its role from that of PROMISE JOBS and other programs assisting families in meeting employment, human capital development, and job

progression challenges. One potential role is to work effectively in addressing both family barrier issues *and* employment and job progression issues faced by families with very severe problems which other programs are not designed to address.

*Continuity of Staff.* The strength of the FaDSS intervention is the relationship between the family and the family development specialist. Families have indicated that their relationship with their specialist is the foundation of their work to achieve economic self-sufficiency. Given this importance, efforts to promote high levels of staff retention are critical to the success of the program.

*MIS.* FaDSS needs to establish management information systems (MIS) at the grantee level to document case intakes, assessments, interventions, and intermediate outcomes. Grantee MISs would support internal quality assurance activities as well as ongoing program evaluation and improvement.

## **CHALLENGES FACING RESEARCHERS**

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Since it is possible that different impacts would be observed for cohorts that entered the program recently, research on those cohorts is needed. Additional research is also needed to inform FaDSS policy makers and program managers as they confront the challenges listed above.

*Current FaDSS Impacts.* Research is needed to evaluate the impact of FaDSS on families who recently entered the program. This will necessitate the tracking of intermediate and self-sufficiency outcomes of FaDSS (i.e., treatment group) and non-FaDSS families over several years.

*Assessments.* Structured assessments will need to be developed and implemented for newly entering families. Structured assessments could be used to: (1) screen families for FaDSS enrollment; (2) characterize enrolled families with respect to barriers to work, human capital development issues, and potential for job progression; and (3) inform the planning of specific interventions with particular families.

*Intermediate Indicators.* Additional valid intermediate indicators of longer-term self-sufficiency outcomes need to be identified and tested. Such indicators should be derived from dynamic assessments which are designed to measure family progress in the program and inform ongoing interventions with families.

*MIS.* An MIS which can support ongoing evaluation and quality improvement, and which is suitable for grantee implementation, needs to be developed.

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## **ABOUT THE FaDSS CONTINUATION STUDY**

- AUTHORS** Thomas J. Martin is a research fellow at ISED. Dr. Martin's research focuses on human and social service policies and programs and on criminal justice issues.
- Jan L. Losby is a senior researcher at ISED. Ms. Losby's research focuses on human and social service programs. Ms. Losby is also the survey director at ISED.
- John F. Else is the President and Director of Research and Evaluation at ISED. Dr. Else's research focuses on human and social service policies and programs and on economic development issues.
- FUNDERS** The study was funded by the Charles Stewart Mott Foundation and the Joyce Foundation.
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- HOW TO RECEIVE THE FULL REPORT** For a copy of the full report, please send a check for \$10.00 (to cover printing, shipping, and handling) made payable to the Institute for Social and Economic Development, 1901 Broadway, Suite 313, Iowa City, IA 52240. Or you can order a copy from our web site: [www.ised.org](http://www.ised.org).
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