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## Temporary Assistance for Needy Families Program — Research Synthesis Brief Series

# TANF Recipients with Barriers to Employment

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- Most TANF recipients have at least one barrier to work and many have multiple barriers.
- The likelihood of work declines as the number of barriers increases.
- States employ specialized strategies, which include various approaches to assessment, work opportunities, and enhanced supports, to help those with barriers to employment.
- Both employment-focused and treatment-focused strategies can have positive short-term effects, but even the most effective strategies have left a large proportion of participants without work.

Many parents receiving assistance from Temporary Assistance for Needy Families (TANF) face serious barriers to employment. Sometimes called the “hard to employ,” these parents typically require enhanced assistance to prepare for, find, and keep jobs. Health issues

and disability, substance abuse, criminal records, domestic violence, limited education, and responsibilities for disabled children or parents all stand in the way. Federal TANF rules influence state policies toward the hard to employ (see box 1). Yet states vary considerably in approaches to serving this population.

### Box 1. Federal TANF Rules

Since TANF began in 1997, federal law has allowed states to extend assistance to up to 20 percent of their caseloads beyond the federal 60-month time limit. Many states base these extensions on disability. States may also exempt recipients from work activities and many states exempt recipients with disabilities or health issues. However, states must include all “work-eligible” assistance recipients in their work participation rate calculations. (States do not have a single definition of disability nor does federal law specify a definition for TANF purposes.) U.S. Department of Health and Human Services regulations ensure uniform and consistent measurement of work participation, including the definition of work activities.

TANF programs should recognize that most of the caseload requires a mix of treatment and work opportunities. Success for recipients with barriers to employment often requires case management and support services.

### Who Are TANF Recipients with Barriers to Employment?

The most common work barriers TANF recipients face are a lack of education and work experience, mental and physical health challenges, and caring for a child with special needs.<sup>1</sup> Six 2002 surveys in five states and the District of Columbia found that 4 in 10 recipients didn't graduate high school, 2 in 10 had little work experience, and 3 in 10 cared for a special needs child.<sup>2</sup> Roughly 10 to 15 percent reported domestic violence and criminal records. Health problems vary more by place, ranging from 2 to 3 in 10 for physical and 2 to 4 in 10 for mental health.

Studies based on national surveys typically measure only a few barriers but are consistent with state findings (table 1). Studies from before 2008 show that two-fifths of adult TANF recipients did not graduate high school and one-quarter have work-limiting disabilities. More recent surveys from the beginning of the recession in 2008 show a smaller percentage of the caseload did not graduate high school and a somewhat higher percentage had

a work limiting disability. A recent study of more than 11 disability measures using the National Health Interview Survey also finds that two-fifths of adult TANF recipients in 2005–2006 had a disability; another 10 percent had family members with disabilities.<sup>3</sup>

Nationally representative surveys generally do not measure substance use, domestic violence, or mental health problems. Studies focusing specifically on these barriers found them to be more common for TANF mothers than for other mothers.<sup>4</sup> These studies also point out the common relationships between barriers, such as domestic violence leading to depression or substance abuse. Also, studies of several more-common measures find little change in the percentage of recipients with work barriers, though some evidence shows work-based disability has increased.<sup>5</sup>

Several studies conclude most of the TANF caseload has at least one barrier, and a large share has multiple barriers. For example, 85 percent of a Michigan sample had at least one barrier while 37 percent had two or three.<sup>6</sup> The much larger national survey

showed 80 percent of recipients with at least one barrier and 42 percent with two or three.<sup>7</sup>

### How Do Barriers Relate to Employment?

The relationship between these barriers and employment is complex. Some recipients with a specific barrier can work while others cannot. The research evidence is mixed, depending on specific study methods, although most of the barriers discussed above are associated with significantly lower employment among TANF recipients.<sup>8</sup> For example, having a physical or mental health condition is associated with a 20 percentage point lower likelihood of work among a national sample of TANF recipients. In a sample of TANF recipients in one Michigan county, the difference in the probability of working 20 or more hours a week was 9 percent for those with a major depressive disorder, 20 percent for those with drug dependence, and 12 percent for those with less than a high school education.<sup>9</sup>

There is also strong evidence that the likelihood of work declines as the number of barriers increases. In the Michigan study, the probability of working 20 hours or more a week was 20 percentage points lower for TANF recipients with two or three barriers and 40 percent lower for those with four to six barriers.<sup>10</sup> A national study also found that recipients with two barriers were 30 percentage points less likely to be employed and recipients with three or more barriers were 45 percentage points less likely to be employed.<sup>11</sup> Employment barriers may also affect the likelihood of being subject to sanctions and time limits. Sanctioned families more often have barriers to work.<sup>12</sup> Also, families reaching time limits are more likely to lack a high school diploma and to have more than three children.<sup>13</sup> Several other studies suggest that the high prevalence of barriers among recent former recipients makes complying with states' TANF rules more difficult.<sup>14</sup>

**Table 1. Incidence of Barriers to Employment**

DATA YEAR	NSAF	SIPP			CPS		NHIS
	2002	2001	2003	2008	2000	2005	2005/6
No high school diploma	41.4	43.3	40.5	29.2	40.6	41.3	
No work in past two years	19.6						
Child under age 1	18.3	14.9	12.2	17.9	16.7	17.8	
Child on SSI	7.6	6.2	5.2	5.5	n.a.	4.1	3.2
Work-limiting health condition	25.2	29.2	26.6	30.4	22.1	24.7	26.8
Poor mental/emotional health	24.4						13.8

Sources: NSAF—Loprest and Zedlewski (2006); SIPP 2001/2003 and CPS 2000/2005—Acs and Loprest (2007); SIPP 2008—authors' calculations using definitions from Acs and Loprest (2007); NHIS—Loprest and Maag (2009).

## How Do States Approach TANF Recipients with Barriers to Work?

State and local TANF offices often employ specialized strategies to help those with the greatest needs move into work. Common components include assessments, work opportunities, and enhanced support services. Some states help TANF recipients with serious disabilities connect to Supplemental Security Income (SSI). States have also moved the hardest-to-employ TANF families into solely state-funded (SSF) programs with funding outside of TANF in order to both remove hard-to-employ parents from their TANF work participation rate calculation and provide services not countable under TANF participation rate rules.

**Assessment.** Assessments can identify potential barriers to employment so specialized services can be implemented quickly. Many clients do not self-report barriers because they do not recognize they have an issue or they want to avoid the potential stigma and consequences.<sup>15</sup> Also, many TANF workers express discomfort about addressing these issues and difficulty finding time to do so. Immediately after TANF implementation, many TANF offices emphasized assessment tools.<sup>16</sup> Some states use comprehensive initial assessments soon after benefit receipt begins. Others use a “work test” to identify those with difficulties meeting work requirements. Still others target those nearing time limits for assessments or additional services. Some states require all local offices to follow the same assessment procedure while others offer flexibility.<sup>17</sup>

State assessment approaches include disability screenings, clinical and psychological assessments, functional needs assessments, and vocational assessments.<sup>18</sup> Often, these tools uncover previously undetected disabilities and suggest the services a client may need. For example, specialized screenings conducted by trained staff identify more sub-

stance abuse problems than do generic screenings.<sup>19</sup> State agencies may use assessments to decide on work exemptions or to tailor individual employment plans. The tools have yet to be evaluated, but some hold promise when combined with intensive case management or specialized services.

**Work Opportunities.** On pain of financial penalties, states must meet minimum work participation requirements. These vary from state to state depending on factors such as the caseload reduction credit and funding choices, but generally require states to engage a percentage of work-eligible TANF recipients in specific federally defined activities for minimum average weekly hours in a month.

States are free to develop their own exemption policies with respect to work requirements, though if an individual meets the federal definition of “work-eligible,” his or her engagement in work-related activities will be counted when determining whether the state meets federal work participation rates. Many states exempt recipients with disabilities or health issues from work activities. The definition of disability and the application of these exemptions vary across states and sometimes within a state. In 2009, 33 states officially exempted “ill or incapacitated” recipients from work-related activities, although a few still required some “self-sufficiency activities.”<sup>20</sup>

Some TANF offices create work opportunities outside the competitive labor market as a first step toward permanent unsubsidized employment for those with work barriers.<sup>21</sup> Such programs typically provide intensive supports while helping individuals manage their disabilities within a work context. For example, New York City’s WeCARE (Wellness, Comprehensive Assessment, Rehabilitation, and Employment) provides unpaid work experience with on-site support and monitoring; Georgia Good Works subsidizes job placements and offers intensive case manage-

ment, job coaches, and logistical support; and Utah’s Diversified Employment Opportunities provides unsubsidized transitional employment while coordinating mental health assistance with other professional services. While these initiatives have not been rigorously evaluated, they clearly aim to increase employment and reduce reliance on TANF.

**Support Services.** States often provide a range of services apart from work supports—intensive case management, rehabilitative services, job coaching and support groups, and referral to other services.<sup>22</sup> Many create individual plans geared to helping individuals overcome varied and multiple challenges.

Intensive case management models, for example, often connect individuals with, say, mental health counseling, substance abuse treatment, vocational rehabilitation, and domestic violence services. Instead of having to find their way to each service, hard-to-employ TANF recipients have easier access. Many local offices facilitate program interactions through TANF-funded contracts, formal collaborations, or referrals, though states struggle with integrating services while maintaining a work focus and operating with limited resources. One example, Minnesota’s Integrated Services Program, reports limited success.<sup>23</sup>

**Connection to SSI.** Some states help certain TANF recipients qualify to receive SSI, the federal program for low-income persons with disabilities severe enough to prevent work. The complex and time-consuming SSI application requires extensive documentation of disabilities and, sometimes, multiple hearings. States sometimes connect recipients to legal services and other providers to help them move through this process.<sup>24</sup>

States typically exempt TANF recipients from work activities while their SSI applications are pending. These recipients still count in states’ work participation rate calculations but often do not participate in activities that

could prepare them for work because this could jeopardize SSI eligibility. However, SSI application can be long and some applicants may not qualify for benefits. Therefore, WeCARE and some other programs target only those most likely to qualify, determined by the program's own medical assessment. Gauging the effectiveness of such efforts is difficult, since no available data isolate SSI applications and outcomes for TANF recipients from other populations. The Department of Health and Human Services and the Social Security Administration's TANF SSI Disability Transition Project is matching several states' TANF and SSI records to examine connections.

**Solely State-Funded Programs.** To avoid counting hard-to-employ parents and to provide services not countable under TANF, 14 states in 2010 adopted SSFs.<sup>25</sup> Families in 9 of these 14 states were not required to comply with the regular TANF program work requirements. Some states move those with disabilities applying for SSI into these programs.<sup>26</sup> Others provide work services for periods longer than TANF allows to hard-to-employ individuals in SSFs.

### What Helps TANF Recipients with Employment Barriers Succeed in Work?

In recent decades, states have combined many of the service elements mentioned here into strategies to move the hard to employ to self-sufficiency. Before reform in 1996, states received waivers from federal requirements to try out new strategies. Mandated evaluations of these new procedures helped inform the 1996 welfare law. After TANF passed, a few evaluations have continued to generate evidence.

In the 1980s and 1990s, most state welfare-to-work strategies involved some mix of job search assistance, education, training, and unpaid work experience. An analysis of 20 rigorous evaluations finds that the programs boosted employment and earnings about as

much for the most disadvantaged recipients as for others. That said, outcomes were much worse for the most disadvantaged because they began with low levels of employment.<sup>27</sup> And these programs typically did not target recipients so besieged by employment barriers they were exempt from work requirements.

In the post-reform era, policymakers and researchers began paying more attention to TANF recipients with multiple serious employment barriers. Some state and local program models targeting the hard to employ have been rigorously tested and evaluated using random assignment evaluation designs (table 2).<sup>28</sup>

The programs fall along a continuum of service strategies. At one end of the spectrum are models focused mainly on providing work experience as a means to identify and address the issues that prevent participants from getting and holding regular jobs. At the other end are models focused mainly on helping (or requiring) participants to obtain treatment for a health condition that made steady work difficult. Models in the middle provide both treatment and employment services in different combinations and sequences. Differences in service strategies affect interpretation of the evaluation results. All models aim to increase employment eventually, but the mechanism and expected timing of these impacts differ. For example, Working Toward Wellness did not offer direct employment services and expected increases in employment would follow increases in treatment participation and reductions in depression.

The different service strategies partly reflect different philosophies and ideas about how best to help people prepare for work. Some believe that work experience is the most effective way to build human capital and identify employment barriers, while others believe that programs should assess and address barriers first in order to improve employment prospects. However, the models

also differ because the programs targeted different people. Some served a diverse group distinguished mainly by long histories of welfare receipt or lack of success in the labor market, while others targeted people assessed or diagnosed with specific health conditions that limited their ability to work.

Most of the highlighted programs achieved at least some positive impacts. For example, the Philadelphia Hard-to-Employ site and PRIDE both increased employment to some extent, and the impacts lasted for several years in PRIDE.<sup>29</sup> Nonetheless, most program participants end up without jobs. For example, two-thirds of the PRIDE program group never worked in a job covered by unemployment insurance during a two-year follow-up, and nearly 80 percent still received cash assistance at the end of that period. Similarly, while PRIDE increased full-time employment, as of the two-year follow-up point, only 23 percent reported having a full-time current or most recent job.

Programs focused primarily on treatment succeeded in their immediate goal of increasing participation in substance abuse or mental health services. For example, 32 percent of the Working Toward Wellness program group received mental health services in the six months after enrollment compared with 22 percent of the control group. Positive results extended beyond participation in the Substance Abuse Research Demonstration (SARD)—treatment completion increased and substance use decreased. Moreover, despite low employment rates, the program group reported full-time employment two years after enrollment twice as often as the control group (22 percent versus 9 percent).

However, the other studies show that increases in treatment participation do not necessarily translate into increases in health outcomes or, in the longer term, employment. Working Toward Wellness did not reduce depression, and the Substance Abuse Case

**Table 2. Program Models for TANF Recipients with Barriers to Employment**

PROGRAM/STUDY	TARGET GROUP	PROGRAM MODEL	SAMPLE SIZE	RESULTS
Transitional Work Corporation (Bloom et al. 2009)	TANF recipients for at least one year or lacked a high school diploma	Two-week preemployment class, then subsidized transitional jobs, job placement and retention services	Nearly 2,000 TANF recipients from four TANF offices in Philadelphia	Large increase in employment during program, not significant after 1.5 years, increases in earnings, reductions in TANF
Personal Roads to Individual Development and Employment (PRIDE) (Bloom, Miller, and Azurdia 2007)	TANF recipients with work-limiting health conditions or disabilities	Mix of unpaid work experience, educational activities, and job search assistance	About 3,000 TANF recipients in New York City	Statistically significant increases in employment sustained through at least four years
Minnesota Tier 2 (LeBlanc et al. 2007)	TANF recipients who failed to find jobs through regular TANF work services	Intensive case management, some subsidized job slots	About 1,700 TANF recipients in Hennepin County	No sustained impacts on employment or public assistance outcomes
Success Through Employment Preparation (Bloom et al. 2009)	TANF recipients for at least one year or lacked a high school diploma	Intensive assessment followed by "barrier removal" services	Nearly 2,000 recipients from four TANF offices in Philadelphia	No significant impacts on employment, earnings, or TANF receipt
Building Nebraska Families (Meckstroth et al. 2009)	TANF recipients required to participate in work activities	Home visiting and life skills education	About 600 TANF recipients in rural Nebraska	Small impacts for the full sample; substantial increases in earnings, job quality, and other measures for the "very hard to employ"
Substance Abuse Research Demonstration (SARD) (CASA 2009)	TANF recipients with substance abuse or dependence	Intensive case management to promote treatment participation	302 TANF recipients in two New Jersey counties	Increases in treatment participation and completion, abstinence, and employment
Substance Abuse Case Management (SACM) (Martinez et al. 2009)	Welfare recipients (mostly single men) with substance abuse issues	Case management to promote treatment participation	About 8,800 NYC welfare applicants and recipients identified with possible substance abuse issues	Increases in treatment participation, no impacts on employment, decreases in cash assistance receipt for TANF mothers
Working Toward Wellness (Kim, LeBlanc, and Michalopoulos 2009)	Medicaid recipients with depression	Telephone-based care management to promote treatment participation	499 Medicaid recipients with children in Rhode Island	Increases in treatment participation six months after enrollment

Note: Table includes only programs evaluated using a random assignment design.

Management study—which operated on a much larger scale than SARD—did not lead to longer-term improvements in employment for the full study sample (substance use was not measured).

The Building Nebraska Families program does not fit neatly with the other approaches. In this expensive model, with master’s-level staff handling small caseloads and conducting home visits every week or two to teach life skills, only small impacts occurred for the full sample. Results for the least job-ready clients (those with at least two of five specific employment barriers) were much stronger, with significant increases in employment, earnings, and other outcomes. It would be important to learn whether this model could achieve similar results in an urban area with a large TANF caseload, or whether a less costly version could be equally effective.<sup>30</sup>

The least positive results came from the broadly targeted intensive assessment and case management models in Minnesota Tier 2 and Success Through Employment programs. These programs generated few positive employment impacts and had difficulty engaging participants for long periods. Some participants did not complete the extensive assessments required for the first phase and thus did not receive many additional services.

Some promising models mentioned earlier, such as programs in New York City, Georgia, and Utah, have not been rigorously tested. Also, the Chicago-based Project Match has been developing models for hard-to-employ welfare recipients, including specialized case management and a continuum of employment services, since the 1980s.

Lessons for TANF recipients perhaps can be gleaned from other models that have been rigorously tested for different populations. For example, an approach called Individual Placement and Support for persons with disabilities has achieved strong employment results by placing participants directly into

regular jobs carefully matched to their skills, interests, and capabilities, and then providing support.<sup>31</sup> Evaluations of this model pertain primarily to those with psychiatric disabilities; modifications might be required to adapt the model to single TANF parents caring for young children.

### What Are the Implications for State and Federal Policy?

In short, evidence is limited on the effectiveness of states’ post-TANF strategies to move hard-to-employ recipients toward self-sufficiency. Evidence from random assignment studies indicates at least some positive effects for both employment-focused and treatment-focused approaches. However, longer-run employment effects remained low for the employment-focused interventions and while treatment-focused models increased service use, evidence of increased employment remains unclear.

Nonetheless, the research suggests some actions for states to consider taking. In the near term, more states could adopt effective assessment and reassessment tools to identify recipients with barriers to employment and connect them to appropriate services. More also could adopt strategies to accelerate SSI applications for recipients with permanent disabilities.

TANF programs should recognize that much of the caseload requires a mix of treatment and work opportunities. Many recipients require substance abuse, mental health, or other types of counseling, often beyond the time these activities can count as work participation. Success for recipients with barriers to employment often requires case management and broad support services.

In the longer term, policymakers should consider whether partial or temporary benefits for families with significant barriers to employment should be provided outside of or as a separate segment of TANF. As

evidenced by the research here, a “one-size-fits-all” work focus is not the best vehicle for serving parents with significant barriers to employment.

### Areas for Future Research

While this review shows an accumulation of knowledge about hard-to-serve TANF recipients, it also reveals many gaps, especially about program strategies after the Deficit Reduction Act (DRA).

1. **Has the prevalence of barriers changed since the recent economic downturn and caseload growth?** Are there differences across types of barriers? Do caseload dynamics (TANF cycling and spell length) differ for those with multiple barriers? What is the frequency of sanctions and time limits among recipients with multiple barriers? What is the incidence of employment barriers among parents eligible for TANF who do not enroll?
2. **What are current state policies focused on the hard to employ?** How have state TANF program strategies changed post-DRA and post-recession? How has spending on specialized services changed? Have promising interventions ended or started? How does access to other employment and health services relate to TANF program strategies?
3. **What helps the hard to employ move to self-sufficiency?** Have promising TANF models not yet been evaluated? Can promising models for other populations be adapted to TANF recipients? Can certain recipients attain part-time work when full-time work is unrealistic?

## Notes

1. Acs and Loprest (2007) summarize several studies and data on potential barriers to employment.
2. Hauan and Douglas (2004) summarize the findings of these surveys.
3. Loprest and Maag (2009). Disability refers to meeting any of 11 measures, including limitations in specific functional abilities; emotional, physical, or mental limitations on work; sensory impairments; serious psychological distress; cognitive/memory problems; excessive alcohol use; and receipt of public or private disability benefits.
4. See Lennon, Blome, and English (2002), Metsch and Pollack (2005), and Tolman and Raphael (2000).
5. Acs and Loprest (2007).
6. Danziger et al. (2000).
7. Loprest and Zedlewski (2006).
8. Because some barriers co-occur, methods to simultaneously measure the connection of multiple employment barriers can lead to insignificant findings even when each individual barrier is associated with lower employment; see Hauan and Douglas (2004).
9. Danziger et al. (2000).
10. Ibid.
11. Loprest and Zedlewski (2006).
12. Pavetti, Derr, and Hesketh (2003).
13. Farrell et al. (2008).
14. Acs and Loprest (2007); Frogner, Moffit, and Ribar (2010).
15. Schmidt et al. (2006).
16. Thompson, Van Ness, and O'Brien (2001).
17. Ibid.
18. Pavetti, Derr, and Sama Martin (2008).
19. Morgenstern et al. (2001).
20. Rowe, Murphy, and Searle (2010).
21. Derr and Pavetti (2008).
22. Ibid.; Loprest et al. (2007).
23. Martinson et al. (2009).
24. Loprest et al. (2007).
25. U.S. GAO (2010).
26. Schott and Parrott (2009).
27. Michalopoulos, Schwartz, and Adams-Ciardullo (2001).
28. The highlighted studies have occurred since 2000.
29. The Supported Work demonstration conducted in the late 1970s yielded similar results (Hollister, Kemper, and Maynard 1984).
30. Other programs that achieved some positive impacts either did not collect or have not yet reported cost information.
31. Bond (2004).

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