The Building Wealth and Health Network: A Trauma-Informed Financial Self-Empowerment Program for Families with Young Children

If given the opportunity, parents of young children living in deep poverty have great potential to break out of poverty. Yet Temporary Assistance for Needy Families (TANF), the public assistance program meant to promote economic security, falls short of facilitating the development of family potential. TANF often ignores underlying issues, such exposure to violence and financial exclusion, creating barriers to economic security. The Building Wealth and Health Network (The Network), a program built in partnership between the Center for Hunger-Free Communities at Drexel University and the Pennsylvania Department of Human Services, addresses this shortfall. The Network provides trauma-informed peer support, financial empowerment education, and matched savings accounts to help caregivers of children under age 6 build up their family wealth and health. Piloted as a randomized controlled trial with distinct financial education and trauma-informed peer support components, the program showed significant improvements in depression and caregiver and child health. The Network underwent a curriculum improvement process in 2015 to blend financial and behavioral health aspects into a single curriculum, and is currently running as an intervention study, in which participant outcomes over time are compared to baseline. Preliminary results show that The Network reduces depression, improves food security, and promotes employment and family savings.

Program Rationale

The Network utilizes a two-generation approach, which recognizes that promoting children’s health and development is most effectively achieved by ensuring that parents earn enough income to meet basic needs and build assets that promote their child’s wellbeing. Toxic stress during childhood—prolonged activation of stress response systems from exposure to adversity such as homelessness, hunger, or neglect—is a significant predictor of poor health and poverty. When toxic stress and Adverse Childhood Experiences (ACEs), such as abuse, neglect and household dysfunction, are unaddressed, individuals are more likely to have physical, mental and behavioral health problems, poor academic achievement, difficulty gaining employment and ability to attain economic security, limited executive skills such as working memory and cognitive control, and difficulty parenting. In addition to mental and physical health barriers, TANF-eligible families often have low financial literacy, poor or no credit history, few or no assets, and are unbanked (having no checking or savings account) or under-banked (having a bank account, but primarily relying on alternative financial services such as check cashing and money orders). Lack of access to mainstream financial institutions can be crippling, as savings and other assets play a critical role in helping families to weather periods of economic uncertainty. Savings creates a financial foundation that improves health, increases civic involvement, lowers rates of intergenerational transfer of poverty, and reduces extreme stress that accompanies maternal depression. In addition to building financial assets, strengthening social support networks helps build resilience and promotes maternal and child health.
The Network has five major components: curriculum, matched savings, financial coaching, social work support, and ongoing evaluation and advising.

1) **Financial SELF Empowerment Curriculum.** Two coaches facilitate the curriculum, developed for individuals with low or no income, in a peer-learning format that includes co-learning and empowerment education. The program combines financial education with a trauma-informed approach to social services adapted from the Sanctuary Model® into 16 topics delivered in 3-hour interactive sessions. Coaches and members use the Sanctuary Model’s SELF tool—*Safety, Emotional Management, Loss,* and *Future*—to navigate personal challenges related to finances, employment, family, and community. In addition to learning money management techniques and problem-solving skills, Network members also share their knowledge, experience, and support with each other. Members create individual savings goals that range from starting a business to paying off debt, and receive financial incentives for class attendance and savings.

2) **Matched Savings.** Members open savings accounts with a federal credit union. The Network deposits the initial $15 to establish the account and bank membership. From there, The Network makes one-to-one matches for each member’s deposits up to $20 per month, and deposits incentives for program participation. With this match, members can save up to $600 in a year. Network members celebrate their individual and collective savings as a group each week.

3) **Individualized Financial Coaching.** For personalized attention to an individual’s financial goals, each member is invited to participate in coaching sessions that address issues such as accessing credit reports, bankruptcy, tax and title liens, interpretation of financial mail, and business and entrepreneurship ideas.

4) **Social Work Referral.** Individuals requesting assistance outside of the classroom format may schedule one-on-one sessions with the Center’s social worker to address and provide referrals for issues such as intimate partner violence, mental health, and housing concerns.

5) **Network Advisory Council and Ongoing Evaluation.** Members who complete the Network are invited to serve a one-year term on the Network Advisory Council to give feedback and guidance on the effectiveness of programming, evaluation, and dissemination. Members self nominate to serve on the Council and receive an honorarium for participation. They also participate in subcommittees based on their interests.
At baseline and at four additional three-month intervals, the project team regularly tracks members’ de-identified financial and health outcomes, using Audio Computer-Assisted Self-Interviews (ACASI) to assess metrics of wealth and health. Recruitment and participation in the Network are ongoing. Across 11 cohorts, 372 members have started the program, and 126 people across three cohorts have completed the full 12-month cycle. Post-program outcomes indicate that The Network may have had positive impacts on food security, self-rated health, depression, employment, and savings account participation.

**Outcomes Measured at Baseline, 3, 6, 9, & 12 months:**

1) **Exposure to Adversity, Violence, & Criminal Justice (Baseline Only)**
   - Adverse Childhood Experiences: 10-item retrospective survey of experiences before age 18 including abuse, neglect, and household instability
   - Survey of Exposure to Community Violence: self-report of victimization or witnessing community violence
   - Interaction with Criminal Justice: if participant, child, or child’s other parent spent time in jail or prison

2) **Family Economic Hardship**
   - U.S. Household Food Security Measure: 18-item measure developed by USDA; food insecurity defined as lack of access to enough food for an active and healthy life
   - Energy Insecurity: inability to pay heating and cooling bills and/or having service cut off
   - Housing Insecurity: overcrowding in the home or multiple moves in a year

3) **Career Readiness**
   - Employment and Hourly Wage
   - Unofficial work and self-employment
   - Employment Hope: psychological empowerment, future-oriented self-motivation, utilization of skills and resources, and goal-orientation
   - General Self-Efficacy: individual self-efficacy in addressing daily challenges, adapting after stressful events
   - Financial behaviors, knowledge, and self-efficacy: financial management habits and efficacy

4) **Physical & Mental Health**
   - Physical Health (parent and child): self-rated as excellent, good, fair, or poor
   - CES-D (parent): 10-item screener assessing various symptoms of depression
   - Parent’s Evaluation of Developmental Status (child): 10-question measure of parent-assessed developmental risk in several domains
The Network’s trauma-informed approach to financial empowerment holds strong potential for improving maternal-child health and family economic security, and provides a model for future TANF programming. TANF programs must address the hardships related to trauma and integrate supportive services for families to build resiliency. Additionally, asset-building programs, such as Building Wealth and Health Network, that implement a trauma-informed approach can lead families to more success in achieving self-sufficiency and end dependence on government benefits.

References