THE ISSUE

The Temporary Assistance for Needy Families (TANF) program has limited success in building self-sufficiency, and it rarely addresses exposure to trauma as a barrier to employment. Many TANF recipients have a work-limiting health condition, and high rates of exposure to violence and adversity in their families and communities. These hardships are closely linked to depression, cardiovascular disease, poor cognitive functioning, and food insecurity, which in turn hinder work prospects and stable income.

To address this, the Building Wealth and Health Network (The Network) combines financial empowerment, trauma-informed peer support, and matched savings to more effectively support TANF participants and their families.

THE INTERVENTION: BUILDING WEALTH AND HEALTH NETWORK

The Building Wealth and Health Network is a program for participants in the TANF cash assistance program who are required to complete work participation for at least 20 hours per week. In a randomized controlled trial (RCT), 103 primary caregivers of children under age 6 were randomly assigned to one of three groups:

- **Control Group**
  - Standard TANF programming including supervised job search and job training programs for 20 hours per week

- **Partial Intervention Group**
  - Matched savings accounts including 1:1 matches of up to $20 per month for a full year
  - Financial empowerment education classes designed for adults with little to no income (3 hours per week for 28 weeks)

- **Full Intervention Group**
  - Matched savings accounts and financial empowerment education (same as partial intervention)
  - Trauma-informed peer support groups focused on Safety, Emotions, Loss, & Future (SELF) from the Sanctuary Model® (4 hours per week for 28 weeks)

Compared to the control group and partial intervention group, the full intervention group reported:

- Reduced economic hardship
- Reduced depressive symptoms
- Increased self-efficacy

The full and partial interventions also protected against increases in child development risk over time compared to standard TANF programming. Although the control group showed higher levels of employment, the full intervention group reported greater earnings.

Please see reverse side for more information.
CONCLUSIONS

Despite high exposure to trauma and adversity, caregivers who received both financial empowerment education and trauma-informed peer support reported improved self-efficacy and depressive symptoms, and reduced economic hardship compared to those who received financial empowerment education alone or standard TANF programming.

Results of the Network RCT suggest that trauma-informed approaches may create steady improvements in health and income. Future research should explore how such approaches may help participants improve income and well-being over a longer period of time for both caregivers and children.

RECOMMENDATIONS

Make Public Assistance Programs Trauma-Informed. Incorporate trauma-informed approaches to public assistance and job-training programs to improve health and income for participants and their families.

Implement a Two-Generation Approach. Invest in programs that support caregivers’ physical, mental, and economic health to promote both caregiver and child well-being.

Focus on Behavioral Health Before Work-First. Create state-funded employment and training programs that extend behavioral health services to support families in achieving career readiness and self-sufficiency, rather than focusing solely on work participation requirements.

For more information about this study, please see the following articles:


REFERENCES


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