



RESEARCH BRIEF | JANUARY 2018

TRAUMA-INFORMED TEMPORARY ASSISTANCE FOR NEEDY FAMILIES *A Randomized Controlled Trial with a Two-Generation Impact*

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.¹⁻² These hardships are closely linked to depression, cardiovascular disease, poor cognitive functioning, and food insecurity, which in turn hinder work prospects and stable income.³⁻⁵

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.⁶ 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)

OUR RESEARCH

All three groups completed surveys at baseline and every three months for fifteen months to assess metrics of wealth and health. We measured the changes for each group over time in the following outcomes:⁷

- **General self-efficacy (GSE):** Self-rated ability to manage stress and capacity to address challenges
- **Depressive symptoms (CES-D):** 10-item screener assessing various symptoms of depression
- **Economic hardship:** Combined measure including food insecurity (lack of access to enough food for an active and healthy life), housing insecurity (≥ 2 moves, crowding), and energy insecurity (utility shut-off notices, actual shut-off, using a cooking stove for heat)
- **Child developmental risk (PEDS):** Parent assessment of child's development of language, motor, social, and cognitive skills
- **Employment:** Self-reported current employment status
- **Earnings:** Self-reported hourly wages

WHAT WE FOUND

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.

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:

Booshehri LG, Dugan J, Patel F, Bloom S, and Chilton M. Trauma-informed Temporary Assistance for Needy Families (TANF): A Randomized Controlled Trial with a Two-Generation Impact. *Journal of Child and Family Studies*. 2018. <http://www.centerforhungerfreecommunities.org/trauma-informed-tanf-rct>.

Welles SL, Patel F, Chilton M. Does employment-related resilience affect the relationship between childhood adversity, community violence, and depression?. *Journal of Urban Health*. 2017;94(2):233-43. <https://www.centerforhungerfreecommunities.org/employment-resilience-childhood-adversity>.

Sun J, Patel F, Kirzner R, Newton-Famous N, Owens C, Welles SL, Chilton M. The Building Wealth and Health Network: methods and baseline characteristics from a randomized controlled trial for families with young children participating in temporary assistance for needy families (TANF). *BMC Public Health*. 2016;16(1):583. <http://www.centerforhungerfreecommunities.org/network-methods-baseline-characteristics>.

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7. Booshehri LG, Dugan J, Patel F, Bloom S, and Chilton M. Trauma-informed Temporary Assistance for Needy Families (TANF): A Randomized Controlled Trial with a Two-Generation Impact. *Journal of Child and Family Studies*. 2018.

FOR MORE INFORMATION, PLEASE CONTACT:

Mariana Chilton, PhD, MPH, Principal Investigator, at mariana.chilton@drexel.edu

Falguni Patel, MPH, Project Director, at falguni.patel@drexel.edu
