ALIGNING SYSTEMS TO BUILD A CULTURE OF HEALTH

Why a Trauma-Informed Approach Can Help TANF Be More Successful

OVERVIEW

By focusing strictly on job search and work participation, the Temporary Assistance for Needy Families (TANF) program creates barriers that limit participants’ ability to find and keep a job. TANF will not be successful without proper attention to adversity and poor health experienced by TANF participants. TANF outcomes could improve if programing included comprehensive approaches to promote social support and build resilience, which have been shown to limit the negative effects of exposure to violence and adversity.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

The Temporary Assistance for Needy Families (TANF) program was established in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act. The goal was to overhaul the Aid to Families with Dependent Children (AFDC) program that began in 1935 to provide cash welfare to low-income families with children. This new legislation transformed the program that was meant to be a safety net for families into one that has strict, sometimes impossible, requirements and penalizes participants for not complying.

Unlike AFDC, TANF places strict requirements on individuals participating in the program to demonstrate that they are actively seeking employment. This requirement is often demanded without sufficient support in place for participants. This focus on employment often eclipses other forms of assistance, leaving people who need additional support to find and keep a job without the resources to help them achieve that goal.

While the number of families receiving TANF has been on the decline, the number of people living in poverty has increased since 1996 welfare reform. In 2013, 45.3 million people lived in poverty in the United States, including over one in five children under the age of six, yet only 27% of eligible families received TANF. In 2015, only 23 out of 100 families in poverty received cash assistance. States benefit when TANF participant numbers decrease, leaving no strong incentives to keep people on the program to help them with time and resources to find work.

To receive benefits, families with young children under age six that are deemed to be “work mandatory” are required to participate in work-related activities for at least 20 hours per week. However, due to financial hardship, poor health, and exposure to violence and adversity, the success families achieve through TANF is limited.

This policy brief is the first in a series for RWJF-funded project “The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations.”
TRAUMA IMPACTS FAMILIES AND CONTRIBUTES TO THE TRANSFER OF POVERTY ACROSS GENERATIONS

TANF participants report serious barriers to employment, high rates of depression, and multiple unaddressed needs.1 Almost 43% of TANF recipients reported multiple disabilities including memory impairment, emotional/mental and movement limitations, and sensory impairments.2 In addition to reporting poorer health and disability, TANF participants also report high rates of exposure to community and family violence.3

Toxic stress during childhood, defined as prolonged activation of stress response systems in relation to adversity such as homelessness, hunger, and neglect, has lifelong effects on a person’s health and wellbeing. It is one of the most significant predictors of poor health and continued poverty among low-income families.4

When toxic stress and a related set of exposures called Adverse Childhood Experiences (ACEs) are unaddressed, children are more likely to have physical, mental and behavioral health problems that negatively affect their ability to learn in school, gain employment, and be financially secure later in life.5

Trauma and ACEs are especially high among those receiving TANF.6 ACEs consist of physical and emotional abuse and neglect, sexual abuse, and household dysfunction, such as having a household member in prison, and witnessing domestic violence.

High levels of adversity among TANF participants and those living in poverty affects:
- physical and mental health,
- academic achievement,
- employment,
- food insecurity,
- development of executive skills such as working memory and cognitive controls, and
- parenting of the next generation.7

Exposure to ACEs has also been linked to higher rates of worker absenteeism and stress surrounding work and finances in adulthood, indicating an association between ACEs and later financial stability.8

### HOW ADVERSE CHILDHOOD EXPERIENCES INFLUENCE HEALTH AND WELL-BEING ACROSS THE LIFESPAN

Adapted from Felitti et al. (1998)

Research shows that mothers who have experienced high levels of ACEs are 80% more likely to report concerns about their child's development in areas such as motor skills, language delays, and social and emotional behavior. These childhood developmental concerns have demonstrated strong predictability of disability in adulthood. Similar research has found that mothers reporting high levels of childhood adversity are more likely to report food insecurity for their children. This demonstrates how trauma and adversity is transmitted across generations, perpetuating the cycle of poverty.

Trauma, Work, & Success

Historically, TANF has focused on steering families toward work without adequate behavioral and mental health supports. Emphasis on job search and work participation for families without attention to poor health and adversity may be a set up for failure.

Trauma Affects An Individual’s Ability to Work

The TANF program is meant to help families with young children reach self-sufficiency, yet its approach is primarily to ensure that caregivers seek, gain and maintain employment. In addition, federal guidelines do not call for improving such metrics beyond employment and exit from TANF. TANF participants are put in an impossible situation where they must find work but do not have the tools to maintain employment and achieve financial security. Providing parents with tools to navigate the workplace while supporting them in raising healthy children would better prepare families for success after leaving TANF. By integrating a trauma-informed approach that addresses the barriers to employment, TANF could more successfully move people from welfare to work and break the cycle of poverty.

Ignoring Trauma Can Cause Harm

Most state TANF programs do not integrate approaches that address trauma. They are more likely to sanction TANF participants who are unable to meet the mandated work requirements than to give support. Sanctions include having TANF benefits reduced or cut off. While this policy intends to encourage families into complying with the work participation requirements, it only increases the hardships that families face in achieving financial stability.

When the small benefit they receive is taken away, families have more difficulty looking for employment, especially without transportation and childcare supports. Families who are sanctioned are more likely to have significant health impediments to employment, including domestic violence, food insecurity, utility shut offs, homelessness, child hospitalizations and child developmental risk. The severe penalty of sanctions does the opposite of helping a family reach self-sufficiency.

This TANF policy perpetuates a cycle where people who are in deep poverty rely on the program to help support themselves and their families. Rather than having the supports in place while they search for and maintain work, sanctions lead them deeper into poverty.

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The Sanctuary Model® is a trauma-informed and evidence-supported operating system for human services organizations that provides a structure and creates a common language for people to communicate and collaborate with each other. The Sanctuary Model is designed to foster an organizational culture that can address and help transform the effects of trauma experiences by staff, clients, and community members. It allows an organization as a whole to be trauma-responsive in creating policies, procedures and practices that reduce the impact of stress, adversity and trauma on the whole community. The Sanctuary Model provides an organizing structure of knowledge (Trauma Theory), values (Sanctuary Commitments), language (S.E.L.F.) and a toolkit. The shared language of the Sanctuary Model is S.E.L.F. (Safety, Emotional Management, Loss, and Future) and all staff members and clients share in this useful way of facilitating decision-making and problem solving.

In a trauma-responsive environment, individuals and communities who have experienced trauma are able to heal from the experiences and build executive functioning skills to better manage stress and adversity in the future.

Trauma-Informed Approaches & TANF

To be successful, TANF programs can address hardships related to trauma and integrate trauma-informed peer support approaches. By addressing the trauma people living in poverty face, barriers to employment can be removed and participants will have the opportunity to be more successful in the workforce. A trauma-informed approach involves understanding, recognizing, and responding to the effects of trauma. The approach addresses traumatic experiences and facilitates healing in a safe and transparent environment that fosters community and peer support.

The Building Wealth and Health Network

Research has shown that TANF programs that prioritize health and wellbeing have a positive influence on helping families to find and keep employment and demonstrate movement towards self-sufficiency. In the Building Wealth and Health Network, our research has shown this to be true: over four of every five Building Wealth and Health Network members have experienced at least one Adverse Childhood Experience, and nearly two in five had experienced four or more. Given the high prevalence of trauma, a focus on supporting and building resilience is essential for people to move out of poverty.

The Building Wealth and Health Network (The Network) is a financial self-empowerment program for parents of young children intended to improve health outcomes in two generations and improve economic security. The Network utilizes the Sanctuary Model® to deliver a trauma-informed lens on a financial curriculum for caregivers participating in TANF and other benefit programs. The Network includes three components: Financial SELF Empowerment classes, matched savings, and one-on-one support.

1. Financial SELF Empowerment Classes

Our unique curriculum is for individuals with zero to low earned income. The Financial Self-Empowerment class includes 16 topics of financial empowerment within peer support groups.

- **Peer Support Groups:** discussions focused on Safety, Emotion, Loss & Future (S.E.L.F) from Sanctuary® trauma-informed approach to social services. Network members share their knowledge, experience, and support with each other.

- **Financial Empowerment:** discussions on basic financial terms, resources and goals while developing techniques to apply it to various financial situations. Network members create individual savings goals that range from starting a business to paying off debt.
2. Matched Savings

Network members have an opportunity to build their own assets by opening a savings account. The Network encourages members to continue to save for the future by matching money deposited into the account dollar for dollar up to $20 a month for a full year.

Each account is opened in the member’s name, with provisions made for members with unfavorable banking history to be able to open an account. The Network wires funds directly into the savings account. Network members celebrate their individual and collective savings as a group each week in class.

3. One-on-One Support

In addition to the classes and matched savings, Building Wealth and Health Network members participate in:

- **Individualized Financial Coaching:** Members can make an appointment with their financial coach for personalized support on financial goals.
- **Social Work Referral:** Members can schedule a meeting with the Network’s social worker to address and provide referrals for various issues.

**BUILDING WEALTH AND HEALTH NETWORK MEMBERSHIP**

Network Members receive membership cards upon joining the program. This is the first step in their journey towards building stronger community. They become part of a support system that goes beyond public assistance, and that builds more sustainable and meaningful bonds within the community. As members, they share encouragement, advice, and friendship, providing real-time peer support. Membership in the Network serves to counteract the social isolation associated with ACEs, depression, and deep poverty, and helps members to build a healthy network.

**Network Advisory Council:** Members who complete the program can join the Advisory Council to give guidance and feedback on the program, plan social events, and participate in advocacy.

**TRAUMA-INFORMED APPROACHES HELP TANF PARTICIPANTS SUCCEED**

Network participants have shown improvements in economic hardship, increased income, reduction in depression among people with high ACEs, and reduction in poor child health. To be successful, TANF programs can be built to explicitly address these hardships and integrate trauma-informed peer support approaches into job training and skill building. A trauma-informed intervention, such as the Building Wealth and Health Network, can improve mental health and wellbeing and create a path to self-sufficiency. Improving a caregiver’s mental and financial health can lead to increased health and wellbeing for their children. This allows TANF to achieve true success in supporting families as they work towards self-sufficiency.

The Network’s trauma-informed approach to financial empowerment holds strong potential for improving maternal-child health, family economic security, and resilience, providing a model for future TANF programming.
**Policy Improvements**

TANF programs meant to encourage participation in the workforce can utilize comprehensive approaches to support families who have experienced trauma and adversity.

- Prevalence of trauma and adversity should be evaluated by case workers in each state and nation-wide.
- Families should be screened for exposure to trauma during TANF application process, so that they can be connected to supportive services.
- Data should be collected and tracked over time to assess improvements in physical and mental health, academic achievement, and cognitive ability.

Trauma-informed approaches to career readiness, such as the Building Wealth and Health Network, offer families opportunities for success in the workforce and should be integrated into current programming to improve the program outcomes.

- Employment and Training programs should implement a trauma-informed approach such as the Sanctuary Model®.
- Staff should be trained on trauma-informed approaches and be better prepared to provide trauma-responsive care in all interactions with TANF participants.
- As many programs within Health and Human Services are implementing a two-generation approach, the incorporation of a trauma-informed approach to these programs would benefit the health and wellbeing of full families.

TANF programs can be improved if they provide behavioral health peer support while building economic empowerment and asset building skills.

- TANF employment programs should incorporate behavioral health services that address other needs families have, such as housing, childcare, and mental health to support families in addressing these needs prior to or alongside job search.
- Programs should incorporate asset building activities that will allow families to strengthen their personal safety nets as they move towards a path of self-sufficiency.

States should be able to utilize Medicaid behavioral health funding to provide trauma-informed behavioral health support within a TANF-funded education and training program to improve health and economic security. Medicaid funding for behavioral health can promote economic security if braided into income maintenance programs.

- States should be incentivized to connect individuals with behavioral health services alongside employment programs.
- States should be required to utilize trauma-informed approaches in all employment training programs made available to TANF participants.

**SUMMARY**

TANF was established to provide temporary assistance to low-income families of young children as they find and maintain employment. Exposure to trauma is pervasive in low-income families, especially those receiving TANF. While TANF programs focus on preparing families for the workforce, the impact of trauma can make it difficult for families to find and hold on to jobs. This leads to a perpetual cycle of TANF dependence and poverty, rather than temporary supportive service. By utilizing a trauma-informed approach in TANF employment programs, families would be more successful in achieving self-sufficiency.

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