



## **Moving Beyond Basic Needs Assessments:**

### **Methods to Strengthen Community Action Agency Effectiveness in Moving Clients Toward Self-Sufficiency**

July 2003

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## People's Regional Opportunity Program

PROP is one of eleven Community Action Program agencies in Maine. Headquartered in Portland, Maine. The agency maintains sixteen locations throughout its service area, which roughly coincides with Cumberland County. 510 Cumberland Avenue, Portland, ME 04101. 207-874-1140. [www.propeople.org](http://www.propeople.org)

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This study was funded through a DHHS-OCS Training and Technical Assistance  
Demonstration Grant  
Contract # 90ET0233/01

The full study is also available for viewing and download at [www.propeople.org](http://www.propeople.org)

## **Project Abstract**

Poverty is a complex condition, often interrelated with multiple contributing factors. The provision of assistance to low-income families attempting to move to self-sufficiency often requires equally complex strategies.

To fully understand the nature and extent of poverty within a Community Action Agency (CAA) service area, agencies need additional information that goes beyond the capacity of traditional demographic needs assessment efforts. Because they do not illuminate the underlying factors and barriers affecting people's ability to succeed, traditional approaches to client needs assessments, like regional demographic profiles, are not sufficient, unto themselves, to affect social policy, or to fully support the development of strategies for moving low-income people to higher states of self-sufficiency. More specifically, traditional needs assessments do not identify motivation, barriers, and other conditions affecting family movement to self-sufficiency. They do not provide information to help CAA's uncover who is eligible but not receiving their services, and they do not act to enlighten CAA's as to why some low-income people do not utilize, or underutilize existing services.

Recognizing the limitations of common needs assessment methods, this study demonstrates that existing methods of client needs assessment might be enhanced by the addition of information that seeks to uncover the underlying issues contributing to dependence on public assistance. Further, it demonstrates that methods appear available to build on current needs assessment practice that might result in improved capacities to move low-income households to self-sufficiency.

The study suggests methods CAA's can use to identify the low-income populations eligible for, but un-served by agency programs; alternative methods of outreach to inform un-served populations of available programming; a way for CAA's to identify client self-sufficiency needs and barriers sooner in the client relationship process; and how agencies might use this barrier information to identify common issues within their service area that contribute to persistent poverty and dependence.

The study also demonstrates tools and methods CAA's can use to support a process of continuous improvement of the delivery of their social services. Finally, we have suggested a method CAA's might use to quantify the impact of their efforts to meet their primary goal - moving low-income households toward self-sufficiency.

# **Moving Beyond Basic Needs Assessments; Methods to Strengthen Community Action Agency Effectiveness in Moving Clients Toward Self-Sufficiency**

## **Introduction**

**A**lthough research is available to suggest that some low-income individuals demonstrate a preference to be on welfare (Social Research Institute, University of Utah, 1999), the premise of this study is that individuals who approach PROP, and other Community Action Agencies (CAA's) for assistance are generally interested in moving to a state of existence where they are not dependent on government programs and other forms of assistance. However, for many, movement to true self-sufficiency, meaning not having to rely on any public assistance, may be beyond their capabilities.

According to the USDA, to achieve self-sufficiency, one needs essentially full-time work at the minimum wage or better (Kaplan, 1998). Yet, a number of studies are available on livable wage rates to demonstrate that minimum wage earnings fall far short of financial needs. For example, in Cumberland County, a single mother with two children working full time at minimum wage will earn \$10,712. However, in order to make ends meet, her Cumberland County livable wage estimate is \$38,000 (Pohlmann & St. John 2003), resulting in an annual deficit of over \$27,000 per year.

For purposes of this study, we have defined self-sufficiency as households with incomes above 150% of poverty. Using the same single mother with two children earning at a level equal to 150% of poverty, her annual income would be \$22,530. Although this wage is still over \$15,000 below her Cumberland County estimated livable wage figure, she would, by virtue of her income level, be ineligible for most forms of means-tested assistance offered by PROP. Recognizing that households above, but near 150% of poverty are still poor, often identified as 'the working poor', we selected the 150% of poverty income level as the differential point between public assistance dependence and self-sufficiency because families at or below 150% of poverty qualify for most of the means-tested assistance programs administered by CAP agencies, as well as for other forms of public assistance.

## **Current Practice**

While working to establish programming, methods, and policies in support of assisting clients in moving to self-sufficiency, many CAA agencies utilize traditional sources of demographic information to conduct broad needs assessments on low-income populations. Some of the more common sources of information used by Maine CAA's for needs assessments include census data, state and regional planning office data, state Department of Human Services data, information from local officials, and internal records of existing programs such as LIHEAP.

Many CAA personnel realize that attempts to develop effective strategies, and influence public policies to address the underlying causes of poverty cannot rely solely on demographic snapshots of their low-income citizens. It is generally agreed that poverty is a complex and multi-dimensional state. Although closely tied to employment issues, research confirms that being poor is generally not the result of a single factor, like joblessness, which might be addressed by a single remedy. Instead, it is the result of interwoven problems that can include: lack of adequate education or job skills, inadequate schooling, poor health, family troubles, bigotry, crime, and unemployment, among others. These factors act to reinforce one another and work against solutions based on one type of intervention (Naparstek, Dooley, & Smith, 1997).

Additional factors, most notably personal barriers and residential isolation, often experienced in rural areas, can negatively affect the ability of families to achieve self-sufficiency. Family problems might range from a lack of dependable childcare, to inadequate insurance coverage to meet the family's healthcare needs. Health problems, especially chronic conditions, can be one of the biggest stumbling blocks to success. Research has identified behavioral factors contributing to these health conditions to include *stress, smoking, poor nutritional habits, lack of access to healthcare, inadequate coping styles, and a general lack of health education* (Naparstek, Dooley, & Smith, 1997). Further, *undiagnosed and untreated levels of clinical depression, and the consequent diminished ability to cope with many problems*, is another serious threat to moving families off of public assistance (Naparstek, Dooley, & Smith, 1997).

Traditional approaches to client needs assessments, such as regional demographic profiles, are not sufficient, unto themselves, to affect social policy, or to fully support the development of strategies for moving low-income people to higher states of self-sufficiency because they do not illuminate the underlying factors and barriers affecting people's ability to succeed. Often, these barriers are not evident. Often, these barriers are not evident. Barusch, (1999) talks about hidden barriers to self-sufficiency, meaning those underlying causes of dependency that are difficult to uncover. The difficulty in identifying these barriers is often due to client reluctance to disclose their existence. These include substance abuse, family violence, and mental health problems.

In addition, since traditional needs assessment data is usually generated from census information, or other similar sources, essential information around motivation, attitudes, and beliefs are often left undiscovered, and individual circumstances often are not uncovered until well into the case management process. If efforts are not made to identify these underlying factors / conditions early in the client intake process, a CAA's ability to succeed in its work with clients is hampered, and success is often delayed.

## Study Objectives

**O**ur study objective was to develop an enhanced ‘needs assessment’ approach that would enable PROP, and subsequently other CAA’s to:

- Improve their identification of, and outreach to eligible but un-served/under-served families in need
- Test alternative service outreach marketing strategies
- Develop information on self-sufficiency barriers that might point out the need for intervention modifications and/or enhancements, and which also might be appropriate to the development of new policy initiatives
- Develop methods for early identification of any underlying conditions that appear to be contributing to reliance on means-tested assistance
- Develop methods of service delivery impact assessment to assess intervention effectiveness, and which also support continuous improvement of programming
- Develop methods to quantify CAA impact on moving clients toward self sufficiency

## Definitions

Certain terms are used in this study to frame the concepts related to the research activities. These terms and their definitions are provided here to assist the reader.

### Community Action Agency

Local, private, non-profit and public agencies working to alleviate poverty and empower low-income families within designated geographic regions. The common goal, enabling people eventually to become independent of any public or charitable assistance, engenders common CAA operating methods (The National Community Action Foundation)

### Self Sufficiency –

An ability to support a family without relying on government programs or private charity (Mutari, E. 2001)

Getting by without government assistance (Pearce & Brooks, 2000)

Families independent of means-tested assistance (DHHS, 2000)

Households with annual incomes above 150% of the federal poverty level (PROP study parameter).

*“Not that you have a lot of money, but you’re not worried about how your kid is going to get that next pair of shoes”* (participant in a welfare to work job training program in New York City (Mutari, 2001).

### Livable wage –

The hourly wage or annual income sufficient to meet a family's basic needs plus all applicable Federal and State taxes

#### Maine – Livable Wage Calculation

##### Single Parent with Two Young Children

Statewide average	–	\$35,466	(\$17.05 / hr)
Cumberland County	–	\$38,004	(\$18.27/ hr)
Portland MSA	–	\$40,615	(\$19.53 / hr)

(Source: Maine Center for Economic Policy 7/2003)

150% of poverty - \$22,530 (\$10.83 / hr)  
(Source: PROP Social Services)

An individual working full time  
for minimum wage earns - \$10,712 per year (\$5.15 / hr)

### Working Poor

Households in which one or more persons are employed for at least half time, with annual incomes less than 200% of the federal poverty level (Acs, Ross-Philips & McKenzie, 2001).

## Study Purpose / Need

In Maine, Community Action Agencies (CAA's) have traditionally utilized a variety of sources and methods to accumulate information on the needs of their constituent low-income populations. Individual CAA's have varied in both the level of detail of information, and in the comprehensiveness of the needs information collected. According to the Maine Community Action Association, this eclectic method used by Maine CAA's for needs assessment may contribute to a situation where *service delivery is distributed unevenly throughout the State, resulting in pockets of individuals in need not being served* (Maine Community Action Association, 2002).

To address this situation, the Association recently initiated a project to establish a set of standard data sets, to be made available to Maine CAA's in an effort to assist them in assessing the needs of low-income people within their designated geographic service areas. The project purpose was to *develop an ongoing picture of the changing needs of low-income people in Maine*. At its conclusion, Maine CAA's would theoretically have data to assist them in clarifying the characteristics of the low-income population within each political sub division of the State, thus allowing them to accumulate sub division data to align to their eleven geographic service areas.

The work was completed and published in May of 2003. The report, entitled: Poverty in Maine, 2003, presents a county-by-county picture of characteristics associated with poverty in the State. It focuses on poverty rates (the % of households in poverty), income, employment, education, housing, and benefits and assistance receipt activity.

The report utilizes datasets from the Food Stamp and TANF programs, LIHEAP data, unemployment data, and data from the US Census Bureau. With its publication, the MCAA stated it was their *hope that the information provided will help Maine's leaders at the local, state and federal levels more fully understand the issues and scope of poverty* (Poverty in Maine, 2003).

The MCAA study was never designed to 1). Identify motivation, barriers, and other conditions affecting family movement to self-sufficiency; or, 2). Provide information to identify who is eligible but not receiving CAA services; or 3). Enlighten CAA's as to why some low-income people do not utilize, or underutilize existing services. Because we believe this type of information could enhance MCAA effectiveness, perhaps improving on CAA needs assessment methods, the PROP agency undertook this study to address these factors for its constituent population. Since this study was funded by an OCS demonstration training and technical assistance grant, we set out to develop methods and tools that would be readily transferable to any CAA attempting to undertake similar activities.

To accomplish this, we enlisted the assistance of PROP's Social Services Department. In existing materials, this Department describes itself as follows:

*For over three decades, PROP's Social Service Department has been on the front lines, assessing and responding to human needs in Cumberland County. Staff work with clients to help them develop strategies to manage their progress as they strive to overcome barriers to self-sufficiency.*

*Social Services provides trained paraprofessionals who are often the first people PROP clients meet. They are generalists who assess clients' situations; give guidance and support; and appropriately direct clients to programs that will meet their needs, both within PROP and outside of PROP.*

*The Social Service Department manages: Emergency Food Pantry; Food Voucher Program (when funding available); Vision Services; LIHEAP (fuel assistance) Program; Electric Lifeline Program; Energy Crisis Intervention Program; and a Family Development Account Program.*

Current Social Service Department client outreach is generally accomplished via the PROP web site, word of mouth, recidivism, PSA's, flyers, and posters.

## Study Questions

**W**E framed the following questions for investigation during this study:

1. Can we identify low-income populations eligible for, but un-served by agency Social Service programs?
2. Can we identify and develop new methods of CAA outreach to inform un-served populations of available programming?
3. Will new client outreach methods result in increased program utilization by low-income families?
4. Can we identify client self-sufficiency needs and barriers sooner in the client relationship process, and more accurately than in the past?
5. For identified barriers, do any appear to be common to the region, or to specific groups or types of families, or to localities?
6. Will our ability to better identify client needs and barriers result in improved client movement toward self-sufficiency?
7. Can we identify key characteristics that might be used to predict self-sufficiency progress success or failure?
  - a. If we can identify predictable characteristics, what implications does this have on service design and delivery?
8. Can we develop methods in support of continuous improvement activities for CAA's in terms of both client outcomes, and client satisfaction?

The following CAA administered programs were identified for our investigation of client utilization.

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| <ul style="list-style-type: none"><li>• LIHEAP</li><li>• The Home Repair Program</li><li>• Food Pantry</li><li>• The Home Weatherization Program</li><li>• Telephone Lifeline</li><li>• Central Heating Improvement Program (CHIP)</li><li>• Electric Lifeline</li></ul> | <ul style="list-style-type: none"><li>• Family Development Account Program (FDA)</li><li>• Emergency Crisis Intervention Program</li><li>• CMP Pole Program</li><li>• Water Conservation Program</li><li>• Above Ground Storage Tank Program</li><li>• Home Ownership Training Program</li></ul> |
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Although not administered by PROP, or any other CAA, we also tested for participation in the federal USDA Food and Nutrition Program's - Food Stamp program.

## **Literature Review**

### **Poverty**

The research of William Julius Wilson (1989) and others has given us insights into the social dynamics of poverty. Poverty is not the result of a single factor that can be addressed by a single remedy. Instead it is the result of interwoven problems that reinforce one another, and work against solutions that are based on one type of intervention. These self-defeating circumstances combine to produce a kind of culture of poverty that becomes for many a way of thinking and behaving that effectively traps them in a cycle of discouragement and dependency (Naparstek, Dooley, & Smith, 1997).

The process of creating opportunity is often not enough to move someone from a state of poverty to one of self-sufficiency. Other factors, like the presence of personal barriers, can negatively affect the ability of the poor to achieve the goals they have set for themselves. Studies have shown, for example, that one-third of former welfare recipients who succeed in getting a job have lost that job within 2 years. The negative factors that result in job instability may include inadequate education or training, poor attitude or work habits, physical or mental health problems, drug or alcohol dependency, or family-related problems (Naparstek, Dooley, & Smith, 1997).

Research by Barusch (1999) suggests that long-term welfare families face severe, persistent and multiple barriers to self-sufficiency that can include any or many of the following: clinical depression, generalized anxiety disorder, post traumatic stress syndrome, learning disabilities, physical health problems that prevent work, poor work history, severe child behavior problems, and severe domestic violence. Although the vast majority of families included in the Barusch study faced at least one substantial barrier to self-sufficiency, the most commonly reported number of barriers presenting with each client was three.

Barusch (1999) also suggests that long term public assistance recipients are often found to be involved in multiple systems, including child welfare, substance abuse services, juvenile justice, and/or mental health services.

### **Characteristics of the Working Poor**

Research demonstrates that the majority of the poor are actually working poor, meaning households in which one or more persons are employed for at least half time, and have annual incomes less than 200% of the federal poverty level.

According to research by Acs, Ross-Philips & McKenzie, (2000):

- More than 80% of the working poor live in families with children as compared to less than 66% of other families.

- Nearly two-thirds of the working poor live in families with children in which two or more adults are present.
- Sixty percent (60%) of working poor families have children ages 6 and younger – 40% have 3 or more children.
- Just one in ten heads of working poor households has a college education as compared to over one in 3 of their non-poor counterparts.
- Working poor families tend to be headed by younger adults. Where only 3% of non-poor families are headed by someone under age 25, in working poor families this number increase to 11%.
- The primary earners in working poor families work on average, full time, full year, but for lower wages than their non-poor counterparts. The median hourly wage of the primary earners in working poor families is \$7.55, which is less than one-half the median of primary earners in non-poor families with incomes over 200% of poverty. In addition, the working poor hold jobs that tend to be less stable than those of their non-poor counterparts, and which provide fewer benefits.
- Working poor families are less likely to participate in means-tested assistance programs. Only seven percent (7%) of working poor families receive general assistance, TANF, and/or emergency assistance as opposed to 25% on non-working poor families. Twenty percent (20%) receive food stamps as opposed to 44% of non-working poor families.

### **Poverty Predictors**

There appears to be no single path into or out of poverty. Instead, it appears to be a combination of household events, including changes in family composition – like moving from a two parent to a single parent household – and changes in employment status and disability status taken in conjunction with overall economic conditions that act as ‘triggers’ for entry to or exit from poverty (McKernan & Ratcliffe, 2002).

The use of predictors of chronic poverty can be useful to CAA’s in their intake and referral processes. As clients present to agencies for assistance, agency staff might initiate a process of identifying the presence of these conditions early in the intake process. Recognizing their statistical link to ongoing poverty, the subsequent case plan might be improved if the worker has a more comprehensive picture of the client and their family at initiation. A Utah study of employment counselors found that clients were often on welfare for a year or more before there was recognition of serious barriers to self-sufficiency (Barusch, 1999). Unfortunately, the uncovering of these underlying problems often-times happens after considerable staff effort time has been invested in the client.

Research has identified a number of *risk factors* associated with public assistance dependency, including welfare utilization. It should be noted that many of these same conditions are cited as reasons for public assistance recidivism – where a person moves off of public assistance only to find they are in need of it again at a later date.

In general, the literature most frequently identifies the following as predictors of public assistance dependency, or reasons for not participating in self-sufficiency activities:

From the U.S. Department of Health and Human Services, in its report entitled: Indicators of Welfare Dependence 2000

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| <ul style="list-style-type: none"> <li>• Having fewer economic resources</li> <li>• Demonstrating food insecurity</li> <li>• The presence of adult disabilities</li> <li>• The presence of children with chronic health conditions</li> <li>• Adult substance abuse</li> </ul> | <ul style="list-style-type: none"> <li>• Lower levels of education grade completion, and higher school drop-out rates</li> <li>• Child care costs</li> <li>• Having low job skills</li> <li>• Condition of the low-skill labor market</li> </ul> |
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In addition, from Barusch (1999)

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| <ul style="list-style-type: none"> <li>• One’s health / mental health</li> <li>• Employment opportunities concentrated in low-wage industries and services</li> <li>• Their work education (job skills and knowledge)</li> <li>• Lack of childcare</li> <li>• Family characteristics</li> <li>• Lack of transportation</li> <li>• Their age - younger people are more susceptible</li> <li>• Medical problems</li> </ul> | <ul style="list-style-type: none"> <li>• The number of children in the household</li> <li>• Caring for an infant</li> <li>• A limited work experience history</li> <li>• Poor attitude or work habits</li> <li>• Lacking a high school diploma</li> <li>• A preference to remain on public assistance</li> <li>• Being an unmarried single parent</li> <li>• Being an unmarried single mother with young children</li> </ul> |
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**Note:** - The *preference to remain on public assistance* was not a reason cited by recipients, except in cases where they stated a preference to stay home to care for children. The results noted here were from Alaska State Eligibility Technicians, interviewed in the referenced study. Twenty-three percent (23%) of them believed their clients ‘preferred to remain on welfare’ (Klein, 1992).

And in rural areas, the Barusch study identified additional barriers to include:

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| <ul style="list-style-type: none"> <li>• The nature of the rural economy – lacking sufficient well-paying jobs</li> <li>• Relative isolation</li> <li>• Lack of public transportation</li> <li>• Lack of readily accessible support services</li> </ul> | <ul style="list-style-type: none"> <li>• Higher rates of under and unemployment, increasing competition for available jobs</li> <li>• Greater distances between home and job - requiring reliable personal transportation</li> </ul> |
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**Predictors of Movement to Self-Sufficiency**

Like predictors of poverty, researchers have also identified conditions and activities that have been found to facilitate one’s movement away from public assistance dependence. Knowledge of this research is seen as helpful to CAA staff as it may provide them with knowledge of research-

based findings on self-sufficiency strategies that demonstrate positive outcomes. A sample of these predictors include:

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| <ul style="list-style-type: none"><li>• The absence of disabilities</li><li>• Having no learning disabilities</li><li>• Job availability</li><li>• Possessing higher than basic job skills</li><li>• The absence of toddler age children or infants</li><li>• Positive attitudes and self-esteem</li><li>• Having family supports (child support or earnings from other sources)</li><li>• Affordable and quality childcare</li><li>• Possessing a greater amount of human capital (past work experience and a high school diploma)</li><li>• Medical care</li></ul> | <ul style="list-style-type: none"><li>• A lack of mental problems</li><li>• Reliable transportation</li><li>• A lack of health or behavioral problems of children</li><li>• No substance abuse behavior</li><li>• Having a stable housing situation</li><li>• Having no current involvement with the child welfare system</li></ul> <p>(Source: Pavetti, Olsen, Pindus &amp; Pernas, 1996 -In Barusch, 1999)</p> |
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Although the majority of these self-sufficiency strategies are the opposite of the list of dependency characteristics, there are some notable additions, such as:

- Marriage or cohabitation with a working partner (Blank, 1989; Harris, 1996)
- Participation in community service programs that build good work habits
- Job readiness training coupled with paid transitional work experience
- Having opportunities to make up for educational deficits (Pavetti, Olsen, Pindus & Pernas, 1996 (In Barusch, 1999)

In addition to the above noted familial and personal characteristics and conditions that influence movement into or out of states of poverty, research also suggests there are activities in which communities (organizations like CAA's) can engage to influence more positive exits from poverty, or to reduce entry to poverty. These include:

- Providing information outreach to the working poor – developing and disseminating information on assistance in the workplace.
- Providing information outreach to employers – develop educational activities targeting employers and their employee assistance programs (EAP's), and provide them with information about assistance and support available to employees.
- Education and training of existing workers – connecting the working poor to life skill information, available assistance, and additional job training.
- Public awareness - educating public policy makers about the working poor
- Promoting collaborations to build community capacity – enlisting and involving existing community organizations to create / enhance supportive environments focused on upward mobility of the working poor (Rupured, Koonce,& Bales, 2002).

## **Non-Utilization / Under Utilization of Assistance By Poor Families**

Despite the availability of numerous programs to assist low-income households, their actual utilization of these services varies widely. A question this study targeted for investigation was one related to under-utilization of available assistance programming. In other words, given the availability of public assistance programs as offered through CAA's and others, why don't otherwise eligible low-income families utilize these services? Many of the following non-utilization examples come from research around food stamp utilization, for which ample research is available. Research on utilization of other public assistance programs is less available. As a result, we cannot say that these examples are directly applicable to all means-tested assistance programs offered by CAA's, but they do provide us with some insight into non-utilization that may be helpful to CAA's, in general.

Rupured, Koonce & Bales (2002) found that although assistance and support are available to the working poor with children, most of these resources are under-utilized. Reasons for under participation / non-participation is varied. For example, since programs often require recipients to visit assistance offices on a regular basis to maintain eligibility, and offices are generally open during daily standard working hours, work schedules may prevent the working poor from being able to make those appointments. This concept may be particularly true for single parent households.

PROP staff note this appears to be true for WIC clients, and concur that under-utilization appears to be adversely affected by limited hours of operation. In a study conducted by Curie and Groger (2001) on food stamp utilization, the authors found that in states where the re-certification requirement periods were longer, utilization rates increased. For example, in 12 states where re-certification was required every 3 months, utilization declined by 29% as opposed to a decline of just 1% over the same time period in states where re-certification periods were longer.

Working from the 1986-1989 national Survey of Income and Program Participation (SIPP), Blank and Ruggles (1996) found that low food stamp program participation rates among single mothers resulted from large numbers of short eligibility spells – meaning points in time when the household was eligible versus those periods it was not. This study also found the groups least likely to participate in Food Stamps included single mothers with more education, fewer children, in states with low unemployment rates, high rural population, high AFDC benefits, and no disability.

Having a job, regardless of its wage adequacy, may also result in non-participation in public assistance programming. In another study of food stamp utilization by so-called working poor families, conducted by Kim and Mergoupis (1997), program initiation rates among families with some employment were observed to be low. The authors defined working poor as families with someone working for any period in the preceding 4 months. Overall, just 1/3 of this group participated in the food stamp program. Eligible married couple families were also found less likely to participate than other family types.

In another study, focused on the impact of economic trends on Food Stamp usage, Ziliak, Gundersen and Figlio (2000) found a relationship between unemployment rates and food stamp usage that indicated when unemployment rates increase by 1 percentage point, food stamp participation increases by 9 percent. Conversely, when unemployment rates drop, there is a corresponding decrease in food stamp utilization. This observation appears to reinforce study findings of less utilization among families where someone is working part of the time, even though they may remain eligible for the program.

Additional research has found that food stamp utilization rates among eligible families also falls when the size of the qualified benefit decreases (Zedlewski & Brauner (1999). This study found, among families who had never been on welfare and who were eligible for food stamps but not enrolled, 17% cited administrative problems or hassles as the reason. In families never on welfare and with low monthly income (working poor), up to 1/3 of those refused food stamps due to administrative problems / hassles. Generally, eligible households not participating in food stamps tend to be households with earnings, and households with relatively low expected benefits.

These observations regarding low utilization by working families tracks PROP staff opinion that many eligible clients carefully weigh the time required to meet qualification and certification against the size of the benefit to which they are entitled. When the investment in time and effort appears to outweigh the actual benefit, families choose to not utilize the benefit.

In yet other research, conducted by Zedlewski & Nelson (2003), that looked at utilization rates of general assistance benefits of 95 very poor families (annual cash incomes of less than 50% of federal poverty) that chose not to participate in government cash assistance programs, the authors found that forty percent (40%) of parents did not participate because of program factors (hassles, sanctions, and time limits). Instead, these families coped by combining in-kind government support (food stamps, subsidized housing, Medicaid, etc.), child support, help from family or friends, 'side jobs' and charity.

### **Lack of Knowledge of Program Requirements**

Many families do not take advantage of available assistance because they do not realize they qualify. Primary research we conducted for this study, utilizing focus groups of low-income elderly, found that those reporting non-utilization of benefits most-often cited their lack of knowledge of the benefit, and/or their lack of knowledge of eligibility requirements to be the primary reason for their non-use.

Research by the Southern Institute on Children and Families found 55% of AFDC and Medicaid recipients did not understand that when parents leave welfare due to employment gains, their children might still be eligible for Medicaid; 53% were unaware of the earned income tax credit and its potential for increasing their take-home pay; and, 39% didn't understand that when they left welfare, they might still be eligible for subsidies to help pay for childcare expenses for up to one year (Shuptrine & McKenzie, 1996).

## Summary

To summarize the research, we:

- Confirmed that poverty is a complex issue, intertwined with other factors, like personal barriers, that can negatively affect the ability of the poor to achieve self-sufficiency
- That the majority of the poor are actually working poor
- Working poor families share similar characteristics
- That entry to and exit from poverty can be predicted by the presence, or absence of certain risk factors
- Despite the availability of numerous programs to assist low-income households, their actual utilization of these services varies widely, and is heavily influenced by:
  - The act of holding a job, regardless of wage level
  - General economic conditions
  - The level and intensity of program administrative requirements
  - Lack of knowledge of programs and eligibility criteria

## Study Methods and Results

We are presenting our findings, observations and results for each of the study questions. The study questions can be grouped into the following categories: 1). Utilization; 2). Outreach; 3). Client movement to self-sufficiency; and, 4). Continuous improvement.

### Study Question 1

Can we identify the low-income populations eligible for, but un-served by the agency programs?

#### Service Utilization

Our initial approach to this question was to look to private sector marketing data to attempt to identify the income eligible population in our service area. Our thought was that if we could identify eligible households by address or phone number, two pieces of data usually available in market data sets, we could run this information against our client data base, thereby identifying eligible households not appearing as PROP clients.

Two problems arose that sent us in search of an alternative method. First, the marketing firms we talked with indicated that self-reported household income is often over reported, and therefore available data sets may not include all of the eligible households we needed to identify. If we chose to go this route, we would most likely

need to increase the level of income for selected households, then re-screen each household, via phone or other survey technique, to confirm household income. Such a task appeared unreasonable for a CAA like PROP.

Secondly, the cost of generating lists of eligible households is very expensive. For example, we received estimates ranging from \$850 to \$1,000 for up to 2,200 records based on just one sort characteristic. Our data needs required a multiple level sort in order to obtain households below 150% of poverty based on household size as indicated on the following table. To produce household lists to match this table would require at least two sorts per income level – one to find households in the income level; then a second to screen for numbers of individuals in the family.

Number in Family	1	2	3	4	5	6	7	8
Annual Income	\$13,290	\$17,910	\$22,530	\$27,150	\$31,770	\$36,3690	\$41,010	\$45,630

Each additional sort request added roughly \$200 to the cost of a 2,200 record set. In PROP's service area, there are over 14,000 eligible households per the US Census. Based on the cost estimates for just 2,200 records, we concluded that this method of eligible household identification would be cost prohibitive. As it turned out, the census, along with current PROP

client data provided us with a useful, albeit less specific alternative. We were able to generate census data for each community within our service area on the ratio of household income to 150% of poverty. The data is available from the ‘Census 2000, Summary file 3, Table P. 93 – Ratio of Income in 1999 to Poverty Level by Household Type.’ This data already accounts for household size against income, providing us with a count of households with annual incomes less than 150% of poverty.

Next, we requested and received information from PROP on the unduplicated count of households they served, by town, for the previous twelve-month period. PROP officials cautioned that the unduplicated count data developed by them might not be 100% accurate, and should be used more as guide than as a definitive count. Further, they were unsure as to whether other CAA’s in Maine collected this data.

With their cautionary remarks in mind, we matched households under 150%, community-by-community, against the unduplicated count of households served in each community. By dividing households served by total eligible households, we calculated what we called *PROP’s client utilization rate* for each town. We were also able, from Census data, to identify the number of eligible households by type, using the designation of family versus non-family, in the event the agency wished to focus its utilization efforts more to one type than to another.

PROP Service Utilization							
Households Served vs Households in Need							
(Ranked by Utilization Rate)							
Community	Total Households	Households < = 150% Poverty	% < = 150% Poverty	PROP Households Served	Utilization Rate	Family Hshld	Non Family Hshld
Sebago	584	72	12%	91	126%	40	32
Standish	3,178	280	9%	289	103%	172	108
Gray	2,633	196	7%	197	101%	65	131
Naples	1,292	224	17%	163	73%	159	65
Windham	5,543	608	11%	423	70%	307	301
Bridgton	1,929	428	22%	288	67%	195	233
Casco	1,324	257	19%	169	66%	118	139
Harrison	909	179	20%	115	64%	111	68
Baldwin	494	100	20%	64	64%	60	40
New Gloucester	1,769	220	12%	137	62%	109	111
Raymond	1,603	142	9%	87	61%	92	50
North Yarmouth	1,121	57	5%	31	54%	18	39
Portland	29,722	6,769	23%	2,982	44%	2,068	4,701
Westbrook	6,855	1,215	18%	525	43%	533	682
Cumberland	2,560	163	6%	63	39%	107	56
South Portland	10,042	1,377	14%	530	38%	470	907
Gorham	4,868	678	14%	252	37%	379	299
Scarborough	6,471	591	9%	199	34%	283	308
Cape Elizabeth	3,501	215	6%	57	27%	42	173
Falmouth	3,956	310	8%	77	25%	73	237
Yarmouth	3,438	313	9%	74	24%	124	189
Long Island	86	29	34%	3	10%	15	14
	93,878	14,423	15%	6,816	47%	5,540	8,883

Overall, in PROP’s service area, fifteen percent (15%) of all households have incomes less than 150% of poverty. These 14,423 households constitute PROP’s eligible potential clientele. Of this number, 47% (6,816) received assistance from PROP over the previous twelve-month period.

The utilization rates by community ranged from a high of 126% to a low of 10%. The presence of utilization rates in excess of 100% are interpreted as service provided to households above 150% of poverty. Note, that households with incomes over 150% may still be eligible for certain benefits like WIC, LIHEAP (with special circumstances), and Family Development Accounts (IDA’s).

Using PROP’s designation for each community as to whether it is rural, suburban or urban in nature, we also were able to summarize utilization by these designations. This resulted in the following:

	Total Households	Hoseholds < = 150% Poverty	% < = 150% Poverty	PROP Households Served	Utilization Rate
Rural	21,258	2,706	12.73%	2,023	75%
Suburban	26,001	2,356	9.06%	1,963	83%
Urban	46,619	9,361	20.08%	4,656	50%

Rural eligible households demonstrate higher utilization rates than urban households. Although PROP’s main offices are located in the urban center of its service area, Portland, it holds office hours in various municipal buildings throughout the region. With the development of this information, PROP’s Social Service Division has begun to analyze to what extent they were reaching the eligible households in their service area, and to examine how the Agency is serving the various communities in the region. PROP considers the availability of this calculated utilization rate to be helpful in assisting its Social Service Division personnel in reviewing how staff are assigned to coverage, where they were assigned, and where PROP might need to expend more effort in outreach.

## Eligible Client Outreach

### Study Questions 2 & 3

Can we identify and develop new methods of CAP outreach to inform these un-served populations of available programming?

Will new client outreach methods result in increased program utilization by area low-income families?

Outreach

Armed with the community utilization rates, we, and PROP personnel discussed ways to achieve higher utilization among communities with lower rates. To accomplish this, we initiated focus groups, recruited from among the eligible low-income population, to attempt to identify reasons for non-utilization.

We were able to complete two focus groups. One targeted senior citizens residing in subsidized housing units in Portland. The second group consisted of elder residents of a public housing neighborhood in South Portland.

All participants of the focus groups confirmed their income to be below 150% of the federal poverty level. We then described each program we were testing for utilization. The list of programs included for testing were:

- Heating Assistance funds
- Telephone Lifeline
- Electric Lifeline
- Food Stamps
- Maine Care (Medicaid)
- Food Pantry's
- Home Weatherization Program
- CMP Pole Program
- The Home Repair Program
- Central Heating Improvement Program
- Emergency Crisis Intervention Program
- General Intake and Referral services
- Water Conservation Program
- Above Ground Storage Tank Program
- Home Ownership Training Program

Each program was named again, and participants were asked to respond, as to whether they are now enrolled in that program. If they were not enrolled, they were asked to tell us why they were not enrolled. Participation rates by program were as follows for both focus groups:

Program	Portland Seniors		So. Portland Elderly	
	Eligible	Utilization	Eligible	Utilization
Heating Assistance	60%	40%	100%	20%
Telephone Lifeline	100%	60%	100%	20%
Electric Lifeline	100%	0%	100%	20%
Food stamps	100%	0%	100%	40%
Maine Care	100%	10%	40%	40%
Food Pantry's	100%	0%	100%	80%
Home Weatherization	50%	40%	N/A	
Home Repair	50%	0%	N/A	
CHIP	50%	20%	N/A	
Emergency Crisis Intrvntn	50%	0%	100%	20%
Intake & referral	100%	0%	100%	20%
Water Conservation	50%	20%	N/A	
Above ground storage	50%	0%	N/A	
Home ownership trng	N/A		N/A	
CMP pole program	N/A		N/A	

Non-utilization

Participants provided the following explanations for their non-utilization –

- Not being aware of the program or benefit

- Confusion over eligibility and benefits
- Food stamps – “Are for people who really need them”
- Food stamps – pressure from family not to enroll
- Purchasing their own medical insurance

### Initial Notification

For programs in which they were enrolled, or had utilized at one time, participants were asked how they initially heard about them. Responses were:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Newspapers</li> <li>▪ Social Security office</li> <li>▪ Word of mouth</li> <li>▪ Referral from other program source</li> </ul> | <ul style="list-style-type: none"> <li>▪ Housing Authority staff</li> <li>▪ Neighborhood bulletin boards</li> <li>▪ Information distributed at food pantry</li> </ul> |
|---|---|

### Preferred Notification Methods

We then tested for preferred notification methods. We named many possible options, whether currently available or not. Participants reported preferring the following notification methods:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>▪ Regular (quarterly) mailings from PROP</li> <li>▪ Face to face meetings with PROP personnel (individually or in groups)</li> <li>▪ Announcements on radio and T.V.</li> <li>▪ Announcements in church bulletins</li> <li>▪ Posting notices in senior centers (senior housing)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Distribute announcements through existing programs involving seniors (like through FGP program)</li> <li>▪ Inclusion in public housing notices to residents</li> <li>▪ Publish notices in local community (free) newspapers</li> </ul> |
|---|---|

### Utilization Test

We undertook a test of outreach and notification to see if utilization rates could be increased. We selected four communities with less than 50% utilization rates from our Utilization Rate chart. These communities were: Falmouth (25% utilization); Yarmouth (24%); Cape Elizabeth (27%); and Long Island (10%). Long Island is a small island off the coast of Portland, served by ferry service, mail boats, and water taxi.

Following up on notification suggestions received in the focus groups, we prepared, with the help of staff and PROP’s Community Relations position, an announcement of available benefits. The plan was to distribute the announcement via a number of simultaneous channels – namely, to local free newspapers (at paid advertisement rates); and to clergy, town offices and housing authorities via personal letter.

Three local free newspapers that served the selected towns were contacted, and ads placed at a cost of around \$350.00. Ads ran for one to two weeks, depending on newspaper publication dates and policies.

Both the ad and the notice, as mailed to other venues, were similar to the following:



Peoples Regional Opportunity Program  
**A Community Action Agency Serving Cumberland County**

Notice

If your annual family income is equal to or less than the examples in the following chart, you may be eligible for any one of the following program benefits.

Number in Family	1	2	3	4	5	6	7	8
Annual Income	\$13,290	\$17,910	\$22,530	\$27,150	\$31,770	\$36,3690	\$41,010	\$45,630

- Heating Assistance – money for winter fuel bills
- Telephone Lifeline – basic phone service
- Electric Lifeline
- Food Pantry – food distribution
- The Home Weatherization Program – structural repairs / improvements to conserve home energy consumption
- The Home Repair Program - provides 1% interest loans and forgivable deferrable grants to qualifying homeowners for needed home repair
- Central Heating Improvement Program (CHIP) – provides heating system upgrades
- FDA Program – PROP sponsored contributions to client savings accounts
- Emergency Crisis Intervention Program - (1x per year emergency heating fuel assistance)
- Water Conservation Program – conservation attachments for Portland Water District customers.
- Above Ground Storage Tank Program - replacement of leaking and unsafe fuel tanks.
- Home Ownership Training Program instruction and guidance in preparing for home ownership
- CMP Pole Program - provides up to \$2,500 in grant funding for the installation of power poles for newly built homes

In addition, PROP will provide you with information and assistance on accessing other needed services provided by other area agencies.

**All information you provide to PROP is kept confidential.**

For more information, call PROP at **874-1140**

Mailings went out on June 16, 2003. The ads ran during the following time periods – May 27, 2003 through June 24, 2003.

In an attempt to identify new clients responding to the outreach effort in the four test towns, we developed, with assistance from PROP staff, an intake inquiry form and asked intake staff to complete it on all clients beginning pre outreach test, and running through the test period. Client Intake Inquiry forms were completed from June 2, 2003 through July 23, 2003.

The Intake Inquiry asked the following questions:

Today's Date: \_\_\_\_\_

WHAT TOWN/ CITY are you from ?

How did you know to contact PROP for your service questions or needs?

(Possible answers : please circle answer)

1. I am an existing client and know about PROP services
2. I was a former client and know about PROP services
3. I was referred

- a. If referred, by whom? \_\_\_\_\_
  - 4. I knew about PROP, and just took a chance and called/came to get information
  - 5. I recently saw information about PROP (Circle all that apply)
    - a. On TV
    - b. In the newspaper
    - c. At church
    - d. At the food pantry
    - e. At the Town Office
    - f. At my place of residence
    - g. Other (Please specify): \_\_\_\_\_
- 

## **Outreach Results**

A total of forty-nine clients completed intake forms during the test period. Of this number, 57% were from the City of Portland. The balance of clients were roughly evenly distributed over eight towns in the region. Nineteen (39%) were either existing or former clients. It appears that twenty-nine clients (59% of respondents) were new to PROP. None of the clients resided in any of the four test communities. Although two clients mentioned seeing information on PROP at church, they reside in non-test communities, but we do not know whether they attend church in one of the test communities.

### **Newspaper ads**

For our newspaper ads, analysis of the forms indicated no impact from use of the print media. Analysis of the data indicate that PROP receives the majority of its new clients, or renewing clients, through referral (57%). Referrals come from a variety of sources, including friends (18%), general assistance officers in local towns (14%), other social service programs (18%), including the State, and other PROP programs such as WIC and PROP's Women's Project. Not one client tracked during the test period mentioned seeing anything about PROP in a newspaper. Sources of PROP information mentioned by clients included church, food pantries, and town offices. Other clients mentioned coming to PROP because they were existing clients (16%), or they were former clients (22%).

### **Letters to clergy and local government officials**

Follow-up calls were made to clergy, local town offices, and housing authorities that received the letter and notice. Of the clergy contacted at follow-up, 62% reported receiving the notice and either posting it in the church and/or publishing it in parishioner notices, such as church bulletins. The balance of the contacted clergy either could not recall receiving the notice, or received it but chose not to post or publish it.

Despite this level of cooperation from the clergy, only two of the intake forms reflected client knowledge of PROP services gained from a notice seen at church. Seven clients reported seeing PROP information at their local town halls. This information could have been provided by General Assistance officers, or through postings. Local officials were cooperative in posting notices, and since the majority of local communities appropriate funds for PROP every year, their knowledge of PROP and its services is relatively high.

### **Outreach Summary**

PROP's Social Service personnel were very enthusiastic about the use of the intake forms, and found the information provided by them to be useful in determining where clients were gaining knowledge of PROP services. As a result, they stated they will continue with the use of the forms to assist them in their target marketing and outreach efforts.

With regard to our study questions on outreach, we found that use of local free newspapers, contrary to our focus group findings, did not appear to be a productive new method of CAA outreach to inform un-served populations of available programming. However, churches appear to hold some promise of improving outreach.

Based on our findings, PROP should continue to focus on the existing continuum of social service programs within its region, as well as on the existing client base to 'spread the word' about services. The majority of clients (29) came in as the result of a referral. These appear to be new clients to PROP. Those referrals came from either a friend or another social service program.

For access to the yet un-served populations, or those that appear unlikely to approach social service agencies for assistance, PROP should perhaps increase its efforts to inform entering clients of the full array of its services, and urge them to notify friends in need. Other methods for informing this group were discussed on the literature review section of this report, and include working with area employers to provide information on social service programs to employees, or for gaining access to employees so that PROP, as well as other social service providers, can inform them of available services.

Since these methods were not tested as part of this study, we cannot speculate that they will motivate those eligible for services, but who do not wish to apply for services, to come forward and make applications.

#### **Study Question 4**

For PROP Social service clients, can we more accurately identify their self-sufficiency needs and barriers?

#### **Self Sufficiency**

In this study, we defined self-sufficiency as *Households with annual incomes above 150% of the federal poverty level*.

For many low-income families, movement to self-sufficiency is not just a function of gaining annual income through employment, but often requires overcoming significant barriers to getting and holding employment that pays a sufficient wage. As noted above, low-income families often present a multitude of difficult barriers to self-sufficiency. We have also suggested that gaining knowledge and insight into the presence of these barriers early in the client intake process might assist CAA's in assessing their effectiveness in meeting their primary mission of moving clients to, or toward self-sufficiency.

Within the OCS ROMA system, CAA's have access to the ROMA Self-Reliance Achievement Scale, Minnesota Community Action, a seven page comprehensive client assessment and tracking form. Another scale available is in use in Mid Iowa Community Action, called the Client Assessment Form. Each of these tools can be used to assist CAA's in assessing clients at intake, then tracking their progress toward self-sufficiency. It is our understanding that the ROMA instrument records the client assessment and progress from the perspective of the staff worker, rather than relying on the client to assess his/her situation and progress. We believe this is an important distinction. Our review of practice in Maine indicates that neither the ROMA assessment or the Mid Iowa assessment are being used by many, if any CAA's at this time.

Based on a review of the literature around barriers to self-sufficiency, and by working with PROP staff, we developed our own client intake assessment and tracking form. This form relies on the client to assess status and progress. Clients are asked to rate the level of interference each listed barrier is to their self-sufficiency progress. Subsequently, clients are asked to rate changes to their barriers, as the CAA staff works with them over time. We think it is important, and in keeping with the CAA philosophy of working to empower clients to accomplish change, to engage the client in his/her assessment process.

Our scale is called - *Client Assessment - Barriers to Self-Sufficiency*. It is set up to be completed pre and post intervention. Post intervention is defined as any point in the client / agency relationship where either the client or the staff believes progress toward self-sufficiency has been made, or if they are of the opinion that no further progress is possible. The form can also be administered longitudinally, at points in time during the ongoing agency / client relationship, and used to demonstrate ongoing progress and client achievement. The form appears as follows:

**Client Number:** \_\_\_\_\_ (code Number should include community of residence & a unique identifier)

**Social Services – Client Assessment  
Barriers to Self-Sufficiency**

You have asked PROP to assist you in managing a current situation. It will help us to help you if we understand as many of the issues that may be impacting you and/or your family in a negative way. By completing this questionnaire you will be helping us better understand your needs, and assist you in overcoming your current situation.

The following list of conditions are known to contribute to problem situations. So we can better know how best to help you, please tell us how much of a problem these are for you now. Please answer with a number from 1 to 10, where 1 means it's 'not a problem' now, and 10 means 'it's a huge problem' now.

Please tell us how much of a problem is:	At Intake Date: _____	Post Intervention Date: _____
Your not knowing what type of help you need to overcome your current problem situation?		
Your not knowing where to get the help you need to overcome your current problem situation?		
Your not having a plan to overcome your current situation?		
Your lack of confidence that you can overcome your current situation?		
Your lack of a personal support system?		
Your not having family and friends you can turn to for help?		
Not having a high school diploma or GED?		
Your use, or use by a family member, of alcohol or other drugs?		
Your inability to budget your household finances?		
Your lack of English language skills?		
Your lack of affordable child-care?		
Your lack of reliable transportation?		
The amount of money you have to pay for prescription drugs?		
Your current attitude about work?		
Your lack of affordable health care?		
The amount of money you have to pay for housing?		
The amount of money you have to pay for food?		
Your current health / disability?		
A family member's current health / disability?		
The amount of money you have to spend on mental health issues?		
Your lack of personal commitment to change?		
Your fear of losing your current benefits?		
Your fear of failure?		
Your lack of job skills?		
Your lack of employment experience?		
Your past poor employment history?		
Violence in the home?		
Your lack of hope that things will change?		
Your lack of self-esteem?		
Your lack of motivation?		
The lack of available jobs near your home?		
The lack of good paying jobs near your home?		

On Post-test version – add

On a scale of 1 to 10, where 1 is the lowest and 10 the highest, how much did PROP help you to resolve your problem situation?		
--	--	--

The scale asks the client to rate the barrier within a range of from 1 to 10. This scaling was used because our experience, and our observations of pain scaling used commonly in medical environments, indicates a 1 to 10 scale is well-understood by clients, and will result in more accurate responses. People seem to be more comfortable scaling things using a 1 to 10 scale versus limiting them to a 1 to 5, or a 1 to 7 scale, often used in Likert-type scales. Again, since the scale is meant to be the judgment of the client, we tried to make the scale ‘client user-friendly’. The Mid-Iowa Client assessment Form also uses a 1 to 10 scaling method.

Actual administration of the scale presumes a staff worker is asking the questions of the client, and recording the client’s answer. However, the client could fill out the form without staff involvement. The tool is meant to be retained by the agency in the client file.

At intake, a scale completed with accuracy and honesty should give intake workers a good idea of the client’s situation in terms of self-sufficiency barriers. We mention completing the scale honestly because in our experience, clients are reluctant to admit to many of these conditions at entry. Often-times, clients only admit to a problem like substance abuse after a relationship of trust is developed with the case worker. Therefore, any attempt at client assessment at intake should keep this point in mind. After subsequent scoring, at any point in time, a comparison of the pre score to the post (or longitudinal) score will demonstrate client progress, or lack thereof, toward self-sufficiency.

The use of this scale also supports agency efforts toward continuous improvement, since it offers, when accumulated for many clients, and using mean scores, a measure of agency effectiveness in assisting clients toward self-sufficiency. Prior to the development of this scale, PROP had no method of quantifying its effectiveness in meeting its primary mission of moving low-income people to self-sufficiency. Since the introduction of the scale, the Agency has found it to be an effective tool for measuring client progress.

### **Study Question 5**

For identified barriers, do any appear to be common to the region, or to specific group or type of families, or to locality?

As part of the scale development process, we were able to gain input from PROP, as well from five additional CAA’s in Maine – CCI, YCCA, CED, Penquis, and KVCAP. Social service staff from each of the six agencies were asked to complete the scale based on their determination of the barriers more prevalent among their general client caseloads. They were instructed to use a scale of from 1 to 10, where ‘1’ means the condition is not relevant – it never presents with clients; and ‘10’ means the condition constantly presents with clients.

Initially, CAA personnel were provided a list of thirty-two possible barriers. Upon completion, we calculated a mean score for each barrier by CAA. When all thirty-three staff returns were in from all six CAA's, an overall mean score was calculated for each tested barrier. The following list provides the thirty-two barriers and their resulting mean scores. The scale is ordered from high to low score (high barrier to low barrier).

Sorted By Overall Mean Score	Mean Score
Not having a plan to overcome their presenting situation	7.8
Their lack of good paying jobs near home	7.7
Their lack of job skills	7.3
Their lack of confidence that they can overcome their presenting situation	7.2
Their lack of self-esteem	7.2
Not knowing where to get the help they need to overcome their presenting problem situation	7.2
Their lack of reliable transportation	7.1
Their fear of losing their current benefits	7.0
Their lack of available jobs near home	7.0
Their lack of affordable child care	6.9
Not having family and friends they can turn to for help	6.8
Not knowing what type of help is needed to overcome their presenting problem situation	6.7
Their lack of employment experience	6.7
Their lack of motivation	6.5
Their past poor employment history	6.3
Their current health / disability	6.3
Their lack of hope that things will change	6.1
Their fear of failure	5.7
Their lack of safe and reliable child care	5.7
Their lack of personal commitment to change	5.6
Their spouse's (significant other's) current health / disability	5.5
Their spouse (significant other) not supporting their plan to overcome their presenting situation	5.5
Their family and friends not supporting their plans to overcome their presenting situation	5.3
Their use of alcohol or other drugs	5.2
Their child's current health / disability	5.2
Their current attitude about work	5.0
Their being subjected to violence in their home	4.9
Not having a high school diploma or GED	4.9
Their involvement with the criminal justice system	3.7
Their experiencing discrimination based on their race	2.8
Their experiencing discrimination based on their gender	2.5
Their experiencing discrimination based on their sexual orientation	2.1

In comparing the combined barrier chart to that for PROP, one will note that some of the barriers do not match. Prior to its finalization, and subsequent to completion of the scale by the other CAA's, PROP personnel recommended modifications to their version of the scale which resulted in the addition of some new barriers, and deletion of some of the prior listed barriers. This modification was done to better reflect PROP staff opinion regarding barriers presented by their clientele. Other CAA's may wish to make similar modifications.

If we consider any barrier that received a score of 5 or better from the six CAA's to be indicative of state-wide barriers, we would be looking at a list like the following. The thirty-three CAA staff members, from around the State, suggest that lacking a plan for change is the number one barrier presented by clients. This reason is followed by: a lack of good paying jobs near home (perhaps a reflection of our rural character); client lack of job skills; clients lacking confidence; and also lacking self-esteem.

As we did with the following example, when reviewed by service area, CAA’s may gain insight into any unique barriers presented by their geographic region, in comparison to the State as a whole. Our chart demonstrates PROP’s top 20 barriers in comparison to those of the combined CAA results. CAA personnel, and the CAA state associations, might find this type of barrier assessment information to be helpful as they seek to develop policy recommendations to affect poverty in their service areas.

<b>Top Scoring Barriers</b> (As Identified by CAA Staff)	<b>6 CAA 's</b>	<b>PROP</b>
	<b>Combined</b>	<b>Rankings</b>
Not having a plan to overcome their presenting situation	7.8	1
Their lack of <u>good paying</u> jobs near home	7.7	11
Their lack of job skills	7.3	6
Their lack of confidence that they can overcome their presenting situation	7.2	2
Their lack of self-esteem	7.2	12
Not knowing where to get the help they need to overcome their presenting problem situation	7.2	4
Their lack of reliable transportation	7.1	13
Their fear of losing their current benefits	7.0	7
Their lack of <u>available</u> jobs near home	7.0	14
Their lack of affordable child care	6.9	19
Not having family and friends they can turn to for help	6.8	15
Not knowing what type of help is needed to overcome their presenting problem situation	6.7	5
Their lack of employment experience	6.7	3
Their lack of motivation	6.5	8
Their past poor employment history	6.3	9
Their current health / disability	6.3	20
Their lack of hope that things will change	6.1	10
Their fear of failure	5.7	17
Their lack of safe and reliable child care	5.7	
Their lack of personal commitment to change	5.6	
Their spouse's (significant other's) current health / disability	5.5	
Their spouse (significant other) not supporting their plan to overcome their presenting situation	5.5	
Their family and friends not supporting their plans to overcome their presenting situation	5.3	18
Their use of alcohol or other drugs	5.2	
Their child's current health / disability	5.2	
Their current attitude about work	5.0	16

**Study Question 6**

Will our ability to better identify client needs and barriers result in improved movement toward self-sufficiency?

Once client responses are accumulated, CAA’s will gain a better understanding of the barriers facing their clients. We were able to accumulate results on twenty-five completed barrier scales during the study period. Barrier scores ranged from a high of 6.5 to a low of 1.0. The following ten barriers received the highest scores from these clients at intake.

- |   |  |
|---|--|
| 1. Not knowing where to get the help you need       | 6. A lack of confidence                        |
| 2. Not having a plan                                | 7. Inability to budget your household finances |
| 3. The amount of money they have to pay for housing | 8. Current health / disability                 |
| 4. The amount of money they have to pay for food    | 9. A lack of a personal support system         |
| 5. Not knowing what type of help you need           | 10. A lack of affordable health care           |

The following chart demonstrates how well PROP staff anticipated their client issues at intake. The barriers identified under the column titled ‘PROP Rank’ as n/a (not applicable) mean the original list of barriers, as distributed to CAA’s did not include these barriers (housing, food, budget and health care). Prior to its finalization, PROP staff requested these issues be included on the PROP version of the barrier scale because they felt these issues would be evident in their clientele. It turns out the staff were right, and they correctly predicted eight of the top 10 barriers that would be identified by clients at intake.

In three instances, 1) not having a plan, 2) lack of personal support systems, and 3) not knowing the type of help needed, staff underestimated client rankings. Staff ranked ‘child’s disability’ as their estimated number 1 barrier, and client disability as their number 7 estimated highest scoring barrier for clients at entry. Clients ranked family member disability as 19 out of 32, and their own disability as number 8.

<b>Barriers to Self-Sufficiency</b>	<b>Client Rank</b>	<b>PROP Rank</b>
Your not knowing where to get the help you need	1	4
Your not having a plan	2	27
The amount of money you have to pay for housing	3	n/a
The amount of money you have to pay for food	4	n/a
Your not knowing what type of help you need	5	23
Your lack of confidence	6	2
Your inability to budget your household finances	7	n/a
Your current health / disability	8	7
Your lack of a personal support system	9	22
Your lack of affordable health care	10	n/a

If we look at the client rankings of barriers, ranked 1 through 5, we can begin to get a sense of the worth of this scale in terms of providing CAA’s with policy change strategies. Not knowing where to get help might indicate a need for increased publication of area available assistance programming. The perception that both food and housing are barriers might indicate the need for policy strategies around food distribution and creation of affordable housing. Whereas, lacking confidence, lacking a plan to overcome barriers, and an inability to budget household finances might suggest the need for new types of programming around life-skills education.

Clients completed their scales at both pre and post intervention. By reviewing post scores to pre scores, we can see how well PROP was able to help these clients. On average, barrier scales were completed within 1½ months of intake. This short period of time between pre and post was used to accommodate analysis prior to the closing of this study in July 2003. In the future, we suspect post scoring will not be completed as quickly, but we appreciate this accommodation by staff on our behalf.

However, it appears that the short average time to post test had no negative impact on results. Clients reported at post intervention that PROP had made the highest impacts on the following barriers.

<b>Barrier</b>	<b>Client Rank</b>	<b>Pre Score</b>	<b>Post Score</b>	<b>Change Score</b>
Your not knowing where to get the help you need	1	6.5	1.5	-5.0
Your not having a plan	2	6.2	1.9	-4.2
The amount of money you have to pay for housing	3	6.3	2.5	-3.8
The amount of money you have to pay for food	4	5.7	1.9	-3.8
Your not knowing what type of help you need	5	6.0	2.5	-3.5
Your lack of confidence	6	6.3	2.8	-3.5

From these results, it appears PROP was successful in assisting clients in addressing their top ranked issues. Overall, clients rated PROP’s assistance as an 9.2 on a 10 point scale, where 1 was the lowest score and 10 the highest possible score.

Using the barrier scale, PROP was able to demonstrate quantified proof of progress on moving clients toward self-sufficiency. At pre test, of the twenty-five client records reviewed, on average each client scored 4.4 barriers with a score of 10 - meaning these issues were ‘totally a problem’ for them. This result is consistent with the observations of the Barusch study, noted earlier, where long-term welfare families presented with an average of three (3) self-sufficiency barriers.

In our study, at post-test, the number of barriers scored with a 10 by each client had dropped to less than 1 (0.5). At pre test, each client scored, on average, 7 different barriers with scores of from 7 to 10. Post intervention, each client scored, on average, only 1 barrier with a score of 7 to 10.

We cannot determine at this time, whether these results, as impressive as they appear, were an improvement in client movement toward self-sufficiency since the introduction of the barrier scale. PROP may have been as effective at this task prior to the introduction of the scale. Only time, and PROP staff opinion will be able to determine whether use of the scale actually improves PROP’s capacity to move clients toward a state of self-sufficiency. To that end, PROP’s Social Services Department remains enthusiastic about the use of the scale, and plans to continue with it. We can say that use of the scale facilitated the Agency ability to quantify and demonstrate its capabilities in helping clients manage and/or overcome their self-sufficiency barriers.

## Study Question 7

Can we identify key characteristics that might be used to predict self-sufficiency progress success or failure?

If we can identify predictable characteristics, what implications does this have on service design and delivery?

From our literature review, we know that the presence of certain characteristics and conditions affect both entry to and exit from dependence on public assistance programming. Keeping these in mind, CAA personnel can focus efforts with clients toward those changes that demonstrate success in moving families to self-sufficiency. If we remove from our list those barriers that cannot be changed, or which likely cannot be overcome with the assistance of CAA's, such as mental illness, or the presence of a disability, CAA personnel might focus on the following:

- Ensuring access to entitled family supports (child support or earnings from other sources)
- Enrollment in substance abuse prevention / treatment
- Ensuring stable and non violent housing
- Boosting client positive attitudes and strengthening their self-esteem
- Ensuring access to (or by providing) affordable, quality childcare
- Ensuring access to needed and preventive medical care
- Ensuring the availability of reliable transportation
- Addressing educational and/or job skill deficits

If CAA's can address these issues with clients, the literature suggests that positive movement toward self-sufficiency is likely to occur. In addition, the following opportunities, if made available by or with the assistance of CAA's, have demonstrated success at moving individuals and families toward self-sufficiency:

- Participation in community service programs that build good work habits
- Job readiness training coupled with paid transitional work experience

From a systems standpoint, or from a policy strategy standpoint, CAA's individually, or in concert with other agencies and state associations might also consider the following activities to assist their low-income families:

- Developing new and additional job training programs.
- Working to develop sufficient affordable housing stock.
- Engaging local and state officials in job development activities to result in new, competitive wage job creation.
- Engaging in substance abuse prevention / treatment activities.
- Supporting domestic violence programming and prevention efforts.
- Providing information outreach to the working poor – develop and disseminate information on assistance.
- Providing information outreach to employers – develop educational activities targeting employers and provide them with information about assistance and support available to their employees.
- Education and training of existing workers – working with employers to connect the working poor to life skill information, available assistance, and additional job training.
- Public awareness - educating public policy makers about the working poor and the types of programs that demonstrate the likelihood of success in altering the poverty “triggers.”
- Promoting collaborations to build community capacity – enlisting and involving existing community organizations to create / enhance supportive environments focused on upward mobility of the working poor.

## Study Question 8 –

Can we develop methods to support a continuous improvement method for client satisfaction with PROP Social Service delivery?

### Continuous Improvement

In addition to the development of the client self-sufficiency barrier tool, we developed a client satisfaction tool that PROP, and other CAA's might use to assess the efficacy of their service delivery. Again, like the barrier tool, the Client Satisfaction tool is designed to be completed by the client.

Both assessment tools are based in empowerment evaluation theory. By this we mean they are designed to be used by program staff to continually monitor their effectiveness and impact, and use the data collected to self-reflect on ways service delivery and impact might be improved. By testing pre and post to any implemented changes to service delivery and/or design, the scales can be used to assess the impact of the changes, in terms of client satisfaction and barrier impact.

In the Client Satisfaction tool, we included two sub scales - one for overall agency performance, and one specific to individual case manager performance. Test variables were developed from a review of the literature, and by interviewing agency staff from two agencies in Maine on the characteristics of service delivery they had targeted for their Social Service activity.

#### Overall test variables included

- PROP'S ability to understand the client's needs
- The level of involvement allowed the client in setting their own goals and objectives
- PROP's ability to help the client solve their problem
- PROP's recognizing the client's additional needs
- The help PROP gave the client to address their other needs
- The progress the client made on their goals
- The support PROP gave the client while they worked toward their personal goals
- PROP's ability to get the client other needed services and programs
- The usefulness of the Information PROP gave the client on other needed programs
- PROP's ability to make it easy for the client to reach them
- The comfort of PROP's space

#### Case Manager variables tested included:

- General knowledge
- Sincerity
- Professionalism
- Friendliness
- Dependability (keeping appointments)
- Organization skills
- Schedule of contact with the client

The scale also included the following 5 Questions, and appeared as:

*Again, using the 1 to 5 scale, where '1' means you were **Not Satisfied**, and '5' means you are **completely Satisfied**, please tell us, overall:*

- How satisfied you were with your Case Manager?
- How satisfied you were with PROP?
- When you left our program, did you feel you were ready to leave us?
- Overall, as a result of your contact with PROP, is your life **Worse, the Same** or **Better** than when you first contacted us?
- If you found yourself in need again, would you hesitate to contact PROP?

The full instrument, along with a copy of the barrier assessment tool, is provided in the Appendix. Results from the administration of the Client Satisfaction scale at PROP are not yet available, as case workers have just begun to use the form.

## Conclusions

It is apparent that since poverty is a complex condition, often interrelated with multiple contributing factors, the provision of assistance to low-income families attempting to move to self-sufficiency may be an equally complex task, requiring provision of and access to multiple service systems built on collaborative efforts. However, to fully understand the nature and extent of poverty within a CAA service area, agencies will require additional information that goes beyond the capacity of traditional demographic needs assessment efforts.

We believe CAA's recognize they should not rely solely on demographic snapshots of their low-income population when considering their program intervention designs, or their strategic policy modification strategies. Instead, they recognize the limitations of common needs assessment methods, and want to look to the underlying causes and relationships among personal and environmental conditions that may be contributing to persistent poverty within their service areas.

We believe that through this study, we have been successful in demonstrating that existing methods of client needs assessment can be enhanced by the addition of information that seeks to uncover the underlying issues contributing to dependence on public assistance. Further, we have demonstrated that methods are available to build on current needs assessment practice, that may result in an improved capacity to move low-income households to self-sufficiency.

To this end, this study has suggested methods CAA's can use to identify the low-income populations eligible for, but un-served by the agency programs, and has suggested alternative methods of outreach to inform un-served populations of available programming. We have also suggested a way for CAA's to identify client self-sufficiency needs and barriers sooner in the client relationship process, and perhaps more accurately than in the past. At the same time, we have demonstrated how agencies might use this barrier identification information to identify common issues within their service areas that contribute to persistent poverty and dependence. Since many of these conditions have been identified in the literature as common poverty entry triggers and successful exit strategies, CAA's might want to keep these in mind when developing client assistance plans. They may also want to keep them in mind while considering policy strategies, or when developing new programming designed to result in communities that foster self-sufficiency.

Finally, we have demonstrated tools and methods CAA's can use to support a process of continuous improvement of the delivery of their social services, and to assess how well they are meeting their primary goal of moving low-income households toward self-sufficiency.

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## Appendices

Client Number: \_\_\_\_\_ (code Number should include community of residence & a unique client identifier)

## Social Services – Client Assessment Barriers to Self-Sufficiency

You have asked PROP to assist you in managing a current situation. It will help us to help you if we understand as many of the issues that may be impacting you and/or your family in a negative way. By completing this questionnaire you will be helping us better understand your needs, and assist you in overcoming your current situation.

I have a list of conditions known to contribute to problem situations. So we can better know how best to help you, please tell us how much of a problem these are for you now. Please answer with a number from 1 to 10, where 1 means it's 'not a problem' now, and 10 means 'it's a huge problem' now.

<b>Please tell us how much of a problem is:</b>	<b>At Intake</b> <b>Date:</b> _____	<b>Post Intervention</b> <b>Date:</b> _____
Your not knowing what type of help you need to overcome your current problem situation?		
Your not knowing where to get the help you need to overcome your current problem situation?		
Your not having a plan to overcome your current situation?		
Your lack of confidence that you can overcome your current situation?		
Your lack of a personal support system?		
Your not having family and friends you can turn to for help?		
Not having a high school diploma or GED?		
Your use, or use by a family member, of alcohol or other drugs?		
Your inability to budget your household finances?		
Your lack of English language skills?		
Your lack of affordable child-care?		
Your lack of reliable transportation?		
The amount of money you have to pay for prescription drugs?		
Your current attitude about work?		

**(turn to back)**

Please answer with a number from 1 to 10, where 1 means it's 'not a problem' now, and 10 means 'it's a huge problem' now

<b>How much of a problem is:</b>	<b>At Intake</b>	<b>Post Intervention</b>
Your lack of affordable health care?		
The amount of money you have to pay for housing?		
The amount of money you have to pay for food?		
Your current health / disability?		
A family member's current health / disability?		
The amount of money you have to spend on mental health issues?		
Your lack of personal commitment to change?		
Your fear of losing your current benefits?		
Your fear of failure?		
Your lack of job skills?		
Your lack of employment experience?		
Your past poor employment history?		
violence in the home?		
Your lack of hope that things will change?		
Your lack of self-esteem?		
Your lack of motivation?		
The lack of available jobs near your home?		
The lack of good paying jobs near your home?		

On Post-test version – add

On a scale of 1 to 10, where 1 is the lowest and 10 the highest, how much did PROP help you to resolve your problem situation?		
--	--	--

Assistance Category \_\_\_\_\_

**PROP**  
**Social Services – Client Satisfaction Survey**

This questionnaire is completely confidential. Do not place your name on the form. Since it is confidential, please feel free to be completely honest in answering each question.

Your Age today \_\_\_\_\_  
In what City (town) do you live?

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1. Please tell us, using a scale of from 1 to 5, where '1' means you were **Not Satisfied**, and '5' means you were **Completely Satisfied**, how satisfied you were with each of the following issues.

<b>Please tell us how satisfied you were with:</b>	<b>Not Satisfied</b>		<b>Completely Satisfied</b>		
a. Our ability to understand your needs	1	2	3	4	5
b. The level of your involvement in setting your own goals and objectives	1	2	3	4	5
c. Our ability to help you solve your problem	1	2	3	4	5
d. Our recognizing your additional needs	1	2	3	4	5
e. The help we gave you to address your other needs	1	2	3	4	5
f. The progress you made on your goals	1	2	3	4	5
g. The support we gave you while you worked toward you personal goals	1	2	3	4	5
h. Our ability to get you to other needed services and programs	1	2	3	4	5
i. Information we gave you on other programs you needed	1	2	3	4	5
j. Our making it easy for you to reach us	1	2	3	4	5
k. The comfort of our space	1	2	3	4	5

**(Please complete questions on back)**

The next set of questions are about your Case Manager. Again, using a scale of from 1 to 5, where '1' means **Not Satisfied**, and '5' means **Completely Satisfied**, please tell us:

	<b>Not Satisfied</b>				<b>Completely Satisfied</b>
a. General knowledge	1	2	3	4	5
b. Sincerity	1	2	3	4	5
c. Professionalism	1	2	3	4	5
d. Friendliness	1	2	3	4	5
e. Dependability (keeping appointments)	1	2	3	4	5
f. Organization skills	1	2	3	4	5
g. Schedule of contact with you	1	2	3	4	5

Again, using the 1 to 5 scale, where '1' means you were **Not Satisfied**, and '5' means you were **Completely Satisfied**, please tell us, overall:

- |   | <b>Not<br/>Satisfied</b> |          |          |            | <b>Completely<br/>Satisfied</b> |                 |
|---|--------------------------|----------|----------|------------|---------------------------------|-----------------|
| 5. How satisfied were you with your Case Manager  | <b>1</b>                 | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b>                        |                 |
| 6. How satisfied were you with PROP?  | <b>1</b>                 | <b>2</b> | <b>3</b> | <b>4</b>   | <b>5</b>                        |                 |
| 7. When you left our program, did you feel you were ready to leave us?  |                          |          |          | <b>YES</b> | <b>NO</b>                       | <b>NOT SURE</b> |
| 8. Overall, as a result of your contact with PROP, is your life <b>➡</b> <u>Worse.</u> <u>The Same</u> or <u>Better</u> than when you first contacted us? |                          |          |          |            |                                 |                 |
| 9. If you found yourself in need again, would you hesitate to contact PROP?   |                          |          |          | <b>YES</b> | <b>NO</b>                       | <b>NOT SURE</b> |
| 10. If you could change one thing about how we handled your case what would that one thing be?  |                          |          |          |            |                                 |                 |
| 11. What was the one most positive thing about your involvement with this agency?   |                          |          |          |            |                                 |                 |
| 12. Any other comments and/or suggestions?  |                          |          |          |            |                                 |                 |

Thank you for participating in this survey, we value your opinions.