Experimental Evidence of a Work Support Strategy That Is Effective for At-Risk Families: The Building Nebraska Families Program

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ABSTRACT This article examines the effects of an intensive life skills education and home visiting program, Building Nebraska Families (BNF), on the employment, earnings, and personal and family well-being of work-mandatory cash welfare recipients. Based on a randomized controlled trial, the analysis used survey and administrative data for more than 600 hard-to-employ Temporary Assistance for Needy Families (TANF) recipients across 11 sites in Nebraska. Statistically significant, robust effects were observed on the employment, earnings, and various measures of personal and family well-being for a subgroup of more disadvantaged, very hard-to-employ TANF recipients. The magnitude of the effects grew over time and was most pronounced during the last 6 months of the 30-month follow-up period. Overall, the findings suggest that BNF's approach, with its focus on developing life skills and improving personal and family functioning, can be an effective strategy for improving the employability and self-sufficiency of the most at-risk TANF recipients.

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INTRODUCTION

Social welfare policy in the United States is increasingly using employment as a condition for enrollment in programs as diverse as housing assistance, food assistance, cash assistance, and public health insurance. For example, both the Temporary Assistance for Needy Families (TANF) program and the Supplemental Nutrition Assistance Program (SNAP) require some recipients to engage in work activities or be subject to sanctions. Moreover, the Centers for Medicare and Medicaid Services offered waivers in 2018 for states to implement and evaluate Medicaid work requirements; the US Department of Housing and Urban Development is weighing the imposition of work requirements for receipt of subsidized housing assistance. Across these programs, many recipients with complex obstacles, skill deficiencies, and parent and family responsibilities must meet these work requirements. Given this state of affairs, it is timely to examine state-based social welfare programs designed to provide work-related supports to assist low-income individuals and families in meeting their work requirements and progressing toward self-sufficiency. Development of the skills and employability of at-risk families represents not only an important social policy concern but also a considerable programmatic challenge across the range of safety-net programs administering or considering work requirements.

In particular, since 1996 the TANF cash assistance program for low-income families has included substantial work requirements to provide an impetus for low-income parents to find and keep jobs. Yet for many of these individuals, multiple and serious obstacles and skill deficiencies hamper their efforts toward stable employment and self-sufficiency. The most disadvantaged households typically face many challenges, among them unstable housing, child care, and transportation; mental and physical health problems; substance abuse; domestic violence; and limited cognitive and basic skills (Danziger et al. 2000; Bloom, Loprest, and Zedlewski 2011; Jacobs and Bloom 2011). These personal and family challenges and life skills limitations, or their combination, can impede individuals' ability to get a job, maintain employment, and achieve economic self-sufficiency for their families (for a review of this research, see Bloom et al. 2011). For households in rural areas, meeting work requirements can be even more challenging because of additional economic, geographic, and social hurdles (Lichter and Jensen 2000; Weber and Duncan 2001; Friedman 2003; US Department of Agriculture 2004; Strong et al. 2005; Heflin and Miller 2012).

In this article, we report for the first time in a peer-reviewed journal the results of a rigorous effects and benefit-cost evaluation of an intensive life skills education and home visiting program, Building Nebraska Families (BNF). Our aim is to highlight the study's promising implications for helping the most disadvantaged TANF recipients navigate their transition from welfare to work and self-sufficiency (Meckstroth, Burwick, and Moore 2008). The evaluation used a randomized controlled trial to assess whether BNF improved employment, earnings, and personal and family well-being among TANF clients who were referred to the BNF program from Nebraska's small and midsize towns and rural areas. More than 600 individuals eligible for limited program slots were randomly assigned to a treatment group and offered BNF program services, or to a control group in which individuals were not offered BNF program services but could access all other available services; such control groups are sometimes referred to as "usual care groups." Both the treatment and control groups were subject to the same TANF program rules and had access to the same set of employment-related and supportive services from TANF. To determine the program's net effect, we compared the behaviors and outcomes of the treatment and control groups over a 30-month follow-up period using data from surveys and from administrative records. The BNF program was evaluated and the findings originally reported as part of the Rural Welfare-to-Work Strategies Demonstration evaluation, funded by the US Department of Health and Human Services, Administration for Children and Families (Meckstroth et al. 2008).

Although BNF was implemented and tested 15 years ago, from 2002 to 2004, the program and this evaluation's findings are still relevant in today's social policy context, as federal, state, and local policymakers and practitioners continue to wrestle with how to retool programs to assist vulnerable, low-income adults and families that might be participating in new ways in a range of safety-net programs. BNF's focus on developing clients' life skills as a strategy for improving personal and family functioning, as well as employment, earnings, and family self-sufficiency, is compatible with efforts under current programs, such as Mobility Mentoring, Goal-4 It!, and MyGoals, that emphasize goal-oriented adult learning, intentional self-regulation, and development of executive function skills. Rigorous evaluations of Goal4 It! and MyGoals, for example, are underway as part of the federal Evaluation of Employment Coaching for TANF and Related Populations, along with two other coaching models. Findings from these evaluations are expected in 2021.

In the remainder of this article, we begin by summarizing previous research related to life skills education and home visiting interventions. We then describe the evaluation design and methods, including data sources. Our presentation of evaluation results follows, including a summary of effects on employment, income, public assistance receipt, and measures of well-being. We then conclude by considering the study's implications for policy and the design of welfare-to-work initiatives today.

The evaluation of BNF fills several important gaps in the social policy literature. First, it fills a research gap by investigating the effects of a home visiting program with adult economic self-sufficiency as its primary goal. Second, it expands the research literature on two intervention strategies that may be of particular value for hard-to-employ TANF clients: (*a*) intensive life skills education and (*b*) service delivery through home visitation. By using a randomized controlled trial, this evaluation provides a strong empirical basis to evaluate the effectiveness of these two strategies when used together. Third, the evaluation contributes to the knowledge base related to the qualifications of home visitors and service provision in rural areas.

BACKGROUND AND RELATED LITERATURE

The passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which created TANF, emphasized short-term labor force attachment over longer-term education and training as the primary strategy for moving low-income families toward economic self-sufficiency. The act also instituted a lifetime limit on benefit receipt and imposed work requirements as a condition of cash assistance. This focus on quickly connecting TANF recipients to jobs underscored the need to understand and address the barriers to employment faced by women on public assistance (Danziger et al. 2000; Bloom et al. 2011). Studies conducted since the advent of welfare reform find that most TANF recipients have at least one barrier to employment, many recipients have multiple barriers, and the likelihood of employment decreases as the number of barriers increases (Danziger et al. 2000; Bloom et al. 2011; Jacobs and Bloom 2011).

An intensive focus on life skills education is a key innovation of the BNF program. More recent research related to the TANF population suggests that personal capabilities and life skills are critical to obtaining and retaining employment (Banerjee and Damman 2013). Drawing on this research, life skills–based mentoring and coaching models, such as the Mobility

Mentoring (EMPath) Model (Babcock 2018), Goal 4It! (Derr and McCay 2018), and MyGoals, which was developed for the housing assisted population (Guare and Dawson 2019), typically involve strategies to help clients set and achieve meaningful goals, solve problems independently, develop communication skills, and improve personal relationships. More broadly, aspects of life skills education have been integrated into the service delivery of TANF programs to varying degrees. In some programs, a life skills component has been incorporated into job search assistance and job readiness activities in order to educate clients about topics such as how to communicate effectively and how to manage personal finances. Even as life skills curricula are becoming more common in TANF programming, to our knowledge no studies yet provide experimental evidence of the positive effects of life skills education as part of TANF programming.

The proliferation of program models using the life skills education and mentoring approach reflects a growing interest among administrators of employment-related programs in applying research from psychology to the development and implementation of strategies that explicitly focus on improving self-regulation and developing related executive function–informed and goal-directed skills and behaviors, with the aim of helping low-income adults find and retain jobs and progress toward self-sufficiency (Cavadel et al. 2017; Babcock 2018). BNF's life skill education focused on various executive function–related skills, such as goal-setting, problem-solving, self-esteem, communication skills, coping skills, anger and stress management, and time management. Moreover, its approach to using individualized mentoring sessions to deliver life skills education may be considered a precursor to current life skill mentoring and coaching models. As such, our evaluation of BNF provides evidence-based support for the promise of these ongoing program models.

A second innovation tested in BNF is the use of a home visiting approach designed to support TANF recipients in their efforts to transition to work and self-sufficiency. Home visitation offers a potentially valuable mode of service delivery partly because it creates the opportunity for an intensive, individualized intervention. Home visiting programs have most commonly focused on improving children's health and development (Avellar and Supplee 2013; Azzi-Lessing 2013; Boller et al. 2013; Avellar et al. 2016). However, research generally indicates that home visiting interventions can have promising outcomes in a range of areas, including parenting behaviors, maternal and child health, child development and school readiness, and the economic

self-sufficiency of families (Gomby 2005; Daro 2006; Jones Harden et al. 2012; Avellar et al. 2016). Although there is a precedent for using home visiting with a TANF population, the focus of extant studies and programs has been on improving family functioning and health-related outcomes as opposed to economic self-sufficiency (Kneipp et al. 2011; Smith and Moore 2012; Michalopoulos et al. 2019).[1] The results of the BNF evaluation expand the breadth of understanding around the range of populations and outcomes responsive to a home visiting approach. Specifically, this evaluation of BNF fills a research gap by investigating the effects of a program with adult employability and self-sufficiency as primary goals.

Studies also suggest that the qualifications of home visitors may be an important factor in a program's success. In a study of the Nurse-Family Partnership program, the effects of services delivered by nurses were compared with those delivered by paraprofessionals. Effects on several outcomes, including maternal employment, were much more robust for clients who received services from the nurses, who were better qualified than the paraprofessionals (Olds et al. 2002, 2004). As in the Nurse-Family Partnership program, BNF relied on well-qualified professionals to deliver its core services. In the case of BNF, master's-level staff conducted the home visits and delivered the life skills education.

Finally, the BNF program delivered services across rural and semirural Nebraska—both to small and midsize towns and to remote, sparsely populated areas. Few studies have done more than simply document the existence of higher barriers to employment among rural residents. Rural residents often face higher barriers to services and employment than urban residents, including transportation inaccessibility, limited local services to address barriers to employment, and poorer economic conditions (Lichter and Jensen 2000; Findeis et al. 2001; Weber and Duncan 2001; Friedman 2003; Government Accountability Office 2004; US Department of Agriculture 2004; Strong et al. 2005; Heflin and Miller 2012). This study of BNF also contributes to the literature by evaluating an intervention strategy targeted to TANF recipients living in rural and semirural areas.

1. A recent assessment of the Mother and Infant Home Visiting Program Evaluation did include economic self-sufficiency as one of six primary outcomes. However, no significant differences were observed between the treatment and control groups in terms of the key self-sufficiency measures of employment and earnings (Michalopoulos et al. 2019).

PROGRAM AND ECONOMIC CONTEXT

The evaluation's findings on program effects represent the value of BNF in addition to a fairly supportive, work-oriented TANF program in a state that offered a variety of employment-related and other services during the time of the evaluation. Part of BNF's value in Nebraska may have been in how it complemented the work requirements, employment assistance, and supportive services already available. As TANF recipients, all sample members—treatment and control group members alike—had access to all employment-related opportunities and supportive services offered by TANF, except that the control group did not have access to BNF.

Nebraska experienced relatively low unemployment and poverty relative to many states during the time of the evaluation. The average unemployment rate in the BNF areas, 3.6 percent, was less than the 2003 statewide unemployment rate of 4 percent and the 2003 national rate of 6 percent. Although the average poverty rate in the BNF counties, 10.5 percent, was slightly higher than the 2003 statewide average of 10 percent, it was still below the national rate of 12.5 percent.

THE STATE TANF PROGRAM

The Nebraska TANF program's rules, as well as its existing employment and supportive services, were relevant and available to all evaluation sample members, treatment and control groups alike. During the time of the evaluation, Nebraska's TANF program had a 2-year time limit, communicated a work-oriented philosophy, and encouraged those who could work to do so. However, it did not stress direct entry into the labor market for all clients. Rather, it used a flexible, targeted "human capital investment model" of service delivery that provided some short-term support for education and training.

Job search training and assistance varied across the state but generally included help with writing resumes, completing job applications, obtaining job leads, and conducting interviews. Job search workshops commonly lasted up to 3 weeks, requiring up to 5 days of participation each week. Local TANF agencies also frequently referred clients to job readiness and life skills training, generally offered as a 1-day workshop or two 5-hour sessions, designed to prepare clients for work by addressing such practical life

skills topics as health and wellness, appearance and demeanor, interpersonal skills, stress and time management, problem solving, self-esteem, attitude in the workplace, and work ethic.

A mix of transitional benefits was available to support clients as they became employed. Child care and medical benefits were available for up to 2 years after clients were no longer eligible for cash assistance. Payments related to transportation and work-related supplies were available for up to 6 months after clients left cash assistance.

Many TANF clients were well connected with services and staff, and participation in work-related activities was relatively high. In a survey conducted shortly before BNF was implemented, more than three-fifths of TANF clients in rural and semirural Nebraska reported having participated in an employment activity during the past year (Meckstroth et al. 2002). In the same survey, nearly two-fifths of such TANF clients reported talking with their TANF case manager at least once every 2 weeks.

AVAILABILITY OF OTHER SERVICES

Information gathered as part of the evaluation suggested that workforce development, education, health, family support, and other services were available through organizations in communities throughout Nebraska. Various entities, including private TANF contractors, one-stop centers, community colleges, and adult education agencies, offered employment and training services. For people who were disabled, vocational rehabilitation provided services in many communities. More than a third of TANF recipients in rural and semirural Nebraska reported talking regularly about employment-related issues with staff from an organization outside TANF (Meckstroth et al. 2002).

Community action organizations and other groups helped meet some of the health and other service needs of TANF clients and their families. For mental health needs, counseling assistance through community mental health centers was generally available within 2 weeks of initial request, though waiting times could be substantially longer for psychiatric consultation. The availability of substance abuse treatment, or access to it, was limited. Public transportation was also very limited in most areas. Nebraska's TANF clients generally relied on travel by personal vehicle—either their own or someone else's.

THE BNF PROGRAM MODEL

To address the challenges hard-to-employ TANF clients face, in 2002 the Nebraska Health and Human Services System, in partnership with the University of Nebraska–Lincoln Cooperative Extension (UNCE), developed and launched the BNF program. The intensive program used a home visiting model to improve life skills and job readiness. It was offered as a supportive service, in addition to Nebraska's regular TANF program, and complemented existing TANF employment services. Work-mandatory clients were targeted for the BNF program and subject to TANF work requirements, sanctions for nonparticipation, and a 2-year time limit. As work-mandatory TANF recipients, BNF participants were required to work or participate in work-related activities for at least 30 hours per week. After clients agreed to participate in BNF, it became a mandatory activity, and the time clients spent meeting with BNF staff could be counted toward their required work-related hours. Clients received BNF services both before they obtained a job and for up to 6 months after beginning a job, depending on their needs and progress toward a set of individualized goals. The evaluation examined the BNF program's operation in Nebraska from 2002 to 2004.

BNF continued to operate in Nebraska until December 2006. After the reauthorization of TANF through the 2005 Deficit Reduction Act, Nebraska modified its TANF program to conform to the revised definition of allowable TANF work activities set by the US Department of Health and Human Services. BNF was not included as part of Nebraska's modified TANF program. Nebraska concluded that BNF, as a longer-term intervention, did not fit well into the revised categories of allowable work activities and, therefore, did not support Nebraska's ability to achieve its mandated work participation rate. Moreover, because of the relatively high cost of BNF, along with general budget pressures within the Nebraska Health and Human Services System, the agency decided against continuing to fund BNF with non-TANF or state maintenance-of-effort dollars. Nebraska made these programmatic and funding decisions before the evaluation of BNF was completed and the findings made available.

BNF took an indirect approach to helping low-income people move from welfare to work and self-sufficiency. It recognized that many TANF clients face multiple obstacles and that specialized services to address obstacles, build life skills, and improve personal and family functioning often are limited or difficult to access, especially in rural areas. The program model posited

that through improved life skills and functioning, clients not only would be better equipped to address obstacles and participate in employment activities, but also would improve their ability to be successful at home and in the labor market (fig. 1).

At the heart of the BNF program was individualized, interactive instruction on basic life skills, coupled with mentoring and service coordination support (fig. 1, *left*). These key elements—life skills education, mentoring, and service coordination support—were interconnected, working together to help clients enhance skills, address challenges, and progress toward work and self-sufficiency. The home visitors (known as "BNF educators") drew on a research-based curriculum, *Survive, Strive, Thrive: Keys to Healthy Family Living,* to enhance a wide range of life skills and family management practices

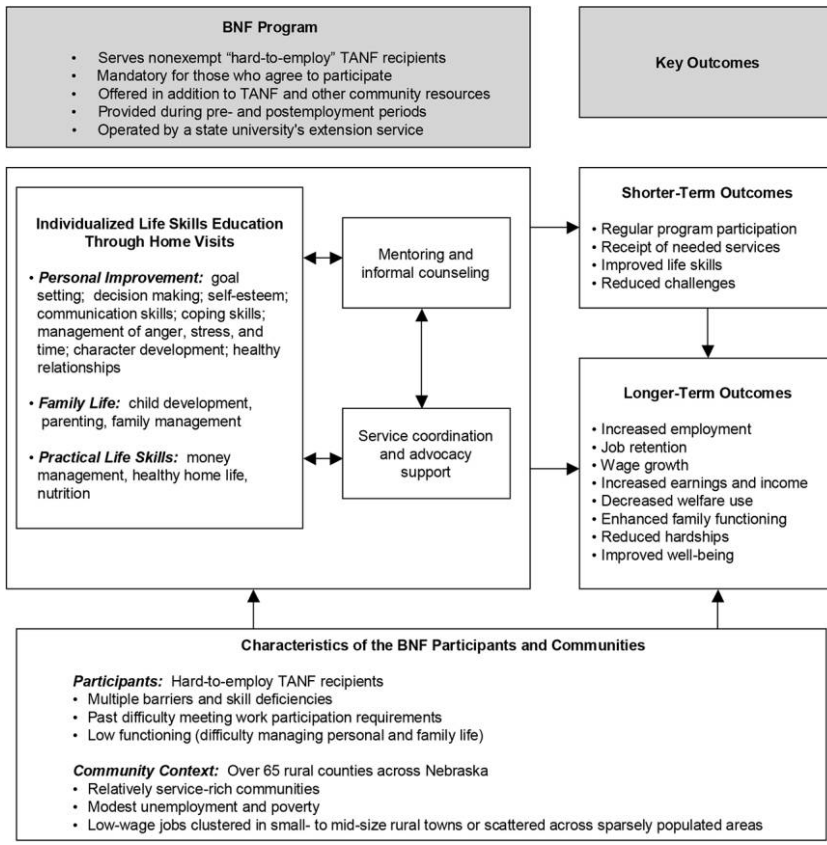

FIGURE 1. Building Nebraska Families (BNF) program model and intended outcomes and context. TANF = Temporary Assistance for Needy Families.

(Fox 2007). UNCE administrators and the BNF coordinator developed the program model and its core curriculum with help from UNCE's network of educators. The curriculum and approach are grounded in family development research, most notably the principles and family strengths and qualities articulated in Stinnett and DeFrain (1985), DeFrain (1999, 2002), and DeFrain and Asay (2007).

The BNF curriculum aimed to develop stronger and more self-sufficient families by building skills in three key areas, as shown in figure 1: (1) personal improvement, including lessons on goal setting, decision making, self-esteem, communication skills, coping skills, anger and stress management, and time management; (2) family life, including child development, parenting, and family management; and (3) practical life skills, including money management, healthy home life, and nutrition. The curriculum is designed to teach participants to move from day-to-day survival to a state of thriving by giving them the tools and assistance they need to achieve success in all aspects of their lives—at home, at school, at work, and in the community (Fox 2007). In particular, many of the personal improvement components of the BNF life skills instruction relate directly or indirectly to definitions of executive function. For example, Sylvia A. Bunge and Jonathan D. Wallis (2007) describe executive function in adulthood in relation to the key skills most required of adults: planning, self-control, and self-monitoring. Peg Dawson and Richard Guare ([2009] 2016) conceptualize executive function as a broader set of skills that encompass (1) thinking skills that help individuals select goals and devise ways to accomplish them, among them planning, organization, and time management, and (2) behavioral skills, such as emotional control, task- and goal-directed persistence, and response inhibition and flexibility that help individuals execute plans. These skills are broadly consistent with BNF's focus on helping clients improve their ability to be successful at home, at work, and in other areas of their lives.

Across BNF's 3 key areas are a total of 15 stand-alone curriculum components designed for easy use. Each component includes an overview with goals and objectives, along with many teaching materials, such as lesson plans, suggested activities, relevant articles and other handouts, and teaching tips. During individualized and interactive teaching sessions, most often delivered in clients' homes, educators used the structured lesson plans and provided related guidance to clients to help develop their life skills. Participants and educators cooperated to develop an education plan and select lesson topics to be covered. To promote skill building and reinforce the

lessons, clients were asked to complete short homework assignments between meetings.

The BNF home visits were intended not only to deliver the life skills education to clients but also to provide opportunities for mentoring clients and facilitating service referrals and contacts with other organizations. When possible, the BNF educators linked the lessons to clients' efforts to prepare for jobs and the workplace. The educators mentored clients by modeling positive behavior and goal-setting skills, and coached them in how to complete practical tasks, resolve problems, and make progress toward short- and long-term goals. Educators also provided individualized service coordination and advocacy support by helping clients access services and resources and interact with agencies and employers.

BNF used two performance measurement tools, entry-exit checklists and success markers, to monitor program operations and track changes in clients' ability to manage their lives. Entry-exit checklists documented changes in clients' behaviors and attitudes before and after receiving program services, and success markers provided a monthly indicator of clients' progress toward meeting predetermined, individualized goals. By providing a description of each of these tools, the appendix highlights the way in which the program assessed clients' strengths and weaknesses and helped clients to set and achieve goals.[2] All educators who delivered BNF's life skills education and support to clients held master's degrees. Their degrees were in such fields as social work, counseling, education, and family and consumer sciences. As a group, they had many years of previous work experience, often in social work, counseling, or teaching, and about half had previous experience working with low-income, disadvantaged people. In addition, nearly all were thoroughly familiar with the geographic areas they served. To provide individualized education and support to clients, and to do so across a dispersed service area, required that educators be creative, resourceful, self-directed, highly reliable, and organized.

The educators benefited from initial and ongoing training, along with the active leadership of the program coordinator, who drew on the resources available through UNCE to train educators to deliver the BNF lessons and services and guide and support them throughout the evaluation period. At the outset, the coordinator provided an individualized, in-person training to each new educator over a 3- to 4-day period. Topics covered included

2. A copy of each of the tools can be found in app. D of Meckstroth et al. (2008).

the BNF curriculum, confidentiality issues, performance-monitoring tools, home-visiting techniques, and a community asset-mapping process. In addition, educators attended a 2- to 3-day training through the Nebraska Health and Human Services System that covered TANF regulations and procedures and TANF service delivery methods and issues. Educators fine-tuned their skills through ongoing training and technical assistance provided in regular staff meetings, quarterly trainings, and mentoring relationships between more and less experienced educators.[3] During the period of the evaluation, the educators (along with the program coordinator) made improvements and refinements to the BNF curriculum, developing the materials to make them more responsive to the needs of the disadvantaged TANF clients served by the program.

BNF targeted TANF clients who faced serious obstacles and skill deficiencies. To be eligible, a person had to be an active or sanctioned, nonexempt (i.e., work-mandatory) TANF recipient. The recipients deemed appropriate were generally those who had already tried or had been considered for less intensive programs and who faced many challenges, such as a poor work history, limited education, low personal functioning, or difficulty with parental roles and daily structure.

Key BNF staff included a program coordinator and 11 educators located in 11 UNCE offices in counties around the state. The BNF educators carried small caseloads of between 12 and 18 active clients. Each educator was assigned to clients in a multicounty area in rural and semirural Nebraska. The target areas encompassed more than 65 counties across the state and

3. Trainings, often delivered by guest experts, covered topics such as wraparound service delivery, substance abuse, domestic abuse, conflict management resolution, legal aid, consumer credit counseling, and child abuse and neglect. Educators also attended a 1-day poverty training to sensitize them to issues facing low-income families and prepare them to work more effectively with very disadvantaged families. To the same end, they participated in a coaching workshop that taught techniques for developing rapport and building trust with clients, and for helping clients improve problem-solving skills and self-reliance. Educators practiced delivering services via coaching during some of their regular meetings. In addition, to promote mentoring and information sharing among educators, more experienced educators were matched as mentors with newer educators. At the outset, the less experienced educators spent 1 or 2 days with their respective mentors to review and discuss the BNF curriculum, educational techniques, and service delivery challenges and lessons. The two colleagues were encouraged to interact regularly, with the more experienced educator providing guidance and assistance to her less experienced colleague.

included midsize towns with populations around 50,000 (e.g., Grand Island); small towns with populations between 7,000 and 15,000 (e.g., Scottsbluff and Nebraska City); and remote and sparsely populated counties with populations around 10,000 (e.g., Custer and Holt counties). Only the two largest cities, Omaha and Lincoln, and their corresponding counties were excluded as potential target areas for BNF.

PROGRAM PARTICIPATION

BNF services were intended to be intensive, and clients and educators were encouraged to meet on a weekly basis for at least at an hour. Program participation data collected during the period of the evaluation show that the average BNF client (i.e., the average individual assigned to the evaluation's treatment group) participated for more than 8 months, spanning a period that includes both the preemployment and postemployment periods. Clients met with their educator, on average, two or three times per month, most often during one-on-one meetings in clients' homes lasting an hour or longer.

Most BNF clients were well connected with their educator and with the program's services. Ninety-five percent of clients (i.e., treatment group members) had at least 1 program contact, and three-fifths had more than 10 contacts. The average client had a total of 22 educator contacts during his or her time in the program. The great majority of the contacts (86 percent) were related to teaching and mentoring around life skills, and the remainder were related to service coordination support. Total contact time between educators and clients was substantial—25 hours, on average. BNF educators provided more services to sample members who faced greater needs and obstacles—those who composed the very hard-to-employ (more disadvantaged) subgroup of sample members, as defined below. Nearly all (96 percent) of the more disadvantaged clients received at least 1 BNF program contact, and the more disadvantaged clients received services for 1.5 months longer, on average, than their less disadvantaged counterparts (9.3 vs. 7.7 months). Reflecting the longer duration of their programs, more disadvantaged clients also received several more contacts on average than did less disadvantaged clients (25 vs. 21 total contacts) over a greater number of hours (27 vs. 22 contact hours).

Although most clients received a substantial number of services, some were harder to engage and received relatively few services. Twenty-three

percent of sample members received fewer than five contacts, and 15 percent were placed in noncooperation status after repeated attempts by educators to contact them. Many of these clients were also sanctioned by their TANF case manager for nonparticipation in BNF or other TANF activities.

In their work with clients, the BNF educators focused most intensively on building goal-setting, problem-solving, and decision-making abilities; developing parenting skills; and improving personal functioning and relationship skills. Lessons that emphasized setting attainable short- and long-term goals and developing concrete strategies for achieving them were common: nearly three-quarters (72 percent) of all BNF clients received at least one lesson on topics in the category of goal setting, problem solving, and decision-making (table 1). In addition, one-third received five or more lessons on such topics. Supporting clients' self-concept, reinforcing principles of good character and ethics, and improving personal functioning were also important aspects of BNF. Topics in this area typically related to self-esteem, coping skills, and stress management. Sixty-seven percent received at least one lesson in this area, and 27 percent received five or more such lessons (table 1).

Helping clients develop positive and productive relationships with spouses, partners, family members, and others was also an important aspect of the educational lessons clients received. Relationship-building lessons focused on healthy relationships and personal boundaries, communication skills, and anger management. More than half of all treatment group members received at least one lesson on such topics, and 15 percent received five or more such

TABLE 1. Lesson Topics Taught to Building Nebraska Families Clients

Topic	Treatment Group Members with ≥1 Lesson (%)
Personal improvement:	
Goal setting/problem solving/decision making	72
Character development/personal functioning	67
Relationship-building skills	53
Family life:	
Parenting	66
Child development	21
Practical life skills:	
Money management	39
Household management	16
Nutrition	14

Source.—Building Nebraska Families Information System.

Note.—$n = 337$.

lessons. Parenting was another common topic. Two-thirds (66 percent) of clients received at least one lesson on parenting, and more than one-quarter (29 percent) received five or more lessons on this topic (table 1). Practical life skills were also important; for example, lessons that coached clients on how to (1) manage their finances, (2) manage their households, and (3) provide good nutrition also played an important role in BNF, affecting 39, 16, and 14 percent of treatment group members, respectively.

STUDY DESIGN AND RESEARCH SAMPLE

The evaluation of BNF used a random assignment research design. During a 28-month enrollment period from March 2002 to June 2004, 602 people eligible for BNF in 11 sites in Nebraska were randomly assigned to either a treatment group or a control group.[4] Although the experiment began with a balanced design, we shifted to an unbalanced design within the first 9 months of the study period in order to ensure that BNF educators maintained full caseloads. Across the study group, the probability of selection to the treatment group was 60 percent. This probability varied across the BNF sites from a low of 50 percent in two sites to a high of 70 percent in two others. By the end of the enrollment period, the treatment group totaled 358 people and the control group 244 people.

Sample members assigned to the treatment group were enrolled in BNF and offered program services (generally within a day or two of random assignment), whereas control group members were not offered program services, although they had access to all other available services through the TANF program and within their community. As noted earlier, BNF participation among the treatment group was nearly universal; 95 percent of

4. TANF case managers identified potentially eligible clients on their caseloads and referred them to the BNF program. As noted earlier, potentially eligible clients were those who were nonexempt (i.e., work-mandatory) TANF recipients, either in active or sanctioned status. They were also recipients who case managers identified as facing multiple barriers to employment. Once clients were determined eligible and referred to the program, they had to agree to participate in it before they were randomly assigned into the treatment or control group. Over 90 percent of clients referred to BNF did agree to participate. Clients were strongly encouraged by their case managers to participate as a way to help meet the work participation requirement. Overall, approximately 20 percent of Nebraska's TANF recipients at the time of the evaluation were considered potentially eligible for BNF.

treatment group members received at least one program service.[5] Given this, we estimated intent-to-treat effects of the program. The analysis sample represents all clients who were enrolled in BNF, irrespective of how many services they received. Hence, the intent-to-treat effect estimates presented in this article represent the average effect on all program enrollees of being offered BNF services. This preserves the integrity of the random assignment design because everyone randomly assigned is included in the analysis. In addition to the analysis of program effects, the evaluation of BNF also included a study of program implementation and a benefit-cost analysis, the key data sources and methods for which are described below.

The key characteristics of the evaluation sample at the time of referral to BNF are highlighted in table 2. More than 9 in 10 sample members were female (93 percent), the average age was 28, and 6 in 10 clients had a child under age 3. Treatment and control households were similar with respect to educational background, duration of TANF receipt, public assistance receipt, and household composition at baseline. They were also similar in their overall level of disadvantage, as described next. Overall, there were few systematic, statistically significant differences between treatment group and control group members. The only statistically significant difference noted in table 2 (recent work experience) is within the range of expected variation for a randomly selected sample. As described in "Analytic Methods," we controlled for differences in baseline characteristics through multivariate regression modeling.

All sample members were considered hard-to-employ by the TANF case managers who referred them to the program, but some were more disadvantaged than others. More than two-fifths of the sample could be considered very hard-to-employ clients who faced multiple, serious barriers. We characterized sample members as very hard-to-employ (or more disadvantaged) if they met two or more of five self-reported criteria that reflect serious obstacles to employment and self-sufficiency. The five criteria were (1) no high school diploma or general educational development (GED); (2) a personal or family health problem that limited the sample member's ability to work or participate in school or training; (3) lack of ownership or access to a

5. Of the 358 treatment group members, 341 received program services. The 17 who did not were considered program no-shows and received no program services. Among the control group, all 244 individuals received some amount of business-as-usual services available through Nebraska's TANF program.

TABLE 2. Baseline Characteristics of Building Nebraska Families (Treatment) and Control Group Members for Total Sample and Very Hard-to-Employ Subgroup

	Total Sample			Very Hard to Employ		
Characteristic	Treatment	Control	All	Treatment	Control	All
Female gender	95	92	93	96	93	94
Average age (years)	28	28	28	29	29	29
Race/ethnicity:						
Hispanic	16	13	14	22	13	17
White, non-Hispanic	72	75	74	65	73	69
Nonwhite, non-Hispanic	12	13	12	13	14	13
Education:						
No high school diploma or GED	35	30	33	57	44	50
High school diploma or GED	38	41	40	17	32**	25
More than high school diploma or GED	27	28	27	26	24	25
Worked for pay during past 2 years	89	78**	83	79	69	73
Earnings in prior year:						
None	21	22	21	43	39	41
$1 to <$5,000	53	52	52	45	41	43
$5,000 to <$10,000	18	18	18	8	14	11
≥$10,000	9	8	9	4	6	5
Duration of TANF or AFDC receipt before random assignment:						
Never received	3	3	3	3	2	2
Received 1–24 months	75	69	72	56	52	54
Received >24 months	22	28	25	42	46	44
Household characteristics:						
Child <3 years old	61	56	59	58	49	53
Single adult	53	49	51	51	53	52
Married or partner	21	18	20	18	22	20
Other multiple-adult	26	34	30	31	25	28
Very hard to employ (more disadvantaged)	46	52	49	100	100	100
n	309	193	502	128	83	211

Source.—Rural Welfare-to-Work baseline information forms.

Note.—All figures are percentages unless otherwise noted. Data include follow-up survey respondents included in the effects analysis. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. GED = General Educational Development; TANF = Temporary Assistance to Needy Families; AFDC = Aid to Families with Dependent Children.

** Significantly different from 0 at the .05 level, two-tailed test.

working vehicle, or lack of a valid driver's license; (4) lack of own earnings during the prior year, suggesting a limited recent work history; and (5) receipt of TANF or Aid to Families with Dependent Children cash assistance for 2 or more years during the sample member's lifetime.[6] Forty-three percent

6. Clients with a health condition that limited their activity were those who responded at baseline that (1) they currently had a health problem that limited the kind or amount of work, training, or schoolwork they could do (including problems such as a preexisting medical condition, a physical disability, an adverse emotional or mental condition, or drug or alcohol use); or (2) someone else in their household had a disability or serious health problem that

of sample members met at least two of these five criteria at the time of random assignment and comprised the more disadvantaged subgroup in the analyses.[7] Table 2 displays the key characteristics of the more disadvantaged (very hard-to-employ) subgroup at the time of referral to BNF.

TANF clients in the sample faced similar types of obstacles and at similar rates as TANF recipients in rural and urban areas nationwide at the time of the study (Olson and Pavetti 1996; Johnson and Meckstroth 1998; Meckstroth et al. 2002; Bloom et al. 2011; Zedlewski 2012). Although a great majority of sample members faced at least one serious obstacle or skill deficiency, many also appeared to have the education and experience needed to secure basic employment. For the full sample, nearly all had a recent employment history (more than 9 in 10 had worked for pay in the past 2 years), though earnings were limited, and only 16 percent were working at the time of referral to BNF. In addition, two-thirds held at least a high school credential when they were referred to BNF, and more than one-quarter had some education beyond high school. The very disadvantaged subgroup was less ready for employment than the full sample. Still, nearly two-thirds (73 percent) had worked for pay during the past 2 years, and 50 percent had at least a high school diploma or GED.

DATA SOURCES

We relied on various data sources to examine program effects and to assess BNF program participation, service use, and implementation. Three sources were used to identify program effects. First, baseline demographic and socioeconomic data on sample members were collected just before random assignment. Second, we conducted two follow-up surveys with sample members 18 and 30 months after random assignment. We achieved response rates of 87 percent on the 18-month survey and 83 percent on the 30-month survey for the full sample, and 83 and 81 percent, respectively, on the 18- and

made it difficult for them (the sample members) to work, attend training, or go to school. Clients with a transportation barrier were those who responded at baseline that they did not have a driver's license or that they did not own or have access to a vehicle on a daily basis.

7. Seventy-nine percent of sample members met at least one of the five criteria. In terms of the individual criteria, 32 percent of sample members did not have a high school diploma or GED, 41 percent had a health condition that limited their activity, 34 percent had a transportation barrier, 22 percent had no earnings in the prior year, and 24 percent had received TANF or Aid to Families with Dependent Children for 2 or more years.

30-month surveys for the very hard-to-employ subgroup. The majority of sample members who did not complete surveys and were therefore lost to survey follow-up (and hence the analysis sample) were individuals we were not able to locate; however, in a small number of cases sample members refused to complete the survey or were deceased or incarcerated. Finally, administrative records from the state of Nebraska provided data on monthly TANF and food stamp receipt among sample members, as well as their quarterly employment and earnings, based on unemployment insurance records.[8] Data were obtained for a 36-month (or 12-quarter) period after random assignment.

The surveys included monthly estimates of employment and earnings as well as variables on the characteristics of jobs held at follow-up, income sources, family income, and personal and family hardships and well-being. Although the 30-month survey was our primary data source for most outcomes, we relied on the 18-month survey for several types of measures. First, data related to service use were collected from the 18-month survey, as was data used to measure self-esteem and self-efficacy among sample members. Second, to develop a monthly timeline of sample members' employment and earnings experiences for the full 30-month follow-up period, we relied on both the 18- and 30-month surveys. When sample members responded to both surveys, we drew on their responses to the 18-month survey for data on their monthly employment and earnings for the first 18 months after random assignment. We then drew on their 30-month responses for data on their monthly employment and earnings since the time of the 18-month survey. For data on sample members who were interviewed only at the 30-month follow-up, we asked participants to provide monthly employment and earnings data for the full 30-month follow-up period.[9]

8. The BNF program operated and this evaluation was conducted before the name of the food stamp program was changed to SNAP. Therefore, for purposes of this article we refer to the benefit program as "food stamps."

9. It is likely that that the early employment and earnings histories of the 30-month-only respondents are more affected by recall error than those of sample members who responded to both surveys. However, both treatment and control groups should be equally affected by recall error, so there is no reason to believe that this error biases the estimated effects. To make certain that the results did not vary substantially with the choice of sample, we repeated all analyses conducted on the full 30-month sample with the subset of sample members who responded to both surveys. Findings across the two samples were highly consistent. For example,

The evaluation's implementation study sought to document the BNF program model and its service delivery strategies, to describe client experiences in the program, to assess program implementation, and, more generally, to provide a context for interpreting the effects study findings. Information on clients' program participation and service use was gathered through a management information system (MIS) developed for the evaluation. The MIS provided data on how frequently clients met with educators, the duration of educator-client interactions, the type and quantity of educational lessons clients received, and referrals and other services provided to clients. The implementation study also used data gathered during two site visits to Nebraska, one in each year of the evaluation period. Site visits included in-depth interviews with BNF and state agency staff, case reviews, observations of program activities, and focus groups with members of both the treatment and control groups. Findings from the implementation study were discussed in the section on program participation and are integrated with the interpretation and discussion of the effects and benefit-cost analysis findings later.

KEY OUTCOME MEASURES

The BNF program model focused on developing stronger and more self-sufficient families. Given that improved self-sufficiency is the ultimate goal of the program, our analysis focused most heavily on the program's effects on primary economic outcomes related to employment, earnings, and income. In relation to income, we examined effects on benefit receipt from social welfare programs, primarily TANF and food stamps. Importantly, we also examined BNF's effects on a host of secondary outcomes that reflect personal and family functioning and well-being. In addition, we examined intermediate outcomes related to clients' participation in key activities and services that may help them develop the skills necessary to sustain employment and advance toward self-sufficiency. For most outcome measures, the primary data sources were the 18- and 30-month surveys.

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there were no statistically significant differences in the primary employment and earning effects found between the two samples, either for the full sample or the subgroup analyses. For a more complete discussion of the comparison of the two samples, see app. C in Meckstroth et al. (2008).

Using the survey data, we examined monthly estimates of employment and earnings. We also used this data to examine variables in the characteristics of jobs held at follow-up, income sources, and family income. Where possible, we measured outcomes at specific points in time, in addition to assessing outcomes continuously. Point-in-time measures included such items as job characteristics, income and various income sources, living arrangements, and hardships. Continuous measures included such items as the duration of employment and welfare receipt. Depending on the source, period-specific measures were defined by month or quarter and for aggregated periods, such as the full 30-month follow-up period and the last 6 months of the follow-up period.

In terms of benefit receipt, we focused on monthly TANF and food stamp receipt using administrative records data. We also used survey data for estimates of self-reported participation rates in other public assistance programs.

We examined services that might have an important role in helping TANF recipients develop skills and move toward self-sufficiency. In particular, we estimated effects on such intermediate outcomes as sample members' receipt of education and other skill-building activities, different types of mentoring, health-related services, and logistical supports. We were not, however, able to directly measure sample members' executive-function related skills.

In terms of personal and family well-being, we examined outcomes that reflected both economic well-being and personal and family functioning. We examined family income and poverty status, as well as various sources of income. We also investigated program effects on various health problems or issues, challenges that hindered sample members' ability to work, household status, housing problems, and food availability. These variables are described next in more detail in the discussion of program effects.

ANALYTIC METHODS

Given that a random assignment research design was used to create the BNF and control groups, we can attribute subsequent differences in the two groups' outcomes to the services the BNF program offered in addition to Nebraska's regular TANF program and services. The random assignment research design ensures that the BNF and control groups are very similar at baseline, and table 2 confirms the initial similarity of the groups. Thus, a simple comparison of means of the two research groups can provide a

valid estimate of program effects. We initially estimated effects by comparing mean outcomes for the two groups for the period up to 30 months after random assignment. The differences between the mean outcomes represent unbiased estimates of the average effects of BNF.

Multivariate regression models can improve the statistical precision of the effect estimates. They can also adjust for small initial differences between research groups that can occur by chance or through survey nonresponse. The effect estimates presented in this article for continuous outcome measures were generated using weighted least squares regression models. For binary outcome measures we used logistic regression models.

The regression models included numerous variables to control for characteristics measured at baseline. These covariates included variables that reflect relevant demographic and socioeconomic variables—such as age, sex, race and ethnicity, household composition, age of youngest child, educational level, employment history, prior year earnings, duration of cash assistance, level of disadvantage—and key contextual variables—such as population density of local service area and year of program enrollment. We estimated that the variance of the effect estimates was reduced by 15 percent as a result of multivariate modeling. We identified program effects if treatment group outcomes differed from control group outcomes by a margin that was statistically significant using a two-tailed test at the 90-percent confidence level.[10]

To measure the program effects for the average sample member, we weighted the data to account for differing probabilities of selection to the treatment and control groups across the BNF sites (as described in the section on study design and research sample) and to account for survey nonresponse.

10. With the final analytic survey sample, power calculations indicated that to detect significant effects we needed to observe monthly earnings differences of about $118, monthly TANF benefit differences of about $40, and employment and welfare effects of about 9–10 percentage points. If the program had effects of these magnitudes, we had an 80 percent chance of detecting them. Minimum detectable differences were somewhat smaller when administrative records data were used because administrative data for all sample members were available. With the final analytic sample based on administrative data, the evaluation was able to detect, for example, monthly TANF benefit differences of about $36 and TANF and food stamp effects of about 8–9 percentage points. We also estimated program effects (not shown here) without controlling for baseline characteristics. The findings were substantively similar (with no key differences in the evaluation's conclusions) when we estimated effects with and without the inclusion of baseline control variables.

The nonresponse weights were calculated using standard techniques to estimate the probability of survey nonresponse as a function of baseline characteristics. Standard errors from the regression models were calculated, taking into account the variability associated with these weights.

In addition to assessing BNF's effects for the full sample, we examined whether effects differed across subgroups of clients. In particular, we expected that BNF would have larger effects on more disadvantaged clients, who stood to gain more from its individualized, intensive service model. We examined effects for the subgroup of very hard-to-employ (more disadvantaged) clients, as defined in the "Study Design and Research Sample" section, who composed 43 percent of the overall study sample.

RESULTS

EFFECTS ON PROGRAM PARTICIPATION AND SERVICE USE

BNF had the potential to affect intermediate outcomes by enhancing treatment group members' access to education, training, and various services. Positive effects on education, training, and service receipt among BNF participants also could result from the life skills education that educators offered, as participants became more resourceful in identifying and securing the training and services they needed. The results show that treatment group members were more likely than their control group counterparts to receive some form of education or training in the 18 months after random assignment. Forty-seven percent of treatment group members, compared with 39 percent of the control group, reported that they had worked toward the completion of an adult basic education certificate, pursued a high school degree or GED, or received vocational education or training (table 3). During the period between the 18- and 30-month follow-up surveys, there was no difference in the fraction of treatment and control group members who reported participating in some type of education or training (not shown).

BNF also had a positive and statistically significant effect on the likelihood that sample members would receive training to help them prepare for working. Sixty-one percent of treatment group members, compared with 54 percent of control group members, reported receiving job readiness training or classes, which addressed such topics as dressing for work, getting along with fellow workers, and sticking to a work schedule (table 3).

BNF's explicit focus on mentoring is reflected in the program's positive effect on receipt of personal and work-related counseling and encouragement. The treatment group members were more likely than members of

TABLE 3. Effects on Service Receipt for the Full Sample during the 18 Months after Random Assignment

Receipt of Service or Participation in Activity	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Education or skill-building activities (%):					
Formal education or vocational training	47.1	38.7	8.4**	.04	.21
Job readiness training	61.2	53.8	7.4*	.81	.18
Job search/job placement assistance	55.8	58.0	−2.3	.59	−.05
Mentoring or informal counseling (%)	42.1	32.7	9.4**	.02	.24
Service coordination support and other services (%):					
Help finding housing	23.9	16.4	7.5**	.03	.29
Mediation	14.1	7.6	6.5**	.02	.42
Health-related service	56.1	52.2	3.9	.34	.10
Help paying for child care	60.7	55.1	5.7	.17	.14
Help paying for work-related supplies	29.7	24.6	5.1	.18	.16
Help paying for transportation	29.9	34.7	−4.8	.22	−.13
n	313	212	...	...	...

Source.—Rural Welfare-to-Work 18-month follow-up survey of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probabilities of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. Note that the findings are not adjusted for multiple hypothesis testing.

* Significantly different from 0 at the .10 level, two-tailed test.

** Significantly different from 0 at the .05 level, two-tailed test.

the control group to receive this kind of mentoring (42 vs. 33 percent; table 3). The program also increased sample members' likelihood of receiving service coordination support, such as mediation with employers or agencies or help finding housing.

The overall pattern of program participation and service use among the very hard-to-employ (more disadvantaged) subgroup was similar to the treatment-control pattern for the full sample. However, there were several notable differences. Among the more disadvantaged sample members, statistically significant effects were observed for several discrete measures related to participation in educational activities. Specifically, although similar fractions of members of the more disadvantaged treatment group and the more disadvantaged control group participated in education or training outside of BNF, among those who did participate in such activities, the duration of participation was greater for the treatment than the control group: 7 months, on average, for the treatment group, compared with 4 months, on average, for the control group (significant at the .05 level). In addition, among the nearly one-third of the more disadvantaged sample members who did not have a high school credential at baseline, more treatment than control group

members had earned one by the time of the 18-month follow-up (17 vs. 5 percent; significant at the .01 level).

EFFECTS ON EMPLOYMENT, EARNINGS, AND WELL-BEING FOR THE FULL SAMPLE

The central BNF program goal was to help clients progress toward economic independence. For the full sample, BNF improved some measures of employment, but it did not affect earnings. However, family income was higher and poverty lower for the treatment group than the control group. Because of BNF's indirect approach to helping low-income families move from welfare to work, we expected that any potential effects would be strongest later in the follow-up period. Consistent with our expectations, we found no significant effects on employment in the first 2 years of the 30-month follow-up (table 4). However, to a statistically significant degree, treatment group members worked for a greater number of months during the final 6 months of the follow-up period than did control group members (3.5 vs. 3.1 months; table 4).

Treatment group members also were more likely, with statistical significance, to have retained employment for 6 consecutive months and to have been promoted (table 4). In addition, at the time of the 30-month follow-up, treatment group members were more likely to be working in regular, daytime-shift jobs or in jobs that provide health insurance or paid vacation (table 4). However, they were no more likely than their control group counterparts to hold a job earning more than $8 per hour (table 4). In addition, during the 30-month follow-up period, there were no statistically significant differences in the earnings of the treatment and control group members (table 5).

Despite the absence of statistically significant difference in earnings, in the month before the 30-month survey, the average monthly income of treatment group members was higher than that of control group members to a statistically significant degree (table 5). These higher incomes were driven by public assistance income (most notably Supplemental Security Income) that was statistically different across groups and by treatment versus control group improvements in earnings that were not statistically significant. The higher income among treatment group members translated into a statistically significant reduction in the poverty rate 30 months after random assignment, with

TABLE 4. Effects on Employment and Job Quality for the Full Sample during the 30-Month Follow-Up Period

Characteristic	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Number of months employed:					
30-month follow-up	15.0	14.8	.3	.77	.02
First year of follow-up	4.9	5.2	−.3	.54	−.05
Second year of follow-up	6.8	6.3	.4	.26	.07
Final 6 months of follow-up	3.5	3.1	.4*	.08	.12
Employment retention and advancement (%):					
Ever employed 6 consecutive months	77.1	68.0	9.1**	.02	.20
Ever employed 12 consecutive months	54.0	48.5	5.6	.19	.11
Ever moved from lower- to higher-wage job	34.9	32.9	2.0	.63	.04
Employed in job in which received promotion	9.8	6.0	3.9*	.09	.16
Employed in job in which likely to receive promotion	16.2	4.2	12.0***	<.01	.60
Job quality (%):					
Job offers hourly wage > $8/hour	2.8	17.1	3.7	.29	.10
Job is regular daytime shift	36.1	27.7	8.4**	.04	.19
Job provides health insurance	27.7	18.4	9.3**	.01	.24
Job provides sick leave	17.5	15.7	1.8	.59	.05
Job provides paid vacation	27.0	2.0	7.0*	.06	.18
n	309	193	...	...	...

Source.—Rural Welfare-to-Work 18- and 30-month follow-up surveys of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. Note that the findings are not adjusted for multiple hypothesis testing.

* Significantly different from 0 at the .10 level, two-tailed test.

** Significantly different from 0 at the .05 level, two-tailed test.

*** Significantly different from 0 at the .01 level, two-tailed test.

55 percent of the treatment group living below the poverty threshold, compared with 63 percent of the control group (table 5).[11]

THE VERY HARD-TO-EMPLOY SUBGROUP: EFFECTS ON EMPLOYMENT, EARNINGS, AND INCOME

We hypothesized that effects on key outcomes might be larger for individuals who were relatively more disadvantaged at the time of their enrollment into BNF. Because the very hard-to-employ subgroup faced greater obstacles to employment and self-reliance than did the less disadvantaged sample

11. Poverty levels are based on the federal poverty guidelines of the US Department of Health and Human Services for the year 2004. For example, based on these guidelines, a family of three is considered to be in poverty if its monthly income is below $1,306 ($15,670 on an annual basis), and a family of four is poor if its monthly income is below $1,571 ($18,850 on an annual basis).

TABLE 5. Effects on Earnings and Economic Well-Being for the Full Sample during the 30-Month Follow-Up Period and in the Month before the 30-Month Follow-Up Survey

Characteristic	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Average monthly earnings ($):					
30-month follow-up	494	504	−10	.80	−.02
First year of follow-up	388	448	−59	.20	−.09
Second year of follow-up	559	527	32	.49	.05
Final 6 months of follow-up	619	569	50	.39	.06
Monthly family income ($)	1,712	1,490	222**	.04	.16
Income below poverty threshold (%)	55.3	62.9	−7.6*	.07	−.16
n	309	193	...	...	...

Source.—Rural Welfare-to-Work 30-month follow-up survey of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. Note that the findings are not adjusted for multiple hypothesis testing.

* Significantly different from 0 at the .10 level, two-tailed test.

** Significantly different from 0 at the .05 level, two-tailed test.

members, the more disadvantaged stood to gain more from BNF's intensive and individualized education and support. Indeed, we generally find strong effects on the employment, earnings, income, and well-being of the more disadvantaged sample members, but we find almost no effects on the outcomes of the less disadvantaged sample members.

The subgroup analyses designed to test the effects of BNF on the very hard-to-employ clients found that the program had statistically significant and robust positive effects on employment, employment retention, job type, and earnings during the 30-month follow-up period. During the second year and final 6 months of the 30-month follow-up period, the more disadvantaged BNF sample members worked significantly more months than did the more disadvantaged control group members (table 6). The treatment group members were also significantly more likely to retain employment longer. That is, 46 percent of the more disadvantaged treatment group members were employed for 12 consecutive months at some point during the follow-up, compared with 29 percent of their control group counterparts (table 6). The more disadvantaged treatment group members were also significantly more likely than the more disadvantaged control group members to move from a lower-wage job to a higher-wage job and to be employed in a higher-paying job with better benefits, such as health insurance (table 6).

These effects on employment and job quality translated into large and statistically significant effects on earnings for the very hard-to-employ subgroup. The earnings effects for the more disadvantaged treatment group members

TABLE 6. Effects on Employment and Job Quality for the Very Hard-to-Employ Subgroup during the 30-Month Follow-Up Period

Characteristic	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Number of months employed:					
30-month follow-up	12.5	10.9	1.6	.22	.14
First year of follow-up	4.0	3.9	.2	.80	.04
Second year of follow-up	5.5	4.5	1.0*	.09	.20
Final 6 months of follow-up	2.9	2.2	.7*	.07	.23
Employment retention and advancement (%):					
Ever employed 6 consecutive months	65.8	56.2	9.7	.12	.20
Ever employed 12 consecutive months	45.9	29.3	16.5**	.01	.36
Ever moved from lower-wage job to higher-wage job	34.9	18.4	16.6***	<.01	.43
Employed in job in which received promotion	8.7	4.6	4.1	.24	.20
Employed in job in which likely to receive promotion	16.1	5.2	11.0**	.02	.50
Job quality (%):					
Job offers hourly wage > $8/hour	19.7	8.5	11.2**	.03	.40
Job is regular daytime shift	33.2	18.3	14.9**	.01	.39
Job provides health insurance	19.7	5.7	14.0***	<.01	.60
Job provides sick leave	11.9	6.5	5.4	.20	.22
Job provides paid vacation	20.4	8.2	12.3**	.02	.45
n	128	83	...	...	...

Source.—Rural Welfare-to-Work 18- and 30-month follow-up surveys of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. Note that the findings are not adjusted for multiple hypothesis testing.

* Significantly different from 0 at the .10 level, two-tailed test.

** Significantly different from 0 at the .05 level, two-tailed test.

*** Significantly different from 0 at the .01 level, two-tailed test.

grew during the 30-month follow-up period. They were particularly large during the last 6 months, when treatment group members' average reported earnings of $548 per month were 56 percent higher than corresponding control group members' earnings of $351 per month (table 7).[12]

12. To verify that BNF's earnings effects were truly larger for more disadvantaged compared with less disadvantaged clients, we tested whether the earnings effects for more disadvantaged clients were statistically different than those for less disadvantaged clients. The effects for the more disadvantaged clients on average monthly earnings were statistically different from those of the less disadvantaged subgroup for the full follow-up period ($p = .0863$), for the final 18 months of the follow-up ($p = .0639$), and for the final 6 months of the follow-up ($p = .0386$). In addition, the difference between the effects on average monthly earnings for the more and less disadvantaged subgroups was on the cusp of statistical significance for the second year of the follow-up (with a *p*-value of .1045). Overall, these findings strengthen our confidence that the strong earnings effects for the more disadvantaged subgroup reflect the effectiveness of BNF

TABLE 7. Effects on Earnings and TANF Cash Assistance for the Very Hard-to-Employ Subgroup during the 30-Month Follow-Up Period

Characteristic	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Average monthly earnings ($):					
30-month follow-up	408	324	84	.13	.20
First year of follow-up	300	286	14	.81	.03
Second year of follow-up	461	326	134**	.03	.29
Final 6 months of follow-up	548	351	197**	.03	.32
Average monthly TANF income ($):					
30-month follow-up	120	149	−29**	.02	−.25
First year of follow-up	181	204	−23	.12	−.15
Second year of follow-up	81	127	−46***	<.01	−.30
Final 6 months of follow-up	75	84	−9.0	.61	−.06
n	128	83	...	...	...

Source.—Rural Welfare-to-Work 30-month follow-up survey of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. The findings are not adjusted for multiple hypothesis testing. TANF = Temporary Assistance to Needy Families.

** Significantly different from 0 at the .05 level, two-tailed test.

*** Significantly different from 0 at the .01 level, two-tailed test.

BNF also affected the receipt of public assistance among the very hard-to-employ clients. These more disadvantaged BNF clients received less TANF and food stamp income than the more disadvantaged control group members across the full 30-month follow-up period. Administrative records data on sample members' monthly TANF and food stamp receipt show that levels of TANF receipt dropped quickly for the more disadvantaged sample members in both the treatment and control groups: approximately 9 in 10 sample members were on TANF in the first month after random assignment, whereas only 1 in 5 were on TANF 30 months later (not shown). Overall, the pattern of declining rates of TANF receipt is not unexpected because many sample members would have faced increased pressure to leave TANF

for this subgroup and are not spurious. In terms of effects on the rate of growth in earnings, we found that although there was a statistically significant difference in earnings between the BNF and control groups across the full follow-up period ($365 vs. $159, as noted earlier), there were no effects on the rate of growth in earnings for each of the three subperiods within the follow-up. That is, although the rate of growth in earnings was greater for the treatment than the control group in the first year, in the second year, and in the final 6 months of the follow-up, the difference between the groups for each of these periods was not statistically significant, and it narrowed over time (not shown). Nevertheless, the magnitude of the effects on actual earnings grew across the 30-month period and was greatest during the last 6 months of the period.

because of Nebraska's 2-year time limit on spells of cash assistance, and some sample members would have reached the 2-year time limit. However, the more disadvantaged BNF clients left TANF quicker than did their control group counterparts, resulting in significantly lower levels of TANF income during the second year of the follow-up—an average of $46 less per month for treatment than control group members ($81 vs. $127 per month, respectively, for the two groups; table 7). Overall, across the 30-month follow-up, the treatment group, on average, received nearly $900 less in cash assistance than the control group received.

Driven by the earnings effects, the more disadvantaged treatment group members had significantly higher family income than did the more disadvantaged control group members at the time of the 30-month follow-up. More disadvantaged treatment group members had an average monthly household income of $1,670—35 percent more than the $1,234 of more disadvantaged control group members (fig. 2; significant at the <.01 level). The largest contributor to the statistically significant difference in treatment and control group members' total family income was sample members' own earnings, which represented about half of the total difference in income. Another contributing income source was child support income. BNF led to

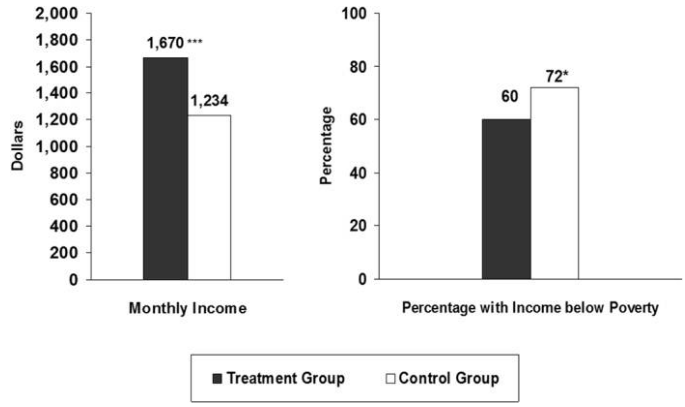

FIGURE 2. Average monthly family income and poverty for very hard-to-employ sample members during the month before the 30-month survey. Source: Rural Welfare-to-Work 18- and 30-month follow-up surveys of Building Nebraska Families (BNF) sample members. Based on a sample size of 211 (128 program group members and 83 control group members). Note: All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the BNF sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. * Significantly different from 0 at the .10 level, two-tailed test. *** Significantly different from 0 at the .01 level, two-tailed test.

a statistically significant increase (at the <.10 level) in the amount of income sample members received from child support (not shown). Child support income represents an important component of income among those who receive it; the very hard-to-employ treatment group members who received child support received $384 on average in the month before the 30-month survey, compared with $120 received by the more disadvantaged control group members who received child support, a statistically significant disparity. This effect is not unexpected, given the type of mentoring and service coordination assistance that the BNF educators provided to their clients.

The higher income among the BNF treatment group members translated into a statistically significant reduction in poverty. In the month before the 30-month survey, about 60 percent of the more disadvantaged BNF clients, compared with 72 percent of the more disadvantaged control group members, had household income below the federal poverty threshold for the size of their household (fig. 2). Moreover, less than one-quarter of the very hard-to-employ treatment group members were living in extreme poverty (defined as having incomes less than 50 percent of the poverty threshold), whereas 35 percent of the very hard-to-employ control group members were in extreme poverty (not shown; significant at the <.05 level).

THE VERY HARD-TO-EMPLOY SUBGROUP: EFFECTS ON PERSONAL AND FAMILY WELL-BEING

One clue as to why the BNF program was found to be effective for the most disadvantaged group is that the positive economic effects were accompanied by positive effects on various measures of personal and family well-being (table 8). At the time of the 30-month follow-up survey, the more disadvantaged clients were, to a statistically significant degree, less likely than their counterparts in the control group to report a health problem or a personal hardship such as physical domestic abuse or drug or alcohol problems. They were also half as likely as their control group counterparts to be separated from their minor children at the time of the 30-month follow-up. From staff interviews and client focus groups we learned that some BNF participants were concerned about having their children removed from the home by the child welfare system. The finding that treatment group members were less likely to be separated from their minor children may suggest that BNF's education and services, as intended, did help improve participants' ability to manage their lives and perform their parenting responsibilities.

TABLE 8. Differences in the Prevalence of Obstacles and Hardships for Very Hard-to-Employ Sample Members at the Time of the 30-Month Follow-Up Survey

Characteristic	Treatment	Control	Effect Estimate	*p*-Value	Effect Size
Health problems or issues:					
Overall health is fair or poor	36.8	53.7	−16.9**	.01	−.34
Poor health inhibits work, training, or school	28.6	35.2	−6.6	.25	−.14
Physical disability or illness	24.0	26.2	−2.2	.69	−.05
Mental health problem inhibits work, training, or school	30.4	36.2	−5.8	.37	−.12
Any health problems	55.6	70.7	−15.2**	.02	.33
Challenges that hindered work:					
Transportation problems	41.7	46.6	−4.9	.48	−.10
Child care problems	22.5	18.4	4.1	.45	.11
Lack of support for working from family/friends	19.5	14.5	5.0	.35	.14
Physical abuse by spouse or partner	6.3	14.7	−8.3*	.06	−.23
Drug or alcohol problems	2.1	8.5	−6.4*	.07	−.23
Any challenges that hindered work	56.6	56.8	−.20	.98	.00
Lack of health insurance coverage:					
Uninsured at follow-up	34.2	29.5	−5.3	.42	−.12
Sometimes uninsured during follow-up	74.8	72.7	2.1	.73	.05
Children uninsured at follow-up	6.7	3.0	3.7	.27	.22
Children sometimes uninsured during follow-up	21.1	19.7	1.5	.80	.04
Any health insurance coverage issue	74.9	71.7	3.2	.59	.07
Separated from minor children at follow-up	9.9	21.3	−11.4**	.02	−.28
Housing issues:					
Lived in public or subsidized housing	18.5	29.1	−10.6*	.08	−.23
Could not pay rent or mortgage	56.8	46.7	10.1	.13	.20
Evicted from home or apartment	25.8	28.0	−2.2	.71	−.05
Could not pay utility bill	61.1	49.5	11.6*	.08	.23
Had utility turned off	43.6	30.1	13.5**	.05	.29
Homeless or lived in a shelter	26.5	16.1	10.4*	.07	.28
Any housing issue	80.8	81.0	−.2	.98	−.01
Food was often or sometimes not available	74.3	60.7	13.6**	.04	.28
n	128	83	...	...	...

Source.—Rural Welfare-to-Work 30-month follow-up survey of Building Nebraska Families sample members.

Note.—All estimates were adjusted using multivariate regression methods. The data were weighted to account for (1) the different probability of selection to the program group across the Building Nebraska Families sites and (2) survey nonresponse. Standard errors of the estimates account for sample weights. The findings are not adjusted for multiple hypothesis testing. The health measures represent sample members' self-reported health status at the time of the survey or in the 6 months before the survey. Measures for challenges that hindered work are based on self-reports pertaining to the 6 months before the survey. "Housing issues" refers to obstacles experienced any time during the follow-up period.

* Significantly different from 0 at the .10 level, two-tailed test.

** Significantly different from 0 at the .05 level, two-tailed test.

Despite these positive effects on personal and family well-being, hardships remained for the more disadvantaged clients. At 30 months, more disadvantaged program group members were more likely than their control group counterparts to report that they could not pay a utility bill, that they had a utility turned off, or that they had been homeless or lived in a

shelter at some point during the 30-month follow-up period. More disadvantaged program group members were also more likely to report times in which food was not available at some point during the 30-month follow-up. Finally, the proportion of more disadvantaged BNF clients living in public or government-subsidized housing was smaller to a statistically significant degree than the proportion of control group participants living in such housing. Although this might indicate an improvement in housing situation, the BNF clients also had significantly higher housing costs during the 30-month follow-up period. That is, we found that more disadvantaged program group members had average monthly housing costs of $638, compared with $492 for the more disadvantaged control group members (not shown).

These findings on hardships are somewhat surprising, given the large positive effects on family income for more disadvantaged BNF clients. However, the measures of family income and poverty, described in earlier this section, are based on gross family income and do not factor in differences in sample members' expenditures. It is possible that the effects on food and housing hardships reflect increased time and resource costs associated with employment, as well as the increased housing costs discussed in this section.

DISCUSSION

Using a rigorous random assignment research design, this study evaluated the effectiveness of an intensive life skills education and home visiting intervention that was designed to improve the life skills, job readiness, and employment and earnings of TANF clients throughout small and midsize towns and rural areas in Nebraska. In sum, for the overall sample, BNF services improved employment by the end of 30 months but had no effect on earnings. However, for the very hard-to-employ subgroup, BNF significantly increased employment and earnings, reduced poverty, and improved aspects of personal and family well-being. The strong, robust findings for the very hard to employ, who faced multiple obstacles, are particularly notable given that BNF operated in an environment fairly rich in service offerings, and many control group members did receive services outside the program. The findings suggest that BNF's intensive and individualized education and support during the period both before and after employment shows promise for improving the employment and earnings trajectory of the most disadvantaged TANF clients. Moreover, our comparison across evaluations suggests that the magnitude of BNF effects on earnings for more disadvantaged welfare

clients is broadly consistent with findings from past experimental evaluations of successful welfare-to-work programs (Freedman et al. 2000; Michalopoulos and Schwartz 2001; Grogger, Karoly, and Klerman 2002; Gennetian, Miller, and Smith 2005).

In a benefit-cost analysis fully described elsewhere (Meckstroth et al. 2008), BNF's high administrative cost was shown to have contributed to a steep threshold for cost-effectiveness. While showing negative net benefits during the 30-month follow-up, our analysis shows that BNF may still be cost-effective over time if it is targeted to particularly disadvantaged and low-functioning clients. We estimate that positive net benefits would result if BNF were offered only to very hard-to-employ clients and if the average earnings effect for these clients during the last 6 months of the 30-month follow-up were to persist for less than 2 years after the follow-up.

Although this evaluation of BNF used a rigorous random assignment design and analytic methods and achieved relatively high response rates, it is not without limitations. The study took place in rural and semirural Nebraska a decade ago. How generalizable are these results to current economic and social conditions? It is important to note that unemployment rates during the study period were relatively low, as they are today. Additionally, demographic and social conditions in rural and semirural Nebraska at the time of the evaluation are not unlike those in many other Midwestern and semirural states and communities across the country. There are very few evidence-based programs for TANF clients that have been developed for low-income families in such areas, and this program provides an important example of an approach that can be useful in today's tool kit available to states. But thinking beyond rural and semirural areas, as noted earlier, BNF sample members faced similar types of obstacles and at similar rates as TANF recipients in rural and urban areas nationwide. It is also the case that the content of BNF's curriculum was designed for applicability to both rural and urban populations. Thus, although BNF operated in rural and semirural Nebraska, the findings and lessons are relevant more broadly.

In particular, BNF's promising findings for the more disadvantaged TANF clients may hold interest for other states as they strive to develop and refine approaches to support work and self-sufficiency among their TANF populations, particularly those with multiple obstacles to employment, a group that may constitute a larger faction of states' TANF caseloads now than at the time of the BNF evaluation. To the extent that characteristics and barriers to employment for other groups are similar to those of the very

hard-to-employ BNF subgroup, the BNF curriculum and program model also has relevance for vulnerable populations outside of the TANF arena. That is, although BNF was targeted to families making the transition from welfare to work, it was developed for use both with individuals and groups, and is designed to teach basic life skills necessary for stable employment to a wide range of audiences. The lessons are likely to have broad applicability to other disadvantaged populations, such as those on housing assistance or Medicaid, who may benefit from improved self-regulation, executive functioning, and life and family management skills.

Future program efforts and research might explore how different aspects of the BNF program model and service delivery approach influenced its success. For example, although staff with advanced qualifications were used to deliver the BNF service model and contribute to the development of its curriculum, what aspect of their formal background was most important to the success of the program? It is possible that results could be replicated using well-trained staff with fewer qualifications—for example, bachelor's-level rather than master's-level professionals.

Another important question is whether home visitation is the best or only way to deliver the program model. Could BNF be adapted for delivery in a more traditional office environment, either with individuals or in small groups? Without home visitation, BNF staff could carry larger caseloads, which were very small because of both the home visitation and the dispersed nature of BNF's clients, who lived in rural and semirural areas. Furthermore, could aspects of the curriculum be incorporated into other, existing home visiting programs? States are currently conducting home visits, for example, as part of the Maternal, Infant, and Childhood Home Visiting program. The core components of the BNF model could conceivably be incorporated directly or adapted for inclusion in those visits or visits conducted as part of the Early Head Start and Head Start programs.

Finally, this study raises important questions about the costs associated with working for disadvantaged populations. While this study did find that BNF led to increases in family income and decreases in poverty, the increases in housing and food hardship among the most disadvantaged program group suggest that increased time and resource costs associated with working may still leave the household unable to make ends meet. It is important that future research provide a clearer picture of the financial and other costs associated with working and how work influences a family's well-being and overall level of self-sufficiency.

NOTE

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