Evaluation of
Employment Coaching for TANF and Related Populations

Family Development and Self-Sufficiency (FaDSS):

Implementation Findings from the Evaluation of Employment Coaching

OPRE Report 2020-177 • December 2020

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A large project team contributed to this evaluation. Before his well-earned retirement from Abt Associates, Alan Werner guided the design of the implementation study and provided input into the data analysis. Other Abt Associates contributors include Rachel Cook, who conducted site visits, Cara Sierks, who analyzed staff survey data, and Bry Pollack, who edited the report. From Mathematica, Quinn Moore worked closely with FaDSS as site lead and reviewed drafts of the report, Hannah McInerney conducted in-depth participant interviews, Clare Wolfendale and Kerry Schellenberger carefully analyzed the administrative data, and the Mathematica Graphic Design Group produced the report.

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Overview

This report summarizes the design and implementation of the Family Development and Self-Sufficiency (FaDSS) program. Operated by the Iowa Department of Human Rights for more than 30 years, FaDSS uses a coaching approach during home visits to assist families deemed most at risk of long-term welfare receipt to work toward and attain economic self-sufficiency. Family Development Specialists ("specialists") work collaboratively with participants to set short-term and long-term goals that reflect participants' interests, strengths, and current circumstances. It is one of four coaching interventions included in the ***Evaluation of Employment Coaching for TANF and Related Populations***. Sponsored by the Administration for Children and Families (ACF), the evaluation aims to learn more about the potential of different coaching approaches in helping low-income adults become more economically secure. The evaluation includes an implementation study and an impact study.

A future report will describe the effect of FaDSS on participants' self-regulation skills, employment, earnings, self-sufficiency, and other measures of personal and family well-being.

RESEARCH QUESTIONS

The report answers the following research question:

- **How was the employment coaching intervention implemented?**
  - —What is the intervention design?
  - —What factors appear to have impeded or facilitated implementation of the intervention as designed?
  - —What were the clients' experiences with coaching and what services did they receive?

PURPOSE

This report describes FaDSS' design and goals, the target population and program participants, the implementation of coaching, and other services available to program participants. The findings are of interest to practitioners and policymakers considering implementing or supporting coaching interventions and will provide important context for understanding and interpreting the findings from the impact study and support future replication of employment coaching interventions.

HIGHLIGHTS

Overall, FaDSS was implemented as designed. Key findings from the implementation study are:

- FaDSS staff view home visiting as key to fostering a relationship with the participant and family, but it can be challenging to conduct.

- FaDSS specialists are highly educated, experienced, and trained in family-centered practices.
- Family-focused, strengths-based coaching helps families set and achieve goals.
- Small caseloads enable frequent contact with participants.
- FaDSS specialists coach within a mandatory work participation environment, which affects the goal-setting process.
- FaDSS serves a population facing numerous challenges to employment, but specialists reported having limited resources available to address many of those challenges.
- FaDSS participants described their experiences positively.

METHODS

The report is based on the following data sources:

- In-person interviews with FaDSS staff and coaching observations during site visits to four of the seven FaDSS service providers included in the study (April 2019);
- A FaDSS staff survey (winter 2019);
- Participant demographic, economic, and educational information collected in a baseline survey when participants enrolled in the study;
- In-depth, in-person interviews with six FaDSS participants (spring 2019);
- Video recordings of 15 coaching sessions (between April and June 2019);
- Service receipt data from the study's data tracking system (from June 2018 through February 2020); and
- Ongoing discussions with FaDSS staff as part of technical assistance related to implementing the evaluation.

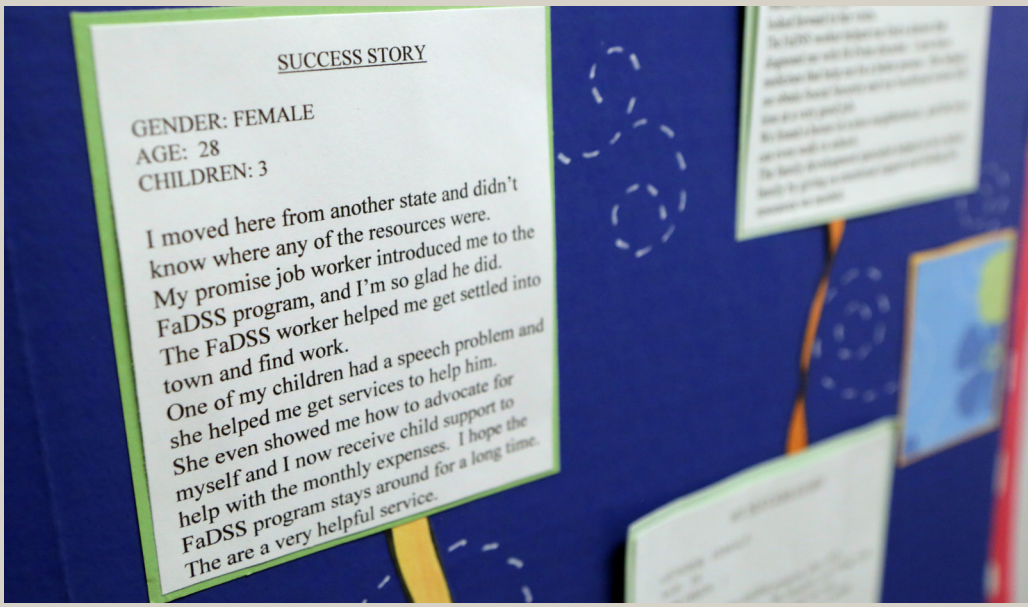
Executive Summary

Policymakers, program operators, and other stakeholders are interested in the potential of employment coaching interventions to help Temporary Assistance for Needy Families (TANF) recipients and participants of other programs designed for low-income populations to attain economic self-sufficiency. Coaching—in which trained staff members work with participants to set individualized goals and provide support and feedback as participants work toward their goals—is shown to be an effective method for changing behaviors and improving self-regulation skills needed to find and maintain work. To explore the potential of employment coaching for low-income populations, the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is sponsoring the ***Evaluation of Employment Coaching for TANF and Related Populations***. The evaluation assesses the implementation of four coaching interventions and their impacts on study participants' self-regulation skills, employment, earnings, self-sufficiency, and other measures of personal and family well-being. This report describes the design and implementation of one of the interventions, Iowa's **Family Development and Self-Sufficiency program (FaDSS)**.

The FaDSS Program Model. Since 1988, the Department of Human Rights has operated FaDSS, a program that provides employment coaching through home visits to families at risk of long-term cash assistance receipt through the Family Investment Program (FIP), Iowa's TANF program. Although FaDSS staff do not refer to the intervention as a coaching program, it includes the key tenets of coaching. That is, Family Development Specialists ("specialists") work collaboratively with participants to set short-term and long-term goals that reflect participants' interests, strengths, and current circumstances and, in the process, help build their self-regulation skills. A central feature of coaching is that it is non-directive; specialists use guiding questions to help participants develop action steps toward reaching their goals. Through formal assessments, specialists identify participant service needs and make referrals when possible. They also work with the participant's family to support the participant's goal setting and attainment. Specialists have small caseloads of 18 to 21 participants to facilitate meeting with families in their homes at least once per month.

Participants. FaDSS participants are recipients of cash assistance through FIP. As a condition of FIP cash assistance receipt, they are required to take part in the FIP employment program, PROMoting Independence and Self-sufficiency through Employment, Job Opportunities and Basic Skills (PROMISE JOBS), or face sanctions. FaDSS participants are economically disadvantaged. At the time of study enrollment (June 2018 to November 2019), about one-third were working; they earned an average of $452 in the prior 30 days. Almost one-fourth did not have a high school diploma or equivalent.

A community action agency bulletin board displays FaDSS success stories.



(Photo: Rich Clement, Mathematica)

FaDSS in Practice. Overall, FaDSS was implemented as designed. Key findings from the implementation study are:

- **FaDSS staff view home visiting as key to fostering a relationship with the participant and family, but it can be challenging to conduct.** FaDSS staff report that home visits help put the participant and specialist on the same footing—the interaction feels less institutional and less like the specialist is an authority figure. Specialists deemed this essential to a strong participant-driven coaching relationship. Specialists generally described home visits positively, but they also reported some challenges to conducting them, such as concerns about safety and logistical barriers, including long driving times (particularly in rural areas) and no-shows.

- **FaDSS specialists are highly educated, experienced, and trained in family-centered practices.** Specialists bring advanced education and experience to their position; almost 90 percent have at least a bachelor's degree, and 60 percent have been in their current position for more than three years. All specialists and supervisors complete an eight-day Family Development Certification training at the University of Iowa's School of Social Work, which emphasizes family-centered practice for frontline workers and covers family development theory, family assessment, interviewing skills, and goal setting.

- **Family-focused, strengths-based coaching helps families set and achieve goals.** Specialists administer assessments to learn about family and individual strengths and circumstances; the results inform guiding questions that specialists ask to help participants set goals and identify action steps. Participants can set any type of goal, but specialists aim to prompt at least one employment-focused goal. Specialists also encourage participants to set at least one shorter-term goal so that the participants can see and celebrate their progress.

- **Small caseloads enable frequent contact with participants.** FaDSS expects specialists to meet with participants and their families in their home at least twice per month in the first three months, and then monthly thereafter. Data from the study's data tracking system indicate that in the first month after study enrollment, specialists had an average of five contacts with each participant, including three in-person sessions.

- **FaDSS specialists coach within a mandatory work participation environment, which affects the goal-setting process.** As recipients of TANF, Iowa requires FaDSS participants to comply with minimum work participation requirements or face sanctions. Specialists help participants comply with work requirements by reminding them to follow up on required paperwork or encouraging them to set action steps related to work requirements, such as completing timesheets to document their participation in required activities. Additionally, specialists collaborate with PROMISE JOBS case managers by, for example, advocating for excused absences from required work activities during times of crisis or illness.

- **FaDSS serves a population facing numerous challenges to employment, but specialists reported having limited resources available to address many of those challenges.** Staff reported there were not many resources to offer FaDSS families to help them resolve their challenges, especially in rural areas. According to service receipt records collected in the study's data tracking system, less than half (40 percent) of FaDSS participants received a referral for outside services.

- **FaDSS participants described their experiences positively.** Participants interviewed in person for the study described their specialists as caring; truly concerned about them and their families; and good, responsive communicators.

What is Next. A future report will present information on the impact of FaDSS on participants' self-regulation skills, employment, earnings, receipt of public assistance, and other measures of personal and family well-being.

I. Introduction

Poverty and other chronic stresses can hinder the development and full use of the "self-regulation" skills that are needed to find and maintain employment (Mullainathan & Shafir, 2013; Cavadel, et al., 2017). Self-regulation skills—sometimes referred to as soft skills or executive functioning skills—are the skills needed to finish tasks, stay organized, and control emotions (Nyhus & Pons 2005; Hogan & Holland 2003; Störmer & Fahr 2013; Caliendo, et al., 2015). Examples of self-regulation skills relevant to employment include, among others: grit and self-efficacy needed to continue at a task despite setbacks, time management necessary to show up to work on time, and emotional understanding and regulation needed when dealing with difficult coworkers or supervisors.

Box 1. About the Evaluation of Employment Coaching for TANF and Related Populations

The evaluation is assessing the implementation of four coaching interventions and, using an experimental research design, their impacts on participants' self-regulation, employment, earnings, self-sufficiency, and other measures of well-being. The coaching interventions are:

- **Family Development and Self-Sufficiency program (FaDSS)** in Iowa. Under contract to the state, 17 local human services agencies use grants from the Iowa Department of Human Rights to provide TANF recipients with coaching during home visits. Seven of those 17 agencies are participating in the evaluation. Coaches address families' challenges to employment and job retention.
- **Goal4 It!**™ in Jefferson County, Colorado. Goal4 It!™ is an employment coaching intervention designed by Mathematica and partners that is being piloted in a TANF program as an alternative to more traditional case management.
- **LIFT** in Chicago, Los Angeles, and New York City. LIFT is a non-profit organization that provides career and financial coaching to parents and caregivers of young children. LIFT also operates in Washington, DC, but that location is not participating in the evaluation.
- **MyGoals for Employment Success** in Baltimore and Houston. MyGoals is a coaching demonstration project designed by MDRC and partners that provides employment coaching and financial incentives to unemployed adults receiving housing assistance. It is operated by the Housing Authority of Baltimore City and the Houston Housing Authority, respectively.

For additional information about the evaluation and snapshots of each program, visit: https://www.acf.hhs.gov/opre/research/project/evaluation-of-coaching-focused-interventions-for-hard-to-employ-tanf-clients-and-other-low-income-populations.

Research finds that goal setting and developing action steps to meet goals can help develop self-regulation skills (Locke & Latham 1990; Zimmerman, et al., 1992). Coaching—in which trained staff members work with participants to set individualized goals and provide support and feedback as participants work toward their goals—has been shown to be an effective method for changing the behavior and improving the self-regulation skills of corporate managers and teachers (Jones et al., 2015; Fletcher & Mullen, 2012). Coaching has been applied in a number of different settings, including financial management (Collins & Murrell, 2010; Theodos, et al., 2015), higher education (Bettinger & Baker, 2011), and health (Pirbaglou, et al., 2018).

Recently, there has been growing interest among a range of stakeholders, including policymakers and employment program operators, in how insights from research on coaching might be used to improve employment and self-sufficiency outcomes for participants in Temporary Assistance for Needy Families (TANF) and other programs designed for low-income populations.

To explore the potential of employment coaching for low-income populations, the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is sponsoring the ***Evaluation of Employment Coaching for TANF and Related Populations*** (see Box 1). The evaluation assesses the implementation of four coaching interventions and their impacts on study participants' self-regulation skills, employment, earnings, self-sufficiency, and other measures of personal and family well-being.

This report describes the design and implementation of one intervention: Iowa's **Family Development and Self-Sufficiency program (FaDSS)**. Operated by the state's Department of Human Rights, FaDSS uses a coaching approach during home visits to assist families deemed most at risk of long-term welfare receipt or economic instability.

EMPLOYMENT COACHING

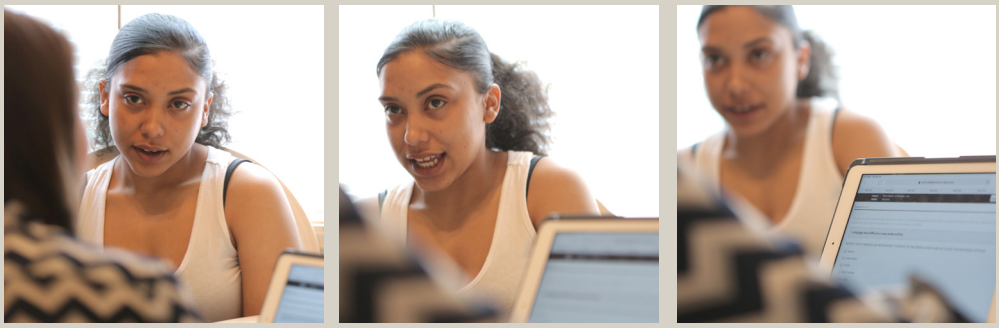
Although there are varying definitions of coaching, this study defines it as an approach that (1) includes goal setting and developing action steps for meeting the goals; (2) is collaborative and not directive; (3) is individualized; (4) helps participants learn the skills to set goals on their own and work toward meeting those goals; (5) attempts to increase participants' motivation to meet goals; and (6) holds the participant accountable for outcomes. Employment coaching, for purposes of this study, is coaching in which goals are related directly or indirectly to employment.

Employment coaching helps participants practice self-regulation skills needed to find and keep a job.

Employment coaching helps participants practice self-regulation skills needed to find, keep, and advance in a job, and use them after leaving the program. It is distinct from case management, the traditional method for helping TANF and other program participants find and maintain employment, in that it is not directive but rather involves a collaborative relationship between coach and participant. That is, the coach works in partnership with participants to help them set goals, determine action steps, and assess their progress toward those goals, rather than directing participants as to which goals they should pursue and how they will attain them (Joyce and McConnell, 2019).

Despite the interest in employment coaching interventions for low-income adults, there are few rigorous tests of their effectiveness (Martinson et al., 2020). This evaluation builds that research base by testing various employment coaching interventions specifically for low-income populations.

A FaDSS participant talks with her specialist at home.



(Photo: Rich Clement, Mathematica)

DATA SOURCES

The primary data sources for this report are:

- In-person interviews with FaDSS staff and coaching observations during site visits to four of the seven FaDSS service providers included in the study (April 2019);
- A FaDSS staff survey (winter 2019);
- Participant demographic, economic, and educational information collected in a baseline survey when participants enrolled in the study;
- In-depth, in-person interviews with six FaDSS participants (spring 2019);
- Video recordings of 15 coaching sessions (between April and June 2019);
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- Ongoing discussions with FaDSS staff as part of technical assistance related to implementing the evaluation.

ORGANIZATION OF THIS REPORT

Section 2 of this report explains the FaDSS program model and the context in which it operates. Section 3 describes the FaDSS participants. Section 4 describes the FaDSS model as implemented. The report concludes with a discussion of the main takeaways in Section 5.

Appendix A describes the design of the evaluation, including more details on the FaDSS-specific part of the study. Appendix B includes tables describing participants' characteristics and their engagement with the program.

II. The FaDSS Program Model

FaDSS promotes the economic and emotional self-sufficiency of families receiving cash assistance through the Family Investment Program (FIP), Iowa's TANF program, who are determined by their case manager to be at risk of long-term dependency. Through monthly in-home sessions between a family development specialist, or "specialist," the FIP participant, and the participant's family, FaDSS aims to (1) reduce barriers to employment and self-sufficiency; (2) increase job search and employment skills; (3) enhance family functioning by focusing on goals for the whole family; and (4) reduce reliance on cash assistance through FIP. FaDSS specialists act as coaches working collaboratively with participants to identify goals and to develop action steps toward reaching their goals, and motivate and hold participants accountable.

ORIGIN OF FADSS

The Iowa General Assembly established FaDSS in 1988, five years before implementing welfare reform policies in the state, to provide extra support for welfare participants facing significant challenges to employment. The program does this by providing services that promote economic self-sufficiency through in-person home visits by a specialist. The program is open to all families receiving cash assistance through FIP, but participation is not mandatory.

The Department provides FaDSS approximately $3,800 per FIP slot; local service providers also contributed to varying degrees. In 2018, FaDSS provided services to 2,840 families.

The Department of Human Rights standardizes program activities across the local providers primarily through the implementation of program standards (see Box 2).

Box 2. FaDSS Program Standards

Program standards specify minimum expectations for FaDSS local providers for the enrollment process; frequency, location, and structure of home visits; ongoing service provision; supervision, training, and qualifications of staff; and organizational standards.

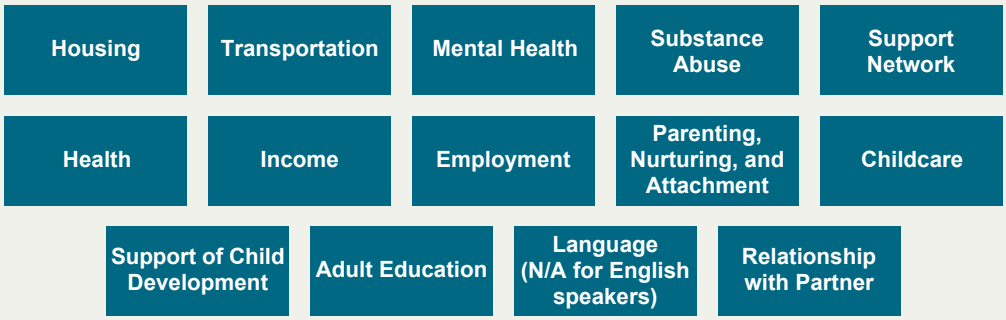
Program standards for goal setting specify that:

- Goals are driven by the family's unique strengths and barriers (as reflected on assessments) and are developed with the full participation of the family.
- The family's background, experiences, skills, race, culture, ethnicity, language, religion, and socioeconomic status are taken into consideration when developing goals.
- Goals address both economic issues and family stability issues.
- Goals are based on and relate to completed assessments and are supportive of the Family Investment Agreement developed with PROMoting Independence and Self-sufficiency through Employment, Job Opportunities and Basic Skills (PROMISE JOBS), the FIP employment program.

For the full set of standards, see: https://humanrights.iowa.gov/sites/default/files/media/FY18_FaDSS_Standards_7-5-2017_V2_1.pdf

State agency staff monitor local providers' adherence to these standards through formal monitoring visits and review of family case files. Program standards cover 14 domains of self-sufficiency, ranging from housing, transportation, and employment to support networks and support of child development (Exhibit 1). Along each domain, FaDSS aims for participants to move from being in crisis to being stable.

Exhibit 1.
FaDSS Domains of Self-Sufficiency



Source: FaDSS Self-Sufficiency Matrix (https://humanrights.iowa.gov/sites/default/files/media/Enclosure%201-SSM-Form.pdf).

KEY ELEMENTS OF FADSS

As designed, FaDSS comprises the following key elements:

- **Coaching and Goal-Setting.** During regularly scheduled sessions, specialists work collaboratively with participants to set short-term and long-term goals that reflect participants' interests, strengths, and current circumstances. They then help participants to break down goals into action steps. At each meeting, the coach tracks progress on the action steps decided upon in prior sessions and together with the participant may revise the goals and action steps.
- **Referrals to Other Services.** Specialists discuss the families' basic needs and personal and work supports, making referrals to services as needed. Specialists use assessments to identify areas in which families need additional support.
- **Home Visits.** Specialists provide services primarily in participants' homes.
- **Work with Multiple Family Members.** The specialists not only work with the participant but also members of their families to build on their existing assets or areas of strength to address challenges.
- **Small Caseloads.** Small caseloads of 18 to 21 participants enable specialists to meet with families at least once per month.
- **Specialists Trained in a Strengths-Based Approach.** Specialists are trained in family-centered practice and use a strengths-based approach in working with participants and their families to set and work toward their goals.

Although FaDSS does not have a formal coaching curriculum and program leadership do not call it a "coaching" program, FaDSS components meet the study's definition of coaching: the specialist and participant collaboratively identify goals and determine action steps, and the specialist monitors progress on action steps, celebrates successes, and works collaboratively with the participant to address setbacks. FaDSS specialists are not trained to assess or consider self-regulation skills explicitly. However, through coaching, the specialists help participants practice and hence strengthen their self-regulation skills.

PROGRAM CONTEXT

FaDSS participants must meet the same work requirements as others receiving cash assistance through FIP.

To be eligible to enroll in FaDSS, participants must be FIP cash assistance recipients. Participants can continue to receive FaDSS services for up to seven months after they stop receiving FIP cash assistance, whether they exit FIP or their benefits are suspended for noncompliance. Participants also can return to FaDSS if they return to FIP.

FaDSS participants must meet the same work requirements as others receiving cash assistance through FIP. That is, they are required to complete 30 hours per week in approved work activities (20 hours if they have a child under age 6). Like other states, Iowa requires TANF recipients to spend at least 20 of those hours in "core" activities that include employment (subsidized or unsubsidized), work experience, on-the-job training, job search and job readiness assistance, community service, vocational education training (up to 12 months only), or providing child care to a recipient working in a community service program (Hahn, Kassabian, & Zedlewski, 2012). FaDSS home visits do not count toward participants' required hours. There are no exemptions from work requirements for work-eligible FIP cash assistance recipients in Iowa, but excused absences are allowed. If participants do not comply with work hours and activities (and do not have an excused absence), they are placed on a limited benefit plan, in which benefits are suspended until they comply. Starting with the second limited benefit plan, FIP cash assistance benefits are suspended for at least six months; they are reinstated when participants comply.

The FIP employment program, PROMoting Independence and Self-sufficiency through Employment, Job Opportunities and Basic Skills (PROMISE JOBS), is administered by the state workforce agency, Iowa Workforce Development. All PROMISE JOBS participants have a case manager. FaDSS participants work both with a PROMISE JOBS case manager and with a FaDSS specialist. In spring 2019, PROMISE JOBS case managers worked with 50 to 60 FIP recipients each; in prior years, when FIP cash assistance caseloads were larger, PROMISE JOBS caseloads had been as high as 150 recipients.

To help FIP cash assistance recipients meet work requirements, the PROMISE JOBS case manager, with some input from the recipient, develops a Family Investment Agreement. Generally developed at the initial meeting, the Agreement outlines required work activities, FaDSS participation (if applicable), and any supportive service needs. Because the Agreement documents the participant's planned activities, the PROMISE JOBS case manager uses it to monitor compliance with FIP program requirements.

PROMISE JOBS also provides employment-related training and services to FIP cash assistance recipients (e.g., workshops on interviewing and resume development).

Between June 2018 and November 2019 (the period of study enrollment) Iowa had record low levels of unemployment (see Box 3). FaDSS staff reported that, in general, low-skill and entry-level jobs for which participants might qualify are available in all parts of the state. Though work opportunities exist, helping FaDSS participants become work-ready remains challenging. Securing transportation and child care can be problematic.

One FaDSS participant's transportation challenges

Tina (not her real name) has moved to Iowa from Chicago to raise her children in a safer area. She has rented a house in Iowa with her housing subsidy, but her new neighborhood looks a lot different from Chicago. Tina's home is in the middle of a small, one-stoplight, rural town. Without a car, she is having trouble reaching her goal of employment in the criminal justice field. Tina hopes to relocate to an urban area that will have more transportation as well as child care options and job opportunities, or save enough money to buy a car so she can stay in her home and commute.

Source: In-depth, in-person participant interview

Box 3. Iowa Economy During Study Enrollment (2018-2019)

Iowa had the fifth lowest unemployment rate among the states during 2019 (2.7 percent). Across the state, the county unemployment rate ranged from a low of 1.6 percent to a high of 4.5 percent.

The most recent (2018) estimated poverty rate in Iowa was 11.2 percent, lower than the U.S. average of 13.1 percent. Across the state, the poverty rate ranged from a low of 5 percent to over 20 percent.

Sources: Unemployment figures from U.S. Bureau of Labor Statistics, Unemployment Rates for States, 2019 Annual Averages (https://www.bls.gov/lau/lastrk19.htm) and Labor Force Data by County, 2019 Annual Averages (https://www.bls.gov/lau/laucnty19.xlsx). Poverty figures from U.S. Census Bureau, Small Area Income and Poverty Estimates (https://www.census.gov/data/datasets/2018/demo/saipe/2018-state-and-county.html).

Bus service is available in Iowa's larger cities, but routes are limited and commutes lengthy, especially for those working nontraditional hours. A very large portion of the FaDSS service area is rural, where bus service is not available at all. Staff reported that child care is often unavailable or unaffordable, again especially for those working nontraditional hours.

The data collection for this study was conducted prior to the onset of the 2019 novel coronavirus disease (COVID-19) pandemic. As a result of COVID-19, in spring 2020 the program made significant changes to how it was operated (see Box 4).

Box 4. FaDSS Implementation During COVID-19

As the COVID-19 pandemic began to impact communities around the country in early March 2020, FaDSS specialists began replacing home visits with virtual visits—either by telephone or video—if a specialist or family was sick or quarantined or if a local community had implemented restrictions to prevent the spread of the virus. On March 17, all FaDSS specialists stopped meeting families in their homes and began providing virtual visits. Beginning March 18, most FaDSS specialists began working from home. As of late August 2020, all meetings with families continued to be virtual and most specialists continued to work from home.

According to FaDSS staff, conducting virtual meetings instead of in-person visits had both benefits and challenges. When many families were sheltering in place, FaDSS staff shared that it was generally easier to get in touch with families and they were responsive to phone outreach. Some staff felt families preferred the virtual option and were willing to meet more frequently when the visits were virtual. Yet staff reported that maintaining a strong relationship with families could be challenging when they were not able to meet in person. Staff shared that it was difficult to conduct assessments virtually because it was more difficult to establish rapport and they did not know who could overhear their conversations. They also were unable to provide hands-on support to participants, such as showing them how to navigate websites. Additionally, they felt that not being able to make unplanned home visits when they could not reach families virtually was a barrier.

FaDSS staff reported that during the pandemic specialists took steps to alleviate the new or heightened challenges that families were facing. Staff shared that families were facing challenges with a lack of resources, especially food and social support. In response, the Department of Human Rights encouraged the local agencies administering FaDSS to reallocate their travel funds to provide direct payments to assist families; the payment amounts varied based on resources available to the local agency and the need of the family. Families also faced difficulties keeping children engaged at home and caring for them when they lacked child care and needed to work. Staff discussed these issues with families during the virtual meetings. They also started dropping off activities for the children, food baskets, and other supplies at families' doors. Staff described helping families apply for Unemployment Insurance benefits and providing them accurate information about the virus and strategies for staying healthy during this time. Staff felt their role in families' lives during the pandemic was critical but changed to listening to their concerns, helping families with parenting and home schooling challenges, and helping to arrange appointments for mental health and substance use disorder services. However, staff reported that pandemic-related closures at local service providers limited the referrals they were able to make.

A community action agency's front office.

(Photo: Rich Clement, Mathematica)

III. FaDSS Participants

In 2019, about 80 percent of FaDSS participants were referred to FaDSS by their PROMISE JOBS case manager. Almost all of the remainder contacted the program directly after learning about it from a local service provider or family or friends. In a small number of instances, FaDSS contacted potential participants directly.

FaDSS participants are economically disadvantaged. At the time of study enrollment (June 2018 to November 2019), about one-third were working; those working earned an average of $452 in the prior 30 days (Exhibit 2). Almost one-fourth did not have a high school diploma or equivalent. Almost all (95 percent) were women. Almost half were white, non-Hispanic, and about one-third were black, non-Hispanic. The average study participant was 29 years old and lived with two children.

FaDSS staff reported that many participants also face challenges to family stability, including homelessness, mental health conditions, substance use disorder, child well-being issues, and food insecurity. At the time of study enrollment, about 28 percent of participants were experiencing unstable housing and about 18 percent had a health condition that made it hard for them to find or keep a job. (See Appendix B for additional data from the baseline survey conducted at study enrollment.)

Exhibit 2. Characteristics of FaDSS Study Participants at Study Enrollment

Characteristic	Value
Average age (in years)	29.3
Female (%)	94.7
Race and ethnicity (%)	
Hispanic	13.0
Black, non-Hispanic	36.4
White, non-Hispanic	47.5
Other	3.1
Number of children with whom respondent lives (#)	2.1
Does not have high school diploma or GED credential (%)	23.5
Worked for pay in past 30 days (%)	31.8
Earnings in past 30 days among those who worked ($)	452
Challenges that study participants reported made it very or extremely hard for them to find or keep a good job (%)	
Health condition preventing working	18.1
Unstable housing	28.2

Source: Baseline survey for program group members (*n*=430).

IV. FaDSS in Practice: Key Takeaways

Overall, FaDSS was implemented as designed. Small caseloads and highly educated and experienced coaches facilitated the implementation of the coaching. Home visits aided the focus on the whole family. However, the mandatory work participation requirements complicated the goal-setting process, and limited funds to provide other services to participants beyond coaching was also a challenge. Data gathered for the study identifies seven key takeaways about the implementation of FaDSS, presented below (and summarized in Box 5).

Box 5. FaDSS Implementation Key Takeaways

1. FaDSS staff view home visiting as key to fostering a relationship with the participant and family, but it can be challenging to conduct.
2. FaDSS specialists are highly educated, experienced, and trained in family-centered practices.
3. Family-focused coaching helps families set and achieve goals.
4. Small caseloads enable frequent contact with participants.
5. FaDSS specialists coach within a mandatory work participation environment, which affects the goal-setting process.
6. FaDSS serves a population facing numerous challenges to employment, but specialists reported limited resources available to address them.
7. FaDSS participants describe their experiences positively.

FaDSS staff view home visiting as key to fostering a relationship with the participant and family, but it can be challenging to conduct.

FaDSS specialists reported home visits are important to fostering a relationship with the participant and the family. FaDSS supervisors reported that this format helps put the participant and specialist on the same footing—that is, when the visit occurs in a participant's home, the interaction feels less institutional and less like the specialist is an authority figure. Specialists reported remarking on family's photos on the wall, for example. Specialists deem home visits essential to a strong and trusting participant-driven coaching relationship. They also noted that by observing the family and the home environment they can detect possible child abuse or intimate partner violence.

Specialists aim to have a full understanding of family well-being.

Specialists aim to have a full understanding of family well-being and speak specifically about the importance of working with families rather than with participants individually. The FaDSS program standards stipulate that "efforts are made to include all family members in home visits" and require the presence of at least one additional family member at one-third of visits. Sometimes this is a child and sometimes it is another adult. For example, if two adult family members are interested in FaDSS, the specialist will work with both of them. FaDSS has an explicit focus on promoting child well-being; specialists are to observe parent-child interactions and help adults in the family improve their parenting skills and increase their knowledge of child development as needed. For example, the specialist might discuss the child's development with the parent

and set parenting skills goals. If age appropriate, children might be included in the coaching session and set their own goals.

One FaDSS participant's perspective on home visits

"I like her coming over and sitting down and, you know, it's almost me and one of my friends in Des Moines. She lived on the next block over from my house, and she would... come over almost every morning and sit down, have coffee with me, and we'd just talk about things that are going on. And that's kind of how [my specialist] is to me. She's just like a friend. Somebody I can console in."

Source: In-depth, in-person participant interview

Specialists generally described home visits positively, but they also reported some challenges to conducting them. Specifically, when asked about potential drawbacks to home visits, most specialists mentioned concerns about safety. Some specialists provided anecdotes about visiting homes that they later discovered had been the site of criminal activity (e.g., drug sales). Other specialists were concerned about visiting homes where there was domestic violence—concerned both for their own safety and that their visit could put the participant at greater risk. Some specialists mentioned concerns about hygiene in the home (e.g., presence of bed bugs).

While home visits eliminate some of the logistical barriers to in-person meetings that participants often face, such as transportation and child care, they can pose logistical challenges for the specialists, including long driving times (particularly in rural areas) and no-shows. Within the first nine months of study enrollment, nearly half of participants (42 percent) had not shown up for at least one in-person session, meaning the specialist had arrived at the home or session location and the participant was not there; one in four participants (27 percent) were no-shows for at least two in-person sessions (Exhibit 3).

In some situations, however, a home visit is not possible or preferable, such as when the family shares the home with others and lacks privacy. Sometimes the participant wants to use resources at the FaDSS provider (e.g., pantry items or washing machines) and so meets the specialist there. Sometimes specialists meet participants at their homes and then drive them to places they need to go in order to complete action steps related to their goals. For example, the specialist might drive a participant to pick up a bus pass or visit child care centers, conducting part of their session during the drive.

Exhibit 3. No-Show In-Person Sessions in the First Nine Months After Study Enrollment

Number of in-person sessions that were no shows per participant	Percentage of participants
0	58.0%
1	14.7%
2	10.4%
3	5.8%
4	4.3%
5	1.3%
More than 5	5.6%

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395).

FaDSS specialists are highly educated, experienced, and trained in family-centered practices.

Specialists bring advanced education and experience to their position, and they are trained to implement coaching from a family-development perspective. Almost 90 percent of specialists have at least a bachelor's degree in a field related to health, education, or human services (Exhibit 4). Specialists also have multiple years of experience in their roles, with one out of three survey respondents reporting more than five years of experience in their current position at FaDSS and 60 percent reporting more than three years.

Exhibit 4. FaDSS Staff Education and Experience

	Percentage of staff
Highest level of education:	
No high school diploma or GED	2.3%
High school diploma only	0%
Some college (no degree)	4.7%
Associate's degree	7.0%
Bachelor's degree	76.7%
Graduate degree	9.3%
Average years in current position at FaDSS:	
Less than 1 year	20.9%
1 to 3 years	20.9%
3 to 5 years	18.6%
More than 5 years	39.5%

Source: Staff survey (*n*=43).

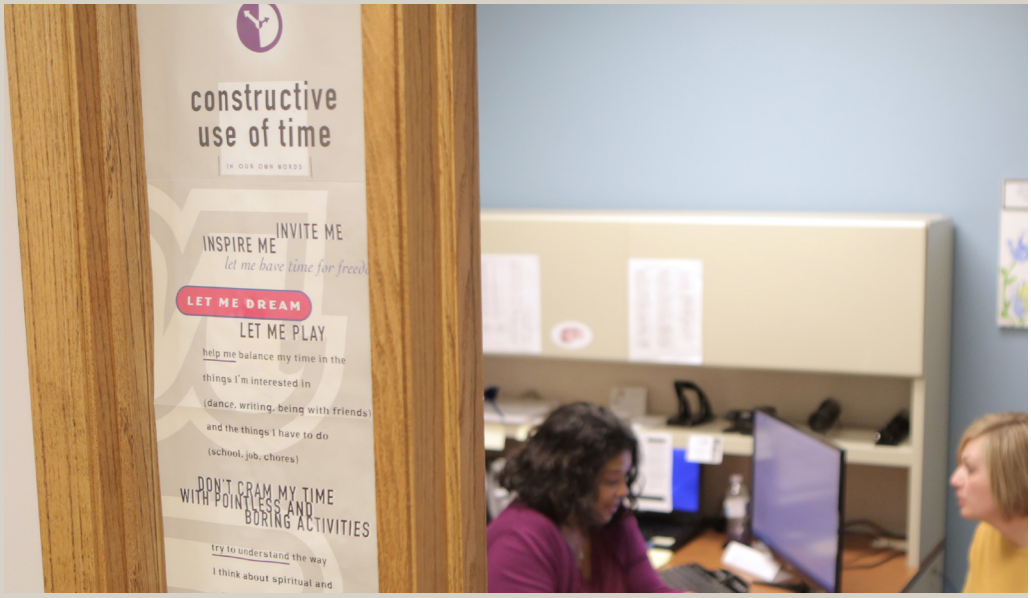
In addition, all specialists and supervisors complete a Family Development Certification training within their first year at FaDSS, an eight-day training at the National Resource Center for Family Centered Practice at the University of Iowa's School of Social Work. The certification emphasizes family-centered practice for frontline workers and covers family development theory, family assessment, interviewing skills, and goal setting. Specialists are also required to attend 12 hours per year of ongoing professional development relevant to FaDSS participants, such as trainings on trauma-informed care, domestic violence, motivational interviewing, SMART (Specific, Measurable, Achievable, Realistic, and Timely) goal setting, and administering required and supplemental assessments.

Newly hired specialists begin by shadowing more experienced coworkers. As they take on their own caseloads, they are accompanied by other specialists and sometimes supervisors before conducting visits independently.

FaDSS uses a structured supervisory approach. Per FaDSS program standards, supervisors observe all specialists on at least two home visits per year and conduct monthly file

reviews of all cases. Specialists interviewed noted they meet individually with their supervisor each month to review each of their cases one-by-one. They also have regular staff meetings (weekly or monthly depending on the local agency) where the specialists take turns describing a difficult case and the other specialists provide suggestions and feedback.

A FaDSS participant meets with her specialist in a community action agency office.



(Photo: Rich Clement, Mathematica)

Family-focused, strengths-based coaching helps families set and achieve goals.

Specialists apply a strengths-based coaching approach to help participants set goals and identify steps to reach them, emphasizing the family as a source of support in most instances. Beginning at the first home visit, specialists administer formal assessments to learn about family and individual strengths and circumstances. At a minimum, specialists administer three types of assessments: a general family functioning screening (to be completed within 60 days); a domestic violence screening (to be completed within 90 days); and a child development questionnaire (to be completed within 120 days). Additional assessments are conducted as appropriate, covering a range of topics from basic needs and services to occupational interests, health, and substance abuse. Combined with information provided in the Family Investment Agreement, the results of the assessments inform guiding questions that specialists ask to help participants set one or more goals and identify action steps. Specialists record goals, action steps, and planned timelines for each goal on a sheet that is reviewed and updated as needed at each visit.

Specialists do not follow prescribed steps for conducting sessions. Instead, they reported tailoring the session and the goal-setting approach to meet the family's situation.

Specialists do not follow prescribed steps for conducting sessions. Instead, they reported tailoring the session and the goal-setting approach to meet the family's situation. For instance, some reported they are more directive when first working with a family, but gradually less so as participants become more comfortable setting goals and identifying action steps themselves. Other specialists reported that if a participant sets a broad, long-term goal, they will provide more guidance on defining shorter-term goals and action steps. In coaching sessions observed in person for this study, specialists

often began the home visit with a general check-in (e.g., they asked about what is new and whether anything has changed since the last session) and then followed up more specifically on the discussion from the previous session and the participant's goals. Specialists reported that if a crisis arises, they work with the family to identify appropriate referrals. They then resume working on goals and action steps once the crisis is over.

The specialists observed in 15 coaching sessions video-recorded for the study used guiding questions. For example, in one videotaped coaching session, when a participant said she wanted her goal to be "finding housing," her specialist asked, "How are we going to obtain that goal?" The participant responded that she was going to save money for a deposit and then actively search for an apartment. In another session, a specialist asked a participant whether helping her daughter improve her mental health was a goal the participant wanted to set, after having discussed her child's health issues. Coaches were also sometimes directive, suggesting at least some concrete steps for participants to take to reach their goals or address their challenges. For example, when one participant discussed conflicts she was having at home, the specialist suggested she needed to submit more housing applications so she could get her own apartment. When another participant said she wanted to set a goal to resolve her legal issues, the specialist provided the names of organizations where she could take the classes required by her court order and told the participant to call the organizations to schedule an appointment that week.

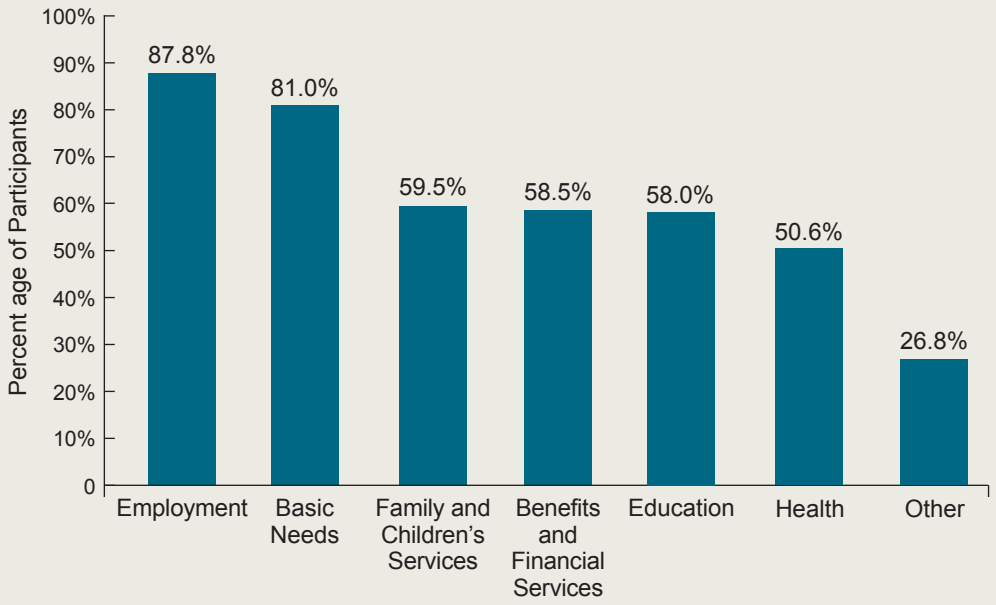
A FaDSS applicant and her child meet with a specialist outside their home.

(Photo: Rich Clement, Mathematica)

Participants have flexibility in the types of goals they set, but specialists aim to prompt at least one employment-focused goal. If a participant selects a goal not directly related to employment, the specialist records the goal and continues collaborating with the participant on it but also asks the participant to think about employment and self-sufficiency. For instance, specialists reported they often ask questions about how participants will comply with the activities in their Family Investment Agreement so as to maintain their FIP benefits, and the questions will lead to a discussion about employment.

Data on goals set in the first nine months after study enrollment show that 88 percent of participants discussed goals related to employment during at least one in-person session (Exhibit 5). About 81 percent discussed goals related to meeting basic needs. More than half of FaDSS participants discussed goals related to family and children's services, benefits and financial services, education, or health.

Exhibit 5. Topics of Goals Set During In-Person Sessions in the First Nine Months after Study Enrollment



Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (*n*=395).

The FaDSS program standards specify that goals must be developed, modified, or reviewed at every visit. Data collected in the study tracking system for nine months after study enrollment is consistent with meeting these standards. Participants set goals in most in-person sessions. In about half of in-person sessions, specialists and participants agreed upon action step tasks to complete before the next session. Action steps were then reviewed during about 28 percent of in-person sessions (Exhibit 6).

Exhibit 6. In-Person Program Activities in the First Nine Months after Study Enrollment

Activities	Value
Average number of in-person sessions in the first nine months (number)	8.0
In-person sessions that included (%):	
Goal setting	74.8
Setting action steps or other tasks to be completed before the next session	47.9
Discussing action steps agreed upon during previous session	27.9

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (*n*=395).

Specialists reported that they encourage participants to set at least one shorter-term goal that is attainable in no more than three months, so that the participants can see and celebrate their progress. Specialists reported they praise all successes, noting that

acknowledging and celebrating action step and interim goal accomplishments help participants build self-esteem and persist in working on their longer-term goals. For example, one specialist described celebrating when a participant received her driver's license, because it was an important action step in her longer-term goal of buying a car in order to have reliable transportation. Other specialists talked about celebrating steps like making healthcare appointments. Specialists reported that they see themselves as "cheerleaders" for the participants.

Participants vary on the extent to which they make progress on the agreed-upon action steps. According to data on in-person sessions over the first nine months after study enrollment from the study's tracking system, participants had completed some but not all of the agreed-upon action steps in about 57 percent of the sessions where action steps were reviewed (Exhibit 7). Participants had completed all agreed-upon action steps in about 30 percent of sessions where action steps were reviewed. If the participant is not making progress toward the goals or taking action steps, specialists reported asking questions to help identify what is hindering progress or disrupting timelines.

Exhibit 7. Completion of Action Steps in the First Nine Months after Study Enrollment

Action step completion	Percent of in-person sessions where action steps were reviewed
All agreed-upon action steps completed	30.4%
Some, but not all, agreed-upon action steps completed	57.2%
No agreed-upon action steps completed	12.5%

Source: Staff records from study tracking system. Sample includes in-person sessions with FaDSS participants who were enrolled in the study before or on October 1, 2019 in which action steps were reviewed (n=1,613).

Box 6. One FaDSS Participant's Coaching Session

Pam's (not her real name) specialist met her in her home for their coaching session. The pair sat next to each other in the living room, Pam on the couch and the specialist in an armchair, to check in on Pam's progress and discuss her goals. It was clear that Pam and the specialist had a strong rapport. They laughed together during the session, and Pam shared her goals and obstacles freely.

Pam and the specialist discussed challenges Pam was facing in meeting her TANF work requirements: health issues, car trouble, and a lack of child care. The specialist asked her questions to learn more about these challenges and to help brainstorm ways to overcome them. Could her children take the bus to school? Did she have family members who could help? Had she used licensed child care providers in the past? Pam engaged fully in the conversation, discussing that her children did not qualify for the bus and that she had a child care provider in mind that she was planning to contact. The specialist then worked through a budget sheet with Pam to compare her income to her expenses and brainstormed opportunities to save, such as switching car insurance companies. The specialist also offered Pam resources to help with her expenses, such as a bus pass, free laundry services, and funding for children's shoes.

Finally, the specialist reviewed Pam's goals and worked with her to set new goals using a paper worksheet. Pam and the specialist agreed she would no longer work on her goal to enroll in school, due to her health issues. Pam set a new goal of working on improving her health. Probed by the specialist, Pam then suggested steps to meet her health goal, including working out daily to lose weight.

Throughout the discussion, the specialist encouraged Pam, telling her that her ideas were good and that she was doing a great job tackling her goals and planning to overcome her challenges. At the end of the 30-minute session, Pam reviewed and signed her goal sheet.

Source: Video-recorded coaching session

Small caseloads enable frequent contact with participants.

Small caseloads facilitate regular contact between the specialist and families. Specialists typically worked with a maximum of 21 families at a time, though caseloads averaged 18 families during the study period.[1] FaDSS expects specialists to meet with participants and their families in their home at least twice per month in the first three months. After three months, they are to meet at least once per month. Specialists with their supervisors determine whether families need more frequent visits (e.g., if the family appears to be in crisis).

In addition to in-person visits, specialists maintain contact with participants through phone calls, texts, emails, and mail as appropriate. Specialists are required to have at least three significant contacts, inclusive of any in-person visits—that is, a conversation related to a goal the family is working on (e.g., sharing options for summertime activities for children, responding to questions about resources). Communication strictly about scheduling the next home visit does not count as a significant contact nor does communication the participant does not respond to (the latter is counted as an attempted contact). Specialists reported that even with small caseloads, it can be difficult to meet these targets because sometimes families are difficult to reach or they do not show up at scheduled sessions.

Most participants have frequent contact with their FaDSS specialist (Exhibit 8). Data from the study's tracking system indicate that in the first month after study enrollment, specialists were likely to have met the program standards: an average of six contacts, including three in-person sessions. During the first nine months after study enrollment, FaDSS participants (including participants who left the program at any point during that time) on average had eight in-person sessions with their specialist. It was common for participants to have a substantial number of in-person sessions with the specialist: 40 percent had at least 10 in-person sessions in the first nine months.

Exhibit 8. Specialist-Participant Contacts in the First Nine Months after Study Enrollment

Average duration of first in-person session		75 minutes
Average duration of subsequent in-person sessions		49 minutes
Average duration of phone contacts		7 minutes
Number of contacts by type:	*Any contact*	*In-person session*
In the first month	5.7	2.9
In the first nine months	15.3	8.0
Participants whose number of contacts in the first nine months was:	*Any contact*	*In-person session*
Less than 10	43.3%	60.1%
10 or more	56.7%	40.0%
Average total contact time		7.9 hours

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395), with a total of 6,029 contacts during the first nine months after study enrollment.

[1] FaDSS reduced caseloads during the evaluation to accommodate specialists' role in study enrollment and data collection.

One participant's perspective on FaDSS and PROMISE JOBS interactions

"PROMISE JOBS wants me to put my daughter [with autism] in child care, but they don't want to provide the adequate child care for her to be in. They think that she could just go into normal child care, and she had to be in, like, one-on-one or one-on-two.... PROMISE JOBS has just given me a big problem and [my specialist is] more compassionate, more understanding. Maybe because she comes to my house and sees my child."

Source: In-depth, in-person participant interview

In addition to being frequent in those first nine months, many in-person sessions were lengthy (Exhibit 8). The first in-person session averaged 75 minutes, including about 30 minutes for the specialist to describe the study, collect consent, and administer the baseline survey. Subsequent in-person sessions averaged about 50 minutes. Phone contacts averaged seven minutes. Taking into account contacts of all types, specialists and participants spent a total of eight hours on average interacting in the first nine months after study enrollment.

FaDSS specialists coach within a mandatory work participation environment, which affects the goal-setting process.

Specialists are mindful that all FaDSS participants are also FIP cash assistance recipients concerned about complying with their Family Investment Agreements so they do not lose their benefits. Accordingly, specialists reported helping participants comply with their Agreements in a variety of ways, such as reminding them to follow up on required paperwork or encouraging them to set action steps related to completing timesheets to document their participation in required activities. Specialists also reported sometimes informing participants which types of medical or other appointments count toward the required hours (FaDSS sessions do not count). Additionally, specialists work with FaDSS participants to make sure their goals reflect the activities required in their Agreements.

Specialists reported collaborating with PROMISE JOBS case managers by, for example, helping participants renegotiate (when appropriate) their Agreements. Through their home visits and coaching sessions, specialists often know more about a participant's challenges to employment than the PROMISE JOBS case manager, and they will advocate for excused absences from required work activities during times of crisis or illness. Specialists often attend sessions between participants and their PROMISE JOBS case manager, and sometimes case managers reach out to a specialist if they cannot reach a participant or the participant is at risk of being placed on a FIP limited benefit plan.

In the in-person interviews conducted for this study, participants expressed mixed reactions to their specialist's role in supporting their FIP compliance. Some participants reported that they liked that their specialist helped them work with the PROMISE JOBS case manager and advocated for them. They said they believed their specialist knew them better and cared more about them than their PROMISE JOBS case manager. However, a few FaDSS participants reported wishing there was less of a tie between the two programs. One participant said she would have preferred to focus less of her time with her FaDSS specialist on her PROMISE JOBS issues. Another participant wished eligibility for FaDSS was not tied to FIP cash assistance receipt, so she could work with her specialist even if she did not receive FIP benefits.

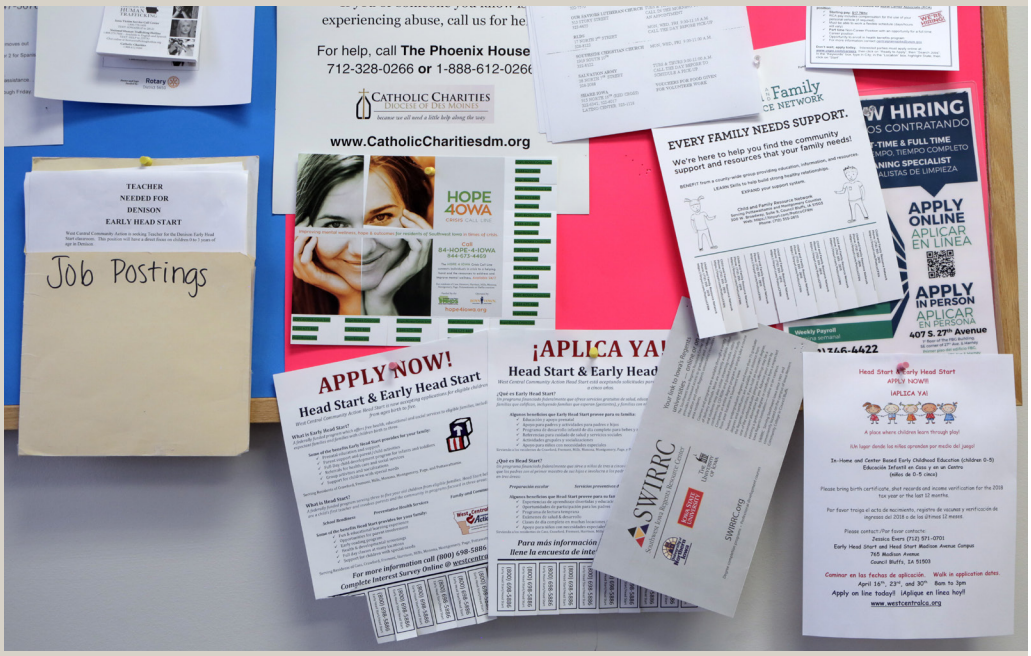
Specialists reported that, at times, operating in a mandatory work participation environment is challenging. FaDSS aims to help its participants set their own goals, but PROMISE JOBS includes mandatory requirements that might constrain the types of

activities participants pursue. For instance, participants may want to pursue education that is not counted toward their FIP work requirements.

According to site visit interviews, the designers of FaDSS wanted its primary purpose to be to advocate for the well-being of the families it serves, rather than monitoring compliance to FIP or other public assistance program requirements. For this reason, FaDSS was deliberately housed within Iowa's Department of Human Rights rather than its Department of Human Services. Accordingly, although FaDSS specialists are cognizant of the work participation requirements, they are not accountable to PROMISE JOBS. Interviewees explained that they may also have more flexibility and motivation to advocate for participants—such as by working with PROMISE JOBS case workers to modify how and the extent to which FaDSS participants must engage with FIP's required work activities, without having to balance the effect of these types of modifications against the state's overall Work Participation Rate.

At the same time, there are some disadvantages to housing the programs in two different agencies. Specialists reported they do not always receive participants' Agreements consistently or in a timely manner, and this limits their ability both to ensure that participants' goals align with their Agreements and to assist participants in staying compliant. Specialists also reported that PROMISE JOBS case workers varied in whether they proactively engaged the specialist when a participant was at risk of having benefits suspended, at times making it difficult for the specialist to intervene.

A community action agency bulletin board displays resources for participants.



(Photo: Rich Clement, Mathematica)

FaDSS serves a population facing numerous challenges to employment, but specialists reported limited resources available to address them.

Specialists, supervisors, and managers interviewed for the study perceived that jobs were available for work-ready FIP cash assistance recipients, thus leaving those with persistent or especially challenging barriers to employment participating in FaDSS. Staff reported, however, that there were not many resources to offer FaDSS families to help them resolve their challenges, especially in rural areas. According to service receipt records from the study's data tracking system, less than half (40 percent) of FaDSS participants received a referral for outside services, although about 18 percent received more than two referrals (Exhibit 9). However, staff may have underreported referrals in the study's data tracking system; FaDSS' own data show a larger percentage of FaDSS participants received referrals. For example, the study tracking system shows that 4 percent of participants received a mental health referral, while FaDSS' data show that 36 percent of all participants who were in the program at about the same time as the study participants received one.

The types of referrals varied by what the local site could offer. Examples of referrals included transportation assistance, mental health counseling, domestic violence counseling, and housing assistance. Specialists reported wishing they could offer more concrete resources to address housing and transportation needs in particular.

Exhibit 9. Referrals for Outside Services in the First Nine Months After Study Enrollment

Participants total number of referrals was:	Percentage of participants
0	60.3%
1	13.9%
2	7.8%
More than 2	18.0%

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (*n*=395).

According to staff, the Department of Human Rights does not fund transportation, housing, or child care assistance. Most FaDSS service providers supplement their Department funding with funding from their parent organization (e.g., Community Action of Southeast Iowa), but this supplemental support typically accounts for 5 percent or less of total FaDSS funding. Examples of additional support provided to FaDSS families include specialists bringing a participant a package of diapers or paper towels during their visits.

An exception is the service provider Polk County Family Enrichment Center (FEC), where sources other than the FaDSS contract provide about $11,000 per FaDSS participant for other services. Polk FEC—the service area of which includes the city of Des Moines—uses the additional funding to offer more robust assistance to FaDSS participants; for instance, a specialist can request one-time financial assistance to help a participant with vehicle repairs, clothing purchases, rental deposits, and similar needs.

FaDSS participants described their experiences positively.

The six FaDSS participants interviewed in person for the study described their specialists as caring; truly concerned about them and their families; and good, responsive communicators. Participants reported that they built strong relationships with their specialists through the program, and all considered their relationships with their specialists as friendships. When asked about her opinion of FaDSS during an in-person interview for the study, one participant shared: "It's amazing. It's like the government [saying], here, have a friend...And that's what's great about it." Another said about her meetings with her specialist: "it does not feel like you're meeting with a worker."

"It's amazing. It's like the government [saying], here, have a friend...And that's what's great about it."

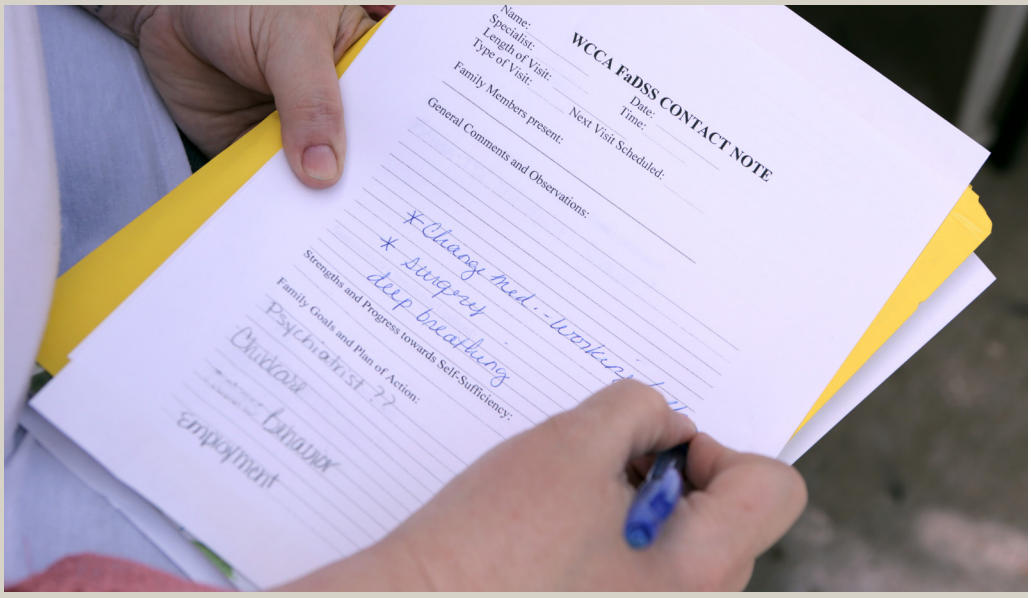
Source: In-depth, in-person participant interview

Participants appreciate that FaDSS provides social support. A few participants mentioned that FaDSS provided "someone to talk to" and this was particularly valuable because they did not have any friends in the area. During an in-person interview for the study, one participant said about her specialist: "She's doing everything and more than I could expect out of anybody. She brought me a bassinet, and she's there when I needed to talk, and if I need assistance, she'll stop and come over, and there's just not very many people out there that do that."

Several participants shared that their specialists helped them with whatever they needed.

Several participants shared that their specialists helped them with whatever they needed. For example, during an in-person interview one participant indicated that her FaDSS specialist helped her get settled in her new apartment. "When [my specialist] had come in [my home], like we didn't have any furniture or nothing. You know she made it like she cared. She was really concerned and was like, 'Oh, do you need this?' She's like, 'Well, I could probably get you this. I probably could get you that.' Like she was being like very concerned. Like she cared." When asked about her coach's role, one participant reported: "I feel like I can go to her for anything…even if I needed something printed, she'd probably print for me….I'm sure she would…I think she'd do just about anything to help me out." A few participants also shared that their coach helped them with goal setting. One interviewed participant said: "If you don't have an idea of what goals you want to set, they can kind of help you determine what would be the best goals at the time for you, like how to improve your situation."

A FaDSS specialist takes notes during a coaching session.



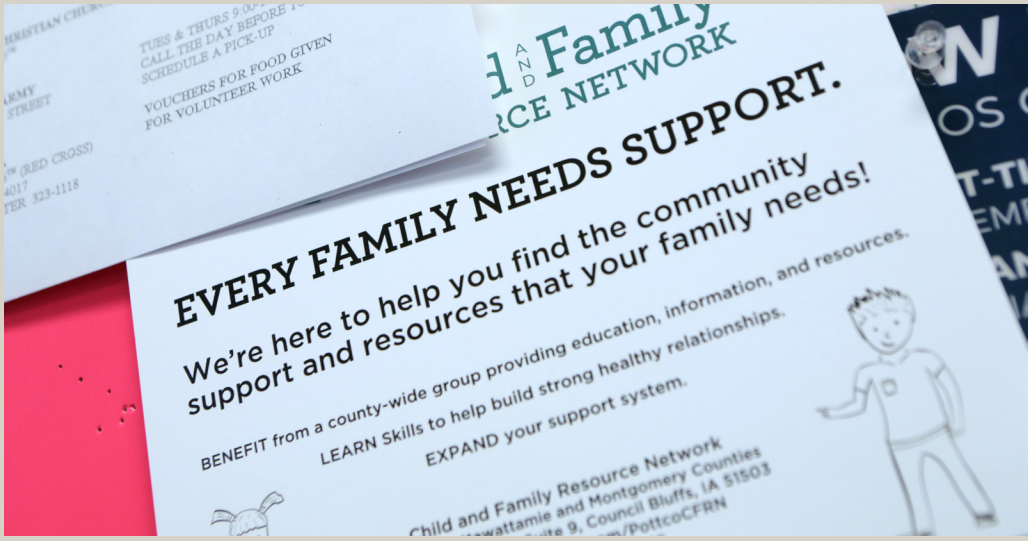
(Photo: Rich Clement, Mathematica)

V. Summary

FaDSS is a well-established program that has provided employment coaching during home visits to families receiving cash assistance from FIP, Iowa's TANF program, for more than 30 years. FaDSS is not administered by the state's TANF agency, but is a stand-alone program offered as an additional voluntary support to TANF recipients. Although FaDSS does not describe itself as a coaching program, its specialists meet the study's definition of coaches—that is, they work collaboratively with participants to identify goals, use guiding questions to help participants develop action steps toward reaching their goals, and motivate and hold participants accountable. Goal setting is influenced by the TANF work requirements; specialists focus on family well-being, but in doing so they are also mindful of the risk to participants of losing TANF benefits. Specialists are highly educated and have several years of related experience. Participants describe their relationships with their specialists as strong and supportive.

FaDSS provides coaching in participants' homes in order to engage the entire family and develop strong and trusting relationships with them. Specialists generally describe home visits positively, but note challenges, including long travel times to homes in a largely rural state, as well as concerns about hygiene and safety. Specialists have small caseloads of 18 to 21 families; as a result, they can meet with participants frequently. Specialists and participants met in person on average about three times in the first month after study enrollment and eight times during the study's nine-month data collection period.

A flier on a community action agency bulletin board advertises resources.



(Photo: Rich Clement, Mathematica)

Future reports from the ***Evaluation of Employment Coaching for TANF and Related Populations*** will include: reports of the design and implementation of the other interventions in the evaluation; a synthesis of findings from the descriptive studies of all the interventions; and reports of the impacts of each intervention on participants' self-regulation, employment, earnings, self-sufficiency, and other measures of well-being. These reports will be available at the project's website (link here).

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Appendix A: Evaluation Design

OVERVIEW OF EVALUATION DESIGN

The ***Evaluation of Employment Coaching for TANF and Related Populations*** aims to learn more about the potential of different coaching approaches in helping low-income adults become more economically secure. The study's primary research questions are as follows:

1. Do the employment coaching interventions improve the outcomes of low-income people?
   - Do the employment coaching interventions affect participants' intermediate outcomes related to goal pursuit and other skills associated with labor market success?
   - Do the employment coaching interventions affect participants' employment and economic security outcomes?
   - How do the impacts of the coaching-focused interventions change over time?
   - Are the employment coaching interventions more effective for some groups of participants than others?
2. How were the employment coaching interventions implemented?
   - What is the intervention design?
   - What factors appear to have impeded or facilitated implementation of the program as designed?
   - What were the clients' experiences with coaching, what services did they receive, and what types of coaching and other services did control group members receive?

The evaluation is examining four separate coaching interventions (Exhibit A-1). It includes an impact study and an implementation study.

Exhibit A-1. Coaching Programs and Study Locations

Program	Provider	Program Description	Study Location
Family Development and Self-Sufficiency (FaDSS)	Local human services agencies ("Community Action Agencies") under contract to the Iowa Department of Human Rights.	Provides TANF participants with employment coaching during home visits.	Iowa, select agencies*
Goal4 It!	County TANF agency.	Employment coaching intervention being piloted as an alternative to case management.	Jefferson County, CO
LIFT	Non-profit organization.	Provides career and financial coaching to parents and caregivers of young children.	Chicago, IL Los Angeles, CA New York, NY**
MyGoals for Employment Success	Baltimore and Houston Housing Authorities.	Coaching demonstration project that provides employment coaching and incentives to unemployed adults receiving housing assistance.	Baltimore, MD Houston, TX

* See Exhibit A-2.

** LIFT also operates in Washington, DC, but that location is not participating in the evaluation.

The **impact study** uses an experimental research design that includes randomly assigning eligible individuals who consent to participate either to a treatment group with access to the coaching intervention or to a control group that cannot access the coaching intervention but can receive other services in the community. Enrollment into the study occurred at different times in each program, but all programs ended enrollment by November 2019. The study assesses differences in outcomes related to self-regulation skills, employment, earnings, receipt of public assistance, and other measures of personal and family well-being.

The impact study data sources are:

- A baseline survey of study participants administered at study entry and two follow-up surveys administered approximately 9-12 months and 21 months after study enrollment.
- Administrative records of employment, earnings, and Unemployment Insurance receipt from the National Directory of New Hires operated by the Office of Child Support Enforcement within the Administration for Children and Families, U.S. Department of Health and Human Services.
- Administrative records of TANF receipt and, for some programs, SNAP receipt.

The **implementation study** provides important context for understanding and interpreting the findings from the impact study and supports future replication of employment coaching interventions. The implementation study data sources are:

- A baseline survey of study participants administered before study enrollment, with timing varying by study intervention: the first surveys were administered in February 2017 and the last was administered in November 2019.
- A survey of program managers and staff conducted between January and March 2019.
- In-person discussions with program management and staff and direct observations of coaching sessions between April and June 2019.
- Video recordings of coaching sessions conducted between April and July 2019.
- In-depth, in-person interviews with coaching participants conducted between March and May 2019.
- Service receipt data as reported by program staff and recorded in the program's or the study's data tracking system.
- Document reviews, such as policy and procedure manuals, training manuals, curricula, participant enrollment forms, assessment forms, and forms used to document coaching sessions and other activities.
- Secondary data on local economic conditions.

Further details about the design of the impact and implementation studies, including analysis methods, are included in the project's *Evaluation Design Report* (Moore et al., 2019). Reports from the evaluation are available online at https://www.acf.hhs.gov/opre/research/project/evaluation-of-coaching-focused-interventions-for-hard-to-employ-tanf-clients-and-other-low-income-populations.

THE EVALUATION OF FADSS

The evaluation of FaDSS began in June 2018, when program staff started randomly assigning potential participants to the treatment group that could participate in FaDSS or the control group that could not participate in FaDSS. Both the treatment and control group were required to participate in PROMISE JOBS and could access other services in the community. Of the 17 FaDSS service providers, seven are participating in the evaluation (Exhibit A-2). The evaluation team selected the seven providers based on their ability to enroll sufficient numbers of study participants. They include five Community Action Agencies, one multi-service non-profit, and one county social services agency.

Exhibit A-2. FaDSS Study Sites

Provider	Location in Iowa
Community Action of Eastern Iowa	Central eastern counties
Community Action of Southeast Iowa*	Southeastern counties
Four Oaks*	Linn County (includes Cedar Rapids), Dubuque County (includes Dubuque), and Johnson County (includes Iowa City)
Polk County Family Enrichment Center (FEC)*	Polk County (includes Des Moines and the surrounding suburbs)
Sieda Community Action*	Southern counties
Upper Des Moines Opportunity, Inc.	Northwestern counties
West Central Community Action	Southwestern counties

* Participated in implementation study site visit.

For the implementation study, a baseline survey of all study participants (treatment and control group; *n*=863) was administered just before study enrollment (between June 2018 and November 2019). Program managers (*n*=12) and staff (including specialists and case managers, *n*=43) responded to a web-based survey about the program and its participants between January and March 2019. The evaluation team visited four of the FaDSS study sites in April 2019 and conducted in-person discussions with program managers, staff, and specialists, as well as directly observed coaching sessions. While on site, the evaluation team also collected program documents (such as handbooks and program standards), annual reports, and funding applications for later review. The team also collected secondary data on local economic conditions around the time of study enrollment. The evaluation team examined 15 video recordings of coaching sessions that occurred between April and June 2019 and conducted in-depth, in-person interviews with six FaDSS participants in May 2019.

Finally, the implementation study draws on service receipt data recorded by program staff in the study's data tracking system. This brief presents information on service receipt for the treatment group members who enrolled in the study before or on October 1, 2019 (*n*=395). This information includes the number, type, and length of coaching sessions that FaDSS participants attended, as well as the topics of discussion during sessions.

Appendix B: Tables

Exhibit B-1. Baseline Characteristics of FaDSS Study Participants

Baseline Characteristic	Value
Demographics	
Average age (years)	29.3
Female (%)	94.7
Race and ethnicity (%):	
Hispanic	13.0
Black, non-Hispanic	36.4
White, non-Hispanic	47.5
Other	3.1
Currently married (%)	7.5
Number of adults with whom respondent lives	1.7
Number of children with whom respondent lives	2.1
Socioeconomic Status	
Does not have high school diploma or GED credential (%)	23.5
Receiving any income from public assistance/social insurance program (%)	99.8
Employment Status and History	
Worked for pay in past 30 days (%)	31.8
Earnings in past 30 days ($):	
Earnings in past 30 days among all	143.5
Earnings in past 30 days among those who worked	451.5
Hours worked per week at current or most recent job (%):	
Not currently working and did not work in past 30 days	68.5
Part-time (<35 hours)	23.9
Full-time (≥35 hours)	7.5
Employment Barriers	
Challenges that made it very or extremely hard for them to find or keep a good job (%):	
Lack of transportation	31.1
Lack of child care	36.0
Lack of right clothes or tools for work	12.8
Lack of the right skills or education	17.7
Perceived lack of jobs in area	18.4
Having a criminal record	12.2
Health condition preventing working	18.1
No valid driver's license	43.7
Unstable housing	28.2

Source: Baseline survey for program group members (*n*=430).
Note: Missing data rates range between 0 and 1%.

Exhibit B-2. Contacts per Participant in the First Nine Months after Study Enrollment

Contact Characteristic	Value
Average number of contacts:	
In the first month	5.7
In the first 3 months	8.1
In the first 6 months	12.3
In the first nine months	15.3
Percentage whose number of contacts in the first nine months was:	
0	3.3
1	6.1
2-9	33.9
10-19	27.8
20 or more	28.9
Average number of in-person sessions:	
In the first month	2.9
In the first 3 months	4.8
In the first 6 months	6.9
In the first nine months	8.0
Percentage whose number of in-person sessions in the first nine months was:	
0	4.6
1	8.4
2-9	47.1
10 or more	40.0

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395).

Exhibit B-3. Contact Duration per Participant in the First Nine Months after Study Enrollment

Duration	Value
Average total contact time (hours)	7.9
Average length of each contact (minutes)	30.4
Average length of first contact (minutes)	71.6
Average length of subsequent contact (minutes)	27.6
In-Person Sessions	
Average length of contacts (minutes)	52.0
Percentage of participants whose average length of each contact was (minutes):	
0-4	2.0
5-15	5.8
16-30	9.9
31-45	15.0
46-60	41.8
61-90	19.6
91-120	4.7
More than 120	1.3
Telephone Contacts	
Average length of contacts (minutes)	5
Percentage of participants whose average length of each contact was (minutes):	
0-4	56.8
5-15	38.6
16-30	2.8
31-45	1.0
46-60	0.4
61-90	0.3
91-120	0.0
More than 120	0.0

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395). Number of contacts = 6,029.

Exhibit B-4. Contact Activities per Participant in the First Nine Months after Study Enrollment

Contact Activities	Value
Contacts	
Average number of contacts in the first nine months after study enrollment	15.3
Average number of contacts that included:	
Goal setting	7.1
Developing action steps for a goal	6.4
Discussing agreed-upon action steps taken between contacts	3.2
Formal assessments	2.1
Other*	3.2
Average number of contacts with identification of new agreed-upon action steps to be taken between contacts	5.1
In-Person Sessions	
Average number of in-person sessions in the first nine months after study enrollment	8.0
Average number of in-person sessions that included:	
Goal setting	5.9
Developing action steps for a goal	4.0
Discussing agreed-upon action steps taken between sessions	2.2
Formal assessments	2.0
Other*	0.05
Average number of in-person contacts with identification of new agreed-upon action steps to be taken between contacts	3.8

*For activities not included in one of the specified categories, coaches could select "other" and specify the activity.
Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395).

Exhibit B-5. Canceled or No-Show In-Person Sessions in the First Nine Months after Study Enrollment

Aspect of Coaching Compliance	Value
Participants	
Percentage who canceled or did not show for at least one scheduled in-person session	65.6
Percentage who canceled at least one scheduled in-person session	55.7
Percentage who did not show for at least one scheduled in-person session	42.0
Number of in-person sessions that were canceled per participant:	
0	44.3
1	18.5
2	7.8
3	5.1
4	5.8
5	4.6
More than 5	13.9
Number of in-person sessions that were no-shows per participant:	
0	58.0
1	14.7
2	10.4
3	5.8
4	4.3
5	1.3
More than 5	5.6
In-Person Sessions	
Percentage that were canceled or no-shows	30.1
Percentage canceled	19.4
Percentage that were no-shows	10.7
Percentage of all in-person sessions that were canceled, by reason:	
Employment interfered	20.7
Illness of participant	15.9
Family illness	15.4
Other appointment	10.8
Participant not home/Out of town	4.5
Running errands	4.2
Transportation difficulty	2.9
Education interfered	1.5
Inclement weather	1.4
Preferred a different time	1.4
Moved	1.1
Lack of child care	0.4
Other	2.9
No reason provided	18.8

Source: Staff records from study tracking system. Sample includes FaDSS participants who were enrolled in the study before or on October 1, 2019 (n=395). Number of in-person sessions = 4,595.


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