

# Helping Low-Income Mothers Overcome Multiple Barriers to Self-Sufficiency: Strategies and Implications for Human Services Professionals

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Women involved in public assistance and child welfare systems often must overcome multiple barriers to self-sufficiency and family stability or face sanctions or loss of benefits. Kentucky's Targeted Assessment Program (TAP) is an innovative model for assisting these women by placing human services professionals in public assistance and child welfare offices to provide support services and promote integrated service delivery. This article discusses TAP program data for years 2005 through 2008, as well as initial 6-month follow-up data. These data suggest that TAP is effective in reducing the burden of barriers faced by participants. TAP strategies are discussed for their utility in informing practice models of human services agencies to proactively promote participant success in overcoming barriers.

## IMPLICATIONS FOR PRACTICE

- The UK Targeted Assessment Program serves as a model to human services professionals for effectively assessing and addressing multiple barriers to self-sufficiency and family stability among low-income mothers.

The passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in August 1996 resulted in a 53% decline in welfare rolls 4 years later (U.S. Department of Health and Human Services, 2000). However, many women on welfare experience barriers to self-sufficiency and family stability that include drug and alcohol addiction, intimate partner violence, mental health problems, and learning problems (Barusch, Taylor, & Abu-Bader, 1999; Tolman & Raphael, 2000). These barriers occur along with unemployment, lack of education, physical health problems, and unmet basic needs such as housing, transportation, and child care (Danziger & Seefeldt, 2002).

State governments and local agencies have been increasingly challenged to develop creative approaches to engage these "hard-to-serve" populations in services to remove barriers while increasing self-sufficiency (Danziger & Seefeldt, 2002; Meckstroth, Pavetti, & Johnson, 2000). In 1999, the Kentucky Cabinet for Health and Family Services partnered with the University of Kentucky's Center for Drug and Alcohol Research to develop the Targeted Assessment Program (TAP), an intervention designed to accomplish this goal by providing an array of innovative services described in the following sections. Through a participant-centered, strengths-based approach, TAP identifies and focuses on decreasing and eliminating individual participant and broad systemic barriers to self-sufficiency using comprehensive assessment, pretreatment services, motivational interviewing, intensive case management, service coordination, and persistent follow-up services.

The purpose of this article is to describe the TAP model, as well as how TAP is used by public assistance and child welfare staff to promote participant progress in overcoming barriers. We discuss the prevalence of four targeted barriers to self-sufficiency and family stability—mental health issues, substance use/abuse, intimate

partner violence, and learning problems—among mothers who are receiving public assistance or are involved with child welfare. Discussions are based on data collected from participants served by TAP during the 3-year period beginning July 1, 2005, through June 30, 2008. Additionally, initial 6-month follow-up data are provided indicating the impact of TAP in reducing participant barriers and increasing self-sufficiency. TAP strategies, which can be employed by a variety of human services agencies and professions, are highlighted and discussed.

## Barriers to Self-Sufficiency and Family Stability

TAP staff have found, as have others (California Institute for Mental Health, 2002; National Center on Addiction and Substance Abuse [CASA], 2009; Polend, 2001), that low-income mothers suffer from a range of issues including substance abuse, depression, anxiety, intimate partner violence, adult/childhood trauma, and loss of meaningful purpose in life due to unemployment, lack of education, or problems with learning (Ramlow, White, Watson, & Leukefeld, 1997). In one study of mothers involved with child welfare, current domestic violence was found in 40% of the cases, maternal substance abuse in 54%, and depression in 65% (Miller, Fox, & Garcia-Beckwith, 1999). Another study reported that nearly 80% of mothers involved with child welfare in Kentucky had a mood, anxiety, or chronic psychotic disorder (Martin, Barbee, Antle, Sar, & Hanna, 2002).

Studies examining the hardships faced by mothers on public assistance have consistently noted that these women have significantly more barriers to self-sufficiency than women who are not on public assistance (Lennon, Blome, & English, 2001; Lichter & Jayakody, 2002; Loprest & Zedlewski, 1999; McKay, Gutman, McLellan, Lynch, & Ketterlinus, 2003; McLellan et al., 2003; Meckstroth et al., 2000; Pavetti, Olson, Pindus, Pernas, & Isaacs, 1996; Sweeney, 2000). For example, estimates of drug and alcohol use among mothers on welfare are more than double those for mothers who do not receive welfare (U.S. Department for Health and Human Services, 1994). Further, studies have estimated that between 14% and 32% of these women were experiencing physical violence in their current relationships (Friedlin, 2004; Raphael & Tohlman, 1997). For women on welfare who have

2002; Tymchuk, 1999; White & Wright, 1998). TAP is in a unique position to impact the public assistance and child welfare systems, which include administrative personnel, supervisors, frontline workers, community agency staff, and participants. At every level, TAP initiates collaboration and sharing of expertise. Community program directors are involved in planning and hiring committees and serve on ongoing advisory councils in order to encourage more efficient service delivery. TAP Specialists cooperate with community service providers to promote participant progress through better integrated and more efficient service provision.

The strategies discussed in this article can be employed effectively by a range of human services professionals and agencies to help those they serve overcome barriers. Providers could first assess their capacity to address multiple overlapping barriers frequently faced by low-income individuals and families. Screening and assessment tools and practices could be reviewed and adapted to address the most commonly co-occurring barriers. Similarly, programs and agencies could assess the effectiveness of their engagement and retention practices. Those working with low-income individuals and families could ask basic self-evaluative questions such as: Are individuals treated with respect when they enter or continue services with our program? Do we do a good job of identifying strengths as well as problems? Does our program have the capacity to address basic needs when crisis stabilization is critical to further progress? After completing a self-assessment, the professional or agency could then look to what community partnerships could be built to assist the program, staff, and clients. Where capacity is limited by lack of expertise or fragmentation of services, providers could explore possibilities for colocation to combine strengths, facilitate on-site consultation, and enhance service provision and accessibility.

Regardless of whether it is applied to child welfare or public assistance/welfare-to-work settings, or whether it is integrated into other human service settings, TAP is a promising approach for comprehensively assessing, motivating, and helping low-income mothers with multiple barriers move toward self-sufficiency and family stability.

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