BIAS
NG

BEHAVIORAL INTERVENTIONS TO ADVANCE SELF-SUFFICIENCY *NEXT GENERATION*

OPRE Report 2025-053
April 2025

APPLYING BEHAVIORAL SCIENCE TO IMPROVE PARTICIPATION IN WORK-READINESS ACTIVITIES

Washington State

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Applying Behavioral Science to Improve Participation in Work-Readiness Activities

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Executive Summary

The Behavioral Interventions to Advance Self-Sufficiency-Next Generation (BIAS-NG) project is supported by the Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services. BIAS-NG aims to make human services programs work better for the people receiving services by reshaping program processes using lessons from behavioral science, an interdisciplinary field that incorporates psychology, economics, and other social sciences to provide insight into how people process information, make decisions, and take action. In Washington State, the BIAS-NG team, led by MDRC, worked with the Department of Social and Health Services (DSHS) to design and test an intervention aimed at increasing engagement in work activities among clients who were approved to receive Temporary Assistance for Needy Families (TANF). TANF is a government program that provides temporary cash assistance to qualifying individuals who have very low incomes. For many participants in TANF, receipt of the cash assistance is contingent on the completion of required activities; frequently these are work-related activities.

The BIAS-NG team began working with DSHS in 2016, investigating where lack of client participation in work activities was most acute. Using administrative data, the BIAS-NG team found that many clients who were approved for TANF and assigned to a work activity by DSHS did not attend their work activity orientations, and fewer still completed their work activities within 13 months. The BIAS-NG team explored clients' experiences during TANF intake sessions to identify behavioral bottlenecks (process factors that might reduce clients' engagement) that kept clients from attending their work activity orientations and subsequent work activities. These behavioral bottlenecks—such as communications from the program that may have primed clients to think about the stigma associated with receiving cash welfare and the hassle factors associated with attending required activities—were hypothesized to contribute to a lack of engagement.

To address these behavioral bottlenecks, the BIAS-NG team designed an intervention that included two sets of print materials for use in TANF intake sessions. The print materials aimed to convey information about work activity options, participation expectations, and additional support services more accessibly. They also supported staff members and clients in connecting work activities to clients' own goals and motivations and encouraged clients to make plans for attending their work activity orientations through a structured set of prompts.

The BIAS-NG intervention was tested in DSHS community service offices, where half the staff members used the BIAS-NG intervention materials and half continued business-as-usual intake practice. An analysis found that the intervention had no effect on participation in the work activity orientation, the number of cases where clients lost benefits due to nonparticipation, or the number of clients who left TANF successfully.

To gauge how the intervention was implemented, the BIAS-NG team interviewed staff members and clients and observed intake sessions. The team found evidence that the

intervention materials were implemented unevenly, and that there was no consistent difference between the intake sessions experienced by the intervention and the business-as-usual groups. In short, the two necessary conditions for the experiment to be a fair test of the intervention—that the intervention materials were used as intended and that clients in the two groups had different experiences—were not met.

Because the intervention materials were not implemented as intended, and the two study groups' experiences did not differ greatly, the test results cannot be used to assess the effectiveness of the intervention. Nevertheless, the BIAS-NG study in Washington offers insights into what it may take to change staff behavior as a means of altering client behavior.

Three lessons emerge from the BIAS-NG intervention in Washington that have implications for TANF program-improvement efforts:

- **Align staffing policies to better support the goals of new tools.** Although the intervention materials were designed to help staff members build rapport with clients, staffing and client-assignment procedures commonly used in TANF offices may have limited staff members' ability to engage clients as intended and build this rapport. When implementing new tools, aligning policies and procedures with the goals of the new tools may help create the conditions needed for success.

- **Consider how existing management systems may conflict with the intended objectives of new tools and processes.** Although DSHS leaders encouraged staff members to use the materials to have more in-depth conversations with clients, DSHS's centralized timekeeping system—used for performance purposes—probably deterred staff members from spending more time with clients.

- **Work to get staff members to buy into the implementation of new policies.** The BIAS-NG team collaborated with DSHS staff members to design the intervention; however, the staff members charged with implementing the BIAS-NG intervention were not the same as those involved in the design process. When designing new procedures and policies that will be dependent on staff participation, it is probably essential to solicit the involvement of those staff members who will be directly responsible for implementation at various levels (for example, direct service, strategy and monitoring, and systems of reporting).

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The Authors

Background

The Temporary Assistance for Needy Families (TANF) program provides temporary cash assistance to qualifying individuals who have very low incomes. In Washington State, people who receive TANF and can work are required to participate in a program called WorkFirst to help them prepare for and obtain employment. To remain eligible for cash benefits, individuals in WorkFirst must engage in work activities for 20 to 40 hours a week. However, administrative data suggest that fewer than half (41 percent) of the clients required to participate in a work activity in Washington State ever engage in their assigned activity. These clients risk losing access to benefits and may need to reapply for TANF, which can be a burdensome process for both clients and staff members.

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The study asks whether providing staff materials and training to emphasize DSHS's commitment to developing participation plans *with* clients, as opposed to *for* clients, can increase clients' engagement in TANF work activities. This report describes the experiences of clients applying for TANF, the steps involved in developing an intervention, and the implementation and evaluation of that intervention. The report ends with lessons based on findings from the BIAS-NG project, which have implications for program-improvement efforts in TANF.

The TANF Experience Before BIAS-NG

Maximizing clients' engagement in TANF work activities is important for both clients and the program. When TANF clients do not participate in their assigned work activities, they can lose some or all of their cash benefits, resulting in financial hardship. In addition, clients who lose their benefits and want to have them reinstated must reapply, going through the application process anew. From the perspective of DSHS, when clients do not participate in their work activities, staff members must complete additional administrative tasks to maintain communication with them, set up appointments to determine if there

is good cause for nonparticipation, complete required paperwork, and, if necessary, take steps to reduce benefits or close the case. If a client chooses to reapply after losing cash benefits, additional staff resources are then dedicated to opening a new case. Beyond these administrative tasks, client nonparticipation also requires DSHS staff members to act as enforcers of public-benefits rules, which may be in tension with their preference to offer more understanding and flexibility.

To understand the points in the process where lack of client engagement was most acute, the BIAS-NG team conducted activities (called **diagnosis research**) to learn more about the operations of Washington State's TANF program and its local context.[1] The team then identified several hypotheses about process factors that might reduce clients' engagement with required activities. In behavioral science, these factors are known as **behavioral bottlenecks.**

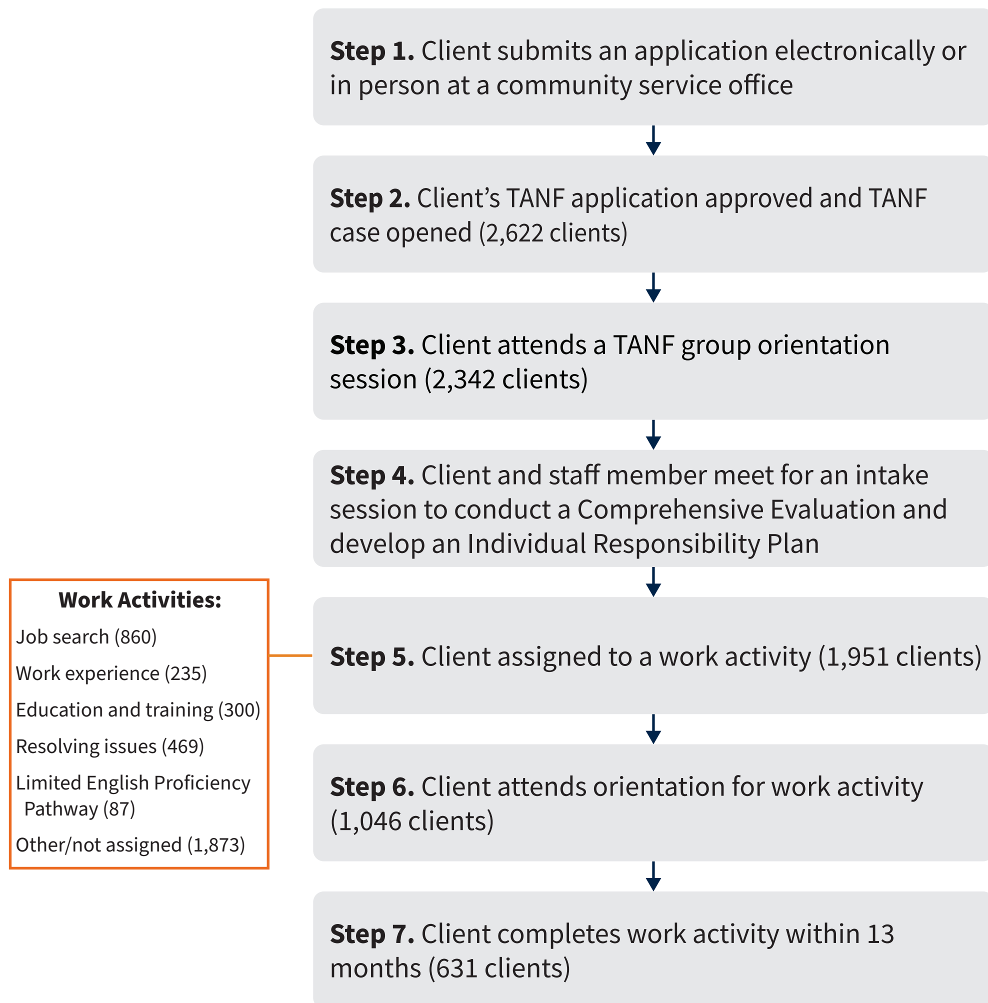
The BIAS-NG team began working with DSHS in 2016. Figure 1 illustrates the process clients took at that time to apply for TANF and receive cash benefits, combined with the number of clients who successfully completed each step required to maintain their TANF benefits.[2] As Figure 1 shows, when an individual applied to TANF, the agency screened the application to determine whether the applicant met the income-eligibility requirements. If the applicant was eligible, the agency opened a TANF case. Data from DSHS show that in the month of May 2015, a total of 2,622 Washington State TANF clients had cases opened (step 2). Clients with open cases were then asked to attend a TANF group orientation to the program (step 3). Among the 2,622 clients with open cases, 2,342 clients attended the group orientation.

After the group orientation, a client met one-on-one with a staff member for a TANF intake session (step 4).[3] During the intake session, the staff member conducted a Comprehensive Evaluation to assess the client's available resources (for example, family support, housing, health insurance), aspirations, skills, and barriers to employment. At the end of the intake session, the staff member prepared an Individual Responsibility Plan with the client.

The Individual Responsibility Plan specified the conditions of the client's TANF benefit receipt: the required activities and hours for participation, or if applicable, the documentation needed by DSHS to approve an exemption or deferral from the work requirement. Clients who did not follow through on their Individual Responsibility Plans would later enter a sanction process in which benefits could be reduced or their TANF cases could be closed entirely.[4]

1. Terms related to behavioral science are bolded in this section and the following section of the report. An overview of the behavioral diagnosis and design process can be found in Richburg-Hayes, Anzelone, Dechausay, and Landers (2017).
2. TANF grants vary by family size. For example, in 2017 the program provided up to $521 per month to three-person families.
3. As of 2020, there is no longer a group orientation. Instead, program specialists provide a desk-side orientation of the program's services and participation requirements during the one-on-one intake session.
4. Most clients were required to begin work activities within 30 days and document their hours of participation on a regular basis to continue to receive TANF benefits. Benefits were reduced if clients did not follow through on their Individual Responsibility Plans or communicate reasons for nonparticipation within 30 days. If DSHS was unable to make contact with a noncomplying client for three months, it closed that case.

Figure 1. The TANF Enrollment Process in Washington (2015-2020)



SOURCE: Automated Client Eligibility System. Data pulled May 2017 represent cases opened in the month of May 2015. The enrollment process depicted was in place from 2015 to 2020.

NOTE: The other/not assigned track is composed of clients who received deferrals (for example, because they were the parents of infants) or were found exempt from work participation during the Comprehensive Evaluation (for example, caretakers who were 55 or older, clients with long-term medical issues, or clients who were pursuing Supplemental Security Income benefits). These clients are not assigned to work activities and case managers do not develop Individual Responsibility Plans with them.

As shown in Figure 1, 1,951 clients who applied and were approved for TANF benefits completed a Comprehensive Evaluation and were assigned to a work activity in their Individual Responsibility Plans (step 5).[5] Clients who were not assigned to a work activity were typically those who received deferrals or were found exempt from TANF work-participation requirements; in Figure 1, they are represented in the orange box under the "other/not assigned" category.[6]

A total of 1,046 clients of 1,951 who were assigned to a work activity on their Individual Responsibility Plans (step 5) attended a work activity orientation within 30 days of their TANF cases being opened (step 6). Of those who attended the work activity orientation, 631 clients completed their participation in the activity within 13 months (step 7).

While the historical data revealed multiple participation drop-offs, DSHS and the BIAS-NG team focused on the significant drop-off of clients not attending their work activity orientation (that is, the drop-off between steps 5 and 6), theorizing that it was an important transition to engagement in the assigned work activities. DSHS and the BIAS-NG team hypothesized that increasing attendance at the orientation could increase engagement in the work activities themselves and, by improving clients' compliance with the program requirements, could potentially affect case outcomes, such as the percentage of households whose TANF benefits are sanctioned and then reapply to TANF. At the case level, the 2015 data show that about 23 percent of approved TANF cases entered sanctions within 13 months of their cases opening, and 16 percent of all approved cases returned to reapply to TANF within 13 months of their previous cases opening.

Behavioral Bottlenecks

To identify what might be contributing to clients' low attendance at the work activity orientation, the BIAS-NG team explored clients' program experiences before that step. The BIAS-NG team identified five bottlenecks that might keep clients from attending the work activity orientation. Collectively, these bottlenecks indicate a long and possibly discouraging TANF enrollment process that might have prevented clients from actively participating in the development of their Individual Responsibility Plans. Structural barriers were not addressed directly in this study but provide important context for understanding the conditions shaping behavioral bottlenecks.

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5. Some adults are assigned to multiple work activities over the time their cases are open. For example, at case opening, clients may be assigned to multiple activities to address multiple needs, or a program specialist may bundle several assigned work activities together to reach a client's required number of hours. Additionally, clients may be assigned to new activities over time. In the historical data reviewed for diagnosis research, the total number of assignments (3,824) is nearly double the total number of adults assigned to a work activity (1,951).

6. Clients not assigned to a work activity are typically those who receive a deferral (for example, parents of infants) or are found exempt (for example, caretakers who are 55 or older, clients with long-term medical issues, or clients pursuing Supplemental Security Income disability benefits).

Behavioral Bottleneck 1: The Stigma Associated with TANF

Messages about the temporary nature of TANF and the importance of self-sufficiency were delivered repeatedly during the TANF group orientation and one-on-one intake session. These messages may have primed clients to think about the stigma associated with receiving cash welfare—the idea that people should be self-sufficient and not need public cash assistance, and if they do, only need it temporarily.[7] **Priming** is the idea that exposure to a specific stimulus can alter behavior or thoughts.

Stigma—negative beliefs about a circumstance or social group—can affect thoughts, feelings, and behavior in complex and situationally specific ways. While some individuals reject stigmatizing associations, others can internalize the stigma or try to avoid being seen as behaving in ways associated with the stigma.[8] Research has shown that the stigma associated with public assistance programs can dissuade people from engaging with those programs.[9] For example, being primed to think about the stigma associated with receiving TANF while clients are enrolling in TANF could lead to a sense of anxiety, shame, or disempowerment.[10] Clients who internalized this stigma and, therefore, saw themselves in a negative way may have lost motivation to engage with the program or may have no longer believed they could benefit from it.[11] In an attempt to protect themselves from being seen as incapable of being "self-sufficient," some clients might not have disclosed, nor asked for help for, the barriers they faced to employment and self-sufficiency.[12]

The BIAS-NG team found some anecdotal support that this self-protective reaction might have been happening in relation to *job search*, the most common work activity assignment, in which clients apply for jobs with the help of a nonprofit organization engaged by DSHS.[13] An activity provider interviewed during the diagnosis phase reported that many people referred to job search are not ready to start working; the provider believed this area was ripe for improvement. If clients had not disclosed sensitive information or had provided socially desirable answers to questions in the Comprehensive Evaluation, the information they shared might have made them appear more ready to search for a job than they were, and they might have been assigned to this activity prematurely. Clients prematurely assigned to job search may have attended the job-search orientation to maintain their benefits initially, but ultimately struggled to participate in these services without first addressing barriers to employment and stability.

7. Moffitt (1983).
8. Dovidio, Major, and Crocker (2000).
9. Schanzenbach (2009); Moffitt (1983).
10. Nicolas and JeanBaptiste (2001); Lasky-Fink and Linos (2022).
11. Crocker and Quinn (2000); Cioffi (2000).
12. Bertrand, Mullainathan, and Shafir (2006); Hall, Zhao, and Shafir (2014).
13. An analysis of administrative data for clients who joined TANF in 2015 showed 22 percent of clients were assigned to job search, 6 percent were assigned to work experience (typically unpaid work performed at a public or not-for-profit organization for the purpose of on-the-job training), 8 percent were assigned to education and training, and 12 percent were assigned to resolving issues (services to help them address or manage barriers to stable employment).

Behavioral Bottleneck 2: Cognitive and Emotional Overload

The financial conditions that bring clients to apply to TANF are stressful, and the process of enrolling in TANF poses additional demands. The length and intensity of the group orientation and intake session could have added to their existing stresses and overloaded clients cognitively and emotionally. **Cognitive overload** occurs when people are asked to hold more in their minds than most people can do at one time and, as a result, have trouble processing and remembering the information.[14] Clients may have experienced it in relation to the materials used to communicate about the support services available to help them participate in their work activities. These materials were dense and required additional effort to comprehend and distill the complex steps clients needed to follow.

Furthermore, in the intake session, staff members first conducted the Comprehensive Evaluation, a thorough assessment with many sensitive questions about clients' barriers to work and family well-being. For example, the first few questions ask clients about whether they are experiencing emergencies, including: "Does your family need housing?" and "Do you need immediate help to deal with someone who has hurt or threatened you or your children?" In addition to clients needing to feel a certain level of psychological safety to answer these questions honestly or fully, answering these questions could also bring up sources of stress that overwhelmed clients cognitively and emotionally. This overload may have made it hard for clients to pay attention and meaningfully engage with the next portion of the Comprehensive Evaluation, which contributes directly to identifying a work activity assignment (for example, asking about clients' goals for and past experiences with education and employment).

Behavioral Bottleneck 3: Saliency of Options

While staff training materials made it clear that staff members should include clients in the selection of a work activity, information about work activity and participation options may not have been presented in a way that enabled clients to contribute meaningfully to that selection. Work activity options were presented in the group orientation PowerPoint and in a large folder of materials about work activity providers and available support services. For clients to delve into and absorb the information from the folder, they had to decide to take time during the intake session to sort through it. Staff members were also supposed to review all work activity options with clients during the development of the Individual Responsibility Plan, but they could use their judgment to decide which options to emphasize. Because Behavioral Bottlenecks 1 and 2 contributed to some clients not sharing information relevant to choosing a work activity, staff members may have made recommendations based on incomplete information and may have left out options that might have been relevant to clients. Therefore, the information about all options available may not have been **salient** to clients at the point of developing an Individual Responsibility Plan. Ultimately clients may not have understood their options well enough to indicate

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14. The working memory of humans is limited to a handful of meaningful pieces of information and is strained when complex tasks require them to actively sort and interpret information. Cognitive overload occurs when the demands on working memory exceed the capacity of working memory, and as a result, performance suffers. Sweller (2011).

their interests and have a voice in the selection of a work activity. Previous research has suggested that if clients do not have a voice in deciding on their plan for behavior change, they may not be motivated to follow through on it.[15]

Behavioral Bottleneck 4: Program Emphasis on Controlled Motivation Instead of Autonomous Motivation

The compliance focus of the standard TANF program materials that documented next steps for clients—the Individual Responsibility Plan—emphasized the penalties for not meeting program requirements and did not aim to elicit the clients' own motivations for participating in the program. These standard materials invoked **controlled motivation,** or pressure to engage in behaviors for external reasons (for example, to gain rewards or avoid punishment), rather than establishing the clients' **autonomous motivations** for engaging in behavior (for example, because they see and accept the underlying value of engaging in the activity). This emphasis on controlled motivation in program materials and intake conversations may have reduced clients' sense of agency and crowded out clients' own motivation to undertake the significant effort that might be needed to follow through on their Individual Responsibility Plans.[16]

Behavioral Bottleneck 5: Hassle Factors Associated with Program Requirements

Clients applying for TANF are experiencing **financial scarcity,** and financial scarcity forces people to focus on immediate needs.[17] The taxing experience and mental effort of applying for cash assistance, coupled with the need to participate in work activities, do not leave clients **"slack"** (in resources, time, or attention).[18] To maintain TANF benefits, clients must often expend significant effort to gain access to services available to support their participation in work activities, such as subsidized childcare. To obtain subsidized childcare, clients must apply to determine their eligibility, and then independently identify and secure a spot with an available and accessible childcare provider. Even seemingly minor inconveniences in this process (for example, needing to use different websites or phone numbers to apply and to search for a provider), known as **hassle factors,** pose a psychological burden and can make it less likely that they will complete it.[19]

Table 1 summarizes the findings of the BIAS-NG investigation into reasons why TANF clients did not attend their work activity orientations, and it outlines the insights from behavioral science the BIAS-NG team applied in designing the intervention.

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15. Deci and Ryan (2000); Silva, Marques, and Teixeira (2014).

16. Vansteenkiste, Lens, De Witte, and Feather (2005); Silva, Marques, and Teixeira (2014); Hagger and Hardcastle (2014).

17. Mullainathan and Shafir (2013).

18. Ideas42 (2023).

19. Schotter and Beamish (2013).

Table 1. Summary of Behavioral Diagnosis and Design

The team observed these challenges...	And interpreted the behavioral bottlenecks as...	And wondered whether DSHS might address the bottleneck with...	So the BIAS-NG team tested changing the one-on-one intake session by developing materials that...
Repeated messages during TANF intake about the temporary nature of TANF and the importance of self-sufficiency emphasize negative societal beliefs about TANF recipients.	**STIGMA** Messages may prime clients to think about the stigma associated with receiving cash welfare.	**Positive framing of TANF participation**	**...staff members used to explain potential benefits of TANF participation.** Materials attempted to destigmatize TANF participation and barriers to self-sufficiency by framing TANF participation in terms of personal development goals and action steps.
		Positive identity priming	**...clients used to write down goals for themselves and their families.** Staff members were trained to help clients identify meaningful goals to affirm their values and identities as parents.
A lengthy, intensive, and potentially emotional enrollment process might affect participants' comprehension and engagement in developing their Individual Responsibility Plans.	**EMOTIONAL AND COGNITIVE OVERLOAD** The length and intensity of questions on the Comprehensive Evaluation could lead to emotional and cognitive overload, which makes it hard for a client to process and remember information and meaningfully engage.	**Interactive client-facing tools to aid clients' decision-making and planning**	**...staff members used to pause and reflect with clients on topics important to the selection of a work activity:** client goals and work activity options.
Information about the participation options clients have is provided in the group orientation, and staff members may not revisit participation options consistently during the intake session.	**SALIENCY OF OPTIONS** Clients may not remember or understand their options well enough to have a voice in contributing to the selection of a work activity.	**Salient and repeated information on work activity options**	**...staff members used to encourage client exploration and comprehension of available work activity options.**

(continued)

Table 1 (continued)

The team observed these challenges...	And interpreted the behavioral bottlenecks as...	And wondered whether DSHS might address the bottleneck with...	So the BIAS-NG team tested changing the one-on-one intake session by developing materials that...
The process and materials used during the intake session emphasize compliance rather than eliciting clients' own motivations for participating.	**CONTROLLED MOTIVATION** The TANF program's framing focuses on the penalties of not meeting requirements, as opposed to positive aspects of engagement and might crowd out clients' autonomous motivation to engage in work activities.	**Autonomous motivation**	**...clients used to indicate their preferred work activity** and write down what they wanted to get out of participating in that activity. Staff members were trained to help clients select an activity and identify a participation goal.
The process of maintaining participation following the intake session is a complex one.	**HASSLE FACTORS IN THE CONTEXT OF SCARCITY** Poverty is a mentally taxing experience that does not leave "slack" (in resources, time, or attention).[a] To gain access to TANF benefits, clients must expend additional time and attention. Inconveniences in processes, known as hassle factors, can make them less likely to complete those processes.	**Implementation prompts**	**...staff members used to help clients develop specific "if-then" plans** and lay out next steps for clients to gain access to support services available to address common participation challenges (for example, childcare and transportation). **...clients used to write down their next steps** for following through on their Individual Responsibility Plans, breaking tasks into smaller steps to make them feel more manageable.

NOTE: [a]Mullainathan and Shafir (2013).

Intervention Design

To address the bottlenecks detailed in Table 1 and increase participant engagement in work activities, the BIAS-NG team designed an intervention to support staff members and clients in connecting work activities to clients' lives and goals in the development of the Individual Responsibility Plans, and to encourage clients to detail the steps they would follow to meet the expectations laid out in the Plan. The intervention included two sets of print materials for staff members to use—**Activity Flashcards** and a **Blueprint Planning Card**—alongside the existing, standard materials used in intake sessions.[20] These new materials presented information about work activity options, participation expectations, and additional support services in a client-centered format. The Activity Flashcards were intended to present

20. Components of the modified intake session and design of intervention materials are bolded throughout the Intervention Design section of the report.

choices for the work activity more accessibly than was the case under the standard service conditions, where information about work activity options was provided during the group orientation, and staff members were expected to describe these options to clients verbally while developing their Individual Responsibility Plans.[21] The Blueprint Planning Card was intended to improve upon the standard materials used to guide clients' actions following intake, which provided information about participation expectations through long and dense forms and buried information about support services in a folder of papers.

The intervention materials were designed to fit into existing processes. Staff members were trained to incorporate these materials to deliver a **modified intake session,** which required them to guide clients in setting goals and reflecting on the personal benefits of TANF participation, and to support clients in describing specific steps they would take to follow through on their Individual Responsibility Plans. In contrast, standard service conditions had clients share their goals verbally as one of the many questions in the Comprehensive Evaluation, and staff members verbally reviewed participation requirements laid out in the Individual Responsibility Plan.

Through this intervention, DSHS sought to:

- Improve attendance at work activity orientations within 30 days of enrollment in TANF
- Increase ongoing participation, as measured by a reduction in cases entering sanctions within 180 days
- Increase the number of TANF clients who successfully exit TANF, as measured by a reduction in the number of clients who return to TANF within 7 to 12 months of enrollment

Some aspects of the intervention materials were intended to prompt one-time behaviors, such as completing an application for subsidized childcare or attending an orientation for an assigned TANF work activity.[22] But the materials also had design elements intended to shift social identity and norms for the interactions between staff members and clients.[23] They aimed to do so by (1) reframing TANF participation as an opportunity to receive resources and support that could help clients achieve objectives that were important to them and (2) empowering clients to actively plan and write down their goals and next steps for participation instead of having staff members provide printed Individual Responsibility Plans that staff had taken the lead on developing.

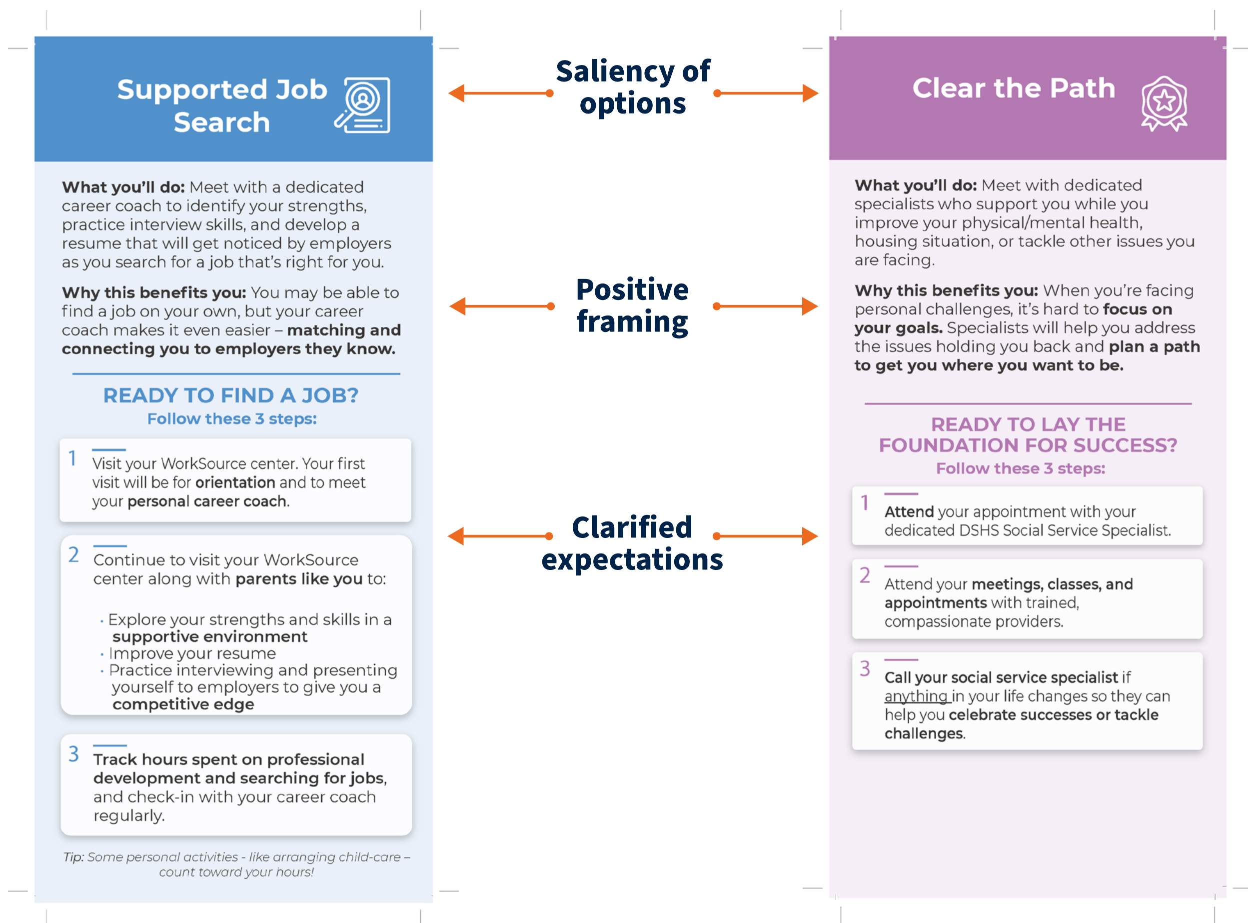
Activity Flashcards

The TANF Activity Flashcards summarized the benefits and expectations of work activities, providing clients the language and tools to ask questions and have more voice in choosing

21. DSHS operations have changed since this research was conducted in 2017. Orientation is no longer conducted in a group setting before the one-on-one intake session, but instead provided as part of that intake session.
22. See, for example, Richburg-Hayes, Anzelone, Dechausay, and Landers (2017).
23. Mols, Haslam, Jetten, and Steffens (2015).

their work activities. Staff members were trained to refer to the flashcards when discussing work activity options and to engage clients in identifying activities that aligned with client preferences and interests. Specifically, staff members were asked to use the flashcards to describe what each work activity entailed and the potential benefits of participation. The flashcards were designed to (1) help staff members engage clients in work activity selection and (2) improve clients' awareness and encourage them to ask questions about the work activity options. For this component of the intervention to be successful, a staff member had to hand the flashcard deck to the client and refer to the flashcards, so the client could follow along while the staff member described the work activities and their benefits. Figure 2 displays two of the four flashcards and indicates how insights from behavioral science contributed to their purpose and design.

Figure 2. Activity Flashcards



Blueprint Planning Card

The Blueprint Planning Card was a two-sided form printed on cardstock designed for clients to fill out with staff members during the intake session and take home to remind them of their Individual Responsibility Plans. The Blueprint included goal-setting and implementation-planning prompts.

Setting Goals

After assessing clients' circumstances to identify urgent issues that required immediate attention, the standard Comprehensive Evaluation assessment asked clients about their personal goals and the goals they had for their families. For the intervention, staff members were trained to probe beyond the standard Comprehensive Evaluation questions on client goals and initial responses often provided by clients (for example "to get a job"). For this component of the intervention to be successful, staff members had to help clients **identify and write down a goal and the motivation behind it.**[24] For example, "Get a job that makes my kids proud of me" or "Find an apartment where I have my own room and peace."

Figure 3 shows the design of the front side of the Blueprint Planning Card.

Figure 3. Front of Blueprint Planning Card (Setting Goals)

Positive identity priming

Autonomous motivation

Blueprint for my future

__/__/__

What do I want to accomplish in the next year, and why?

My WorkFirst activity:

Job Search | Work Experience | Education & Training | Clear the Path

How is WorkFirst a step toward my goals?

24. This exercise was intended to prime clients to focus on positive aspects of their identities (for example, their identities as parents) and help identify motivating factors in their lives that could help them persist through hardships.

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The Blueprint also had a section for clients to indicate the work activity they discussed with staff members and **write down an intention** for what they wanted to accomplish by participating in that activity. For this component of the intervention to be successful, staff members had to help clients identify **specific skills, actions, or habits** associated with TANF participation that had the potential to advance their goals or address challenges they shared. During training, staff members came up with examples such as, "Update my résumé and practice my communication skills" or "Find childcare and start a new daily routine."

> **"Do you think [goal] is something you can accomplish in the next [1-6] months? Let's think about steps to take this month to help you get there."**

This section of the Blueprint encouraged an approach to developing an Individual Responsibility Plan based on autonomous motivations rather than controlled motivations, as explained above.[25]

Implementation Planning

Finally, the back of the Blueprint (shown in Figure 4) outlined the client's next steps in detail. Making a concrete plan during the intake session was hypothesized to build clients' sense of agency and commitment to follow through on the participation goals they set.[26]

Figure 4. Back of Blueprint Planning Card (Implementation Prompts)

If-then plan
Deadlines
Implementation prompts

If anything comes up, I will call my DSHS case manager, ______________, at (____) ______________

General questions? Call (877) 501-2233

My Next Steps:

Make Childcare Arrangements
1 *Apply* on___/___/___ www.washingtonconnection.org (877) 501-2233
2 *Arrange* a provider by___/___/___ wa.childcareaware.org (800) 446-1114

Meet/Call ______________________,
on ___/___/___ at _____ AM/PM
M T W Th F
Bus* My car* Rideshare Family/Friend Other
Contact / Notes

Meet/Call ______________________,
on ___/___/___ at _____ AM/PM
M T W Th F
Bus* My car* Rideshare Family/Friend Other
Contact / Notes

**Ask your case manager about Support Services!*

25. Silva, Marques, and Teixeira (2014); Hagger and Hardcastle (2014); Koestner et al. (2008).
26. Gollwitzer (1999); Rogers, Milkman, John, and Norton (2015).

The Blueprint included a space for staff members to help clients make plans to set up subsidized childcare and commit to attend their work activity orientation. The top of the Blueprint included a reminder and information to reach their assigned DSHS case manager if any challenges to participating in work activities came up. For the intervention, staff members were trained to encourage clients to post their Blueprint Planning Cards in a visible place at home. In order for this component of the intervention to be successful, staff members had to help clients set and write down **specific and manageable dates** for taking next steps, including setting up childcare and attending orientation, as opposed to the standard process of setting a uniform deadline of attending their work activity orientation within 7 to 10 days after the development of an Individual Responsibility Plan.

What's your schedule like this week? What time of day is best to [complete next step]?

Test

DSHS recruited five community service offices in the Puget Sound region to implement and test the BIAS-NG intervention. For the purposes of the study, the BIAS-NG team randomly assigned 40 staff members into two groups. One group of 20 staff members were randomly assigned to the "intervention group." These staff members were charged with incorporating the intervention materials described above into their intake sessions with clients. The clients who had intake sessions with these staff members were the "intervention group." The second group of 20 staff members were randomly assigned to the "standard group," and they continued to lead business-as-usual intake sessions with clients. Clients who saw these 20 staff members constituted the "standard group."

Staff members in the intervention group received one full day of training by the BIAS-NG team before the launch of the intervention, followed by a full day of training midway through the intervention period. They also received ongoing implementation support provided by DSHS administrators who visited the community service offices approximately every other month for the remainder of the test period. It should be noted that while staff members were randomly assigned to either the intervention or the standard group, the operating procedures in the offices meant that when clients returned for follow-up appointments or support, they may not have seen the same case manager they had seen for intake (an issue further discussed in the next section on implementation).

A total of 3,104 households were enrolled in the sample between October 2018 and February 2020 and assigned to meet with an intervention staff member or a standard-service staff member. All staff members were assigned specific hours during the day when they met with clients by pulling the next case file from a queue of people who had completed the orientation and were waiting to meet with a staff member. The queue system functioned as random assignment in that the staff members did not have a choice of which case they pulled; as soon as they indicated they had finished the previous case, they were assigned the next case in the queue. Administrative data suggest that the random assignment process worked as intended; the characteristics of clients in the intervention and standard group were not significantly different when they were enrolled. Additionally, data about clients in

the study sample show that they have characteristics and experiences similar to those of all clients across the state of Washington who are participating in the TANF work program.[27]

Implementation Research

The design of the intervention relied on staff members to incorporate the intervention materials into their practice and conduct a modified intake session. To answer the study's research questions about how the intervention was implemented, the study team looked for evidence that two conditions had been met:

1. Materials were used as intended: Clients needed to have been exposed to the intervention materials consistently during their intake sessions.

2. Clients in the two study groups received different experiences: There needed to be sufficient contrast between clients' experience in the intervention group and clients' experience in the standard group.

Condition 1: Were Materials Used as Intended?

To learn how the intervention was implemented, the BIAS-NG team observed and interviewed staff members. The observations involved viewing intake sessions between the intervention staff members and their clients to ascertain how the intervention materials were used. Collectively, the BIAS-NG team and DSHS partners observed 13 individual intake sessions conducted by intervention staff members.[28] Additionally, the BIAS-NG team conducted six interviews with intervention staff members over one month.

Observations and interviews with staff members revealed mixed adoption of the intervention materials, indicating that clients in the intervention group were not consistently exposed to the materials. Intervention staff members typically handed out the materials, but their integration of materials into interactions with clients varied. During the on-site observations, the BIAS-NG team saw a number of instances when staff members did not use the materials as intended or sometimes at all.

27. Most individuals in the study sample's households had experienced either persistent unemployment or a temporary lapse in employment when they enrolled. About 32 percent had been employed for 0 of the 6 prior quarters and about 32 percent had been employed for 5 or 6 of the last 6 quarters. It is important to consider the context for these baseline employment figures. Following national and statewide TANF participation trends, this study's sample is predominantly made up of women of who are the only heads of their households and who have a high school diploma or less in educational credentials (about 51 percent). It is more common for such parents (those who are the sole heads of their households and who have a high school diploma or less) to face conditions that make them eligible for TANF. Similarly, the racial distribution in TANF does not reflect the population of Washington State. Across the state, it is more common for Black families to face conditions that make them eligible for TANF. About 46 percent of the sample is White, about 21 percent is Black, and about 13 percent is Hispanic/Latino. In comparison, the 2020 Census shows 67 percent of the Washington State population is White, 6 percent is Black, and 14 percent is Hispanic or Latino. See U.S. Census Bureau (2021). See the Appendix for the characteristics of the sample in each research group.
28. Observations were structured and conducted with the overt purpose of monitoring the quality of implementation.

The variation in implementation was also documented in staff members' comments, both in formal research interviews and during implementation monitoring, about the extent to which they used the materials to "dive deeper" in conversations with clients. For example, one staff member shared, "If I'm talking with someone over the phone … my clients tell me they have a pen and the [Blueprint] ready." In contrast, one intervention staff member described not "really car[ing] one way or the other" about the materials, so the materials were not used. Most commonly, however, the BIAS-NG team observed mixed implementation, which was reflected in staff interviews. For example, one staff member said, "Sometimes I would write on the back the next steps, but never the goals and how you're going to achieve those goals." These reports reflect the implementation research finding that adoption of materials varied across staff members in the intervention group: some integrated the entire Blueprint into client interactions, some rejected the materials entirely, and several were somewhere between these two extremes (for example, they may have completed parts of the Blueprint with clients or directed clients to write notes on the Blueprint without further reflection or clarification).

Condition 2: Did Clients in the Two Study Groups Receive Different Experiences?

To assess the contrast in how intervention services were implemented compared with the services delivered to clients in the standard group, the BIAS-NG team interviewed 11 clients (5 in the intervention group and 6 in the standard group) and 12 staff members (6 intervention and 6 standard-service staff members). Evidence collected from these interviews suggests that the standard and intervention groups ultimately experienced similar processes, contrary to the study design. Specifically, the BIAS-NG team found evidence that standard-group clients were also exposed to the BIAS-NG intervention. In fact, during interviews, a client who described seeing the Activity Flashcards and completing the Blueprint with a staff member was in the standard group. This response could be evidence that staff members assigned to provide standard services had adopted the intervention materials,[29] or that clients in the standard group were exposed to intervention materials in follow-up meetings conducted by intervention case managers.

The BIAS-NG team also used administrative data on staff time use to assess whether there was a difference in the amount of time staff members in the intervention and standard groups spent with their clients. The intervention was intended to facilitate more in-depth conversations with clients, so it was hypothesized that implementing the intervention would take longer than providing standard services. A sample of staff time-use data showed a great deal of variation among individual staff members, but there was not a notable difference in average service times between intervention and standard-service staff members.

29. In the community service office where the supervisor engaged in more hands-on training and monitoring efforts, discussions about implementing the intervention were conducted in meetings with all staff members—both intervention and standard-service.

Results

The outcomes measured to determine whether the intervention had an effect were:

- Attendance at a work activity orientation within 30 days of enrollment in TANF
- Ongoing participation in a work activity, as measured by a reduction in cases entering sanctions within 180 days
- The number of clients successfully exiting TANF, as measured by returns to TANF within 7 to 12 months of enrollment

As shown in Table 2, the intervention had no effect on any of these three outcomes. The lack of effects is not surprising, since the BIAS-NG team observed that the intervention was

Table 2. Effects of the Intervention

Households Containing an Individual... (%)	Intervention Group	Standard Group	Difference	Standard Error
Confirmatory outcomes				
Participating in at least one assigned activity component within 30 days of random assignment	39.5	42.2	-2.7	2.1
Exploratory outcomes				
Participating in at least one assigned activity component within 180 days of random assignment	47.6	51.0	-3.4	2.0
Entering sanctions within 180 days of random assignment	12.9	11.6	1.3	1.3
Who reapplied and was approved for TANF between 7 and 12 months after random assignment	9.4	8.2	1.3	0.8
Assigned to any work activity other than job search within 180 days of random assignment[a]	68.5	68.6	-0.2	2.4
Sample size (total = 3,104)	1,499	1,605		

SOURCE: Administrative data from the Washington Department of Social and Health Services

NOTES: Statistical significance levels are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent.

In an impact evaluation, confirmatory outcomes are used to assess how strongly the study's prespecified central hypotheses are supported by the data. Exploratory or secondary outcomes are used to identify hypotheses that could be subject to future rigorous testing or to examine factors that may help explain effects on confirmatory outcomes. See Schochet (2008) for details.

Estimates are adjusted by office, number of adults on the case, gender, indication of degree attained, and indication of not being employed in the prior 6 quarters.

[a]Includes households with and without assignments to job search, as long as they also received an assignment other than job search.

implemented unevenly and that there was no consistent difference between the processes experienced by the intervention and standard groups. In the absence of a clear difference in experiences between the study groups, the results cannot provide useful information about the effectiveness of the intervention. Nevertheless, findings from the implementation research provide some indications about why the intervention materials were challenging to incorporate into the intake session. The next section discusses this issue.

Using Implementation Research to Understand the Results

In BIAS-NG, DSHS leaders and program managers were involved in the whole diagnosis and design process and were closely involved in developing the intervention to be tested. The BIAS-NG team presented several design options to DSHS leaders and further developed the intervention idea leaders selected. DSHS staff members and clients then provided their reactions to an initial version of the intervention strategy and materials.

After the intervention was developed, a different and larger group of DSHS staff members and supervisors took over implementation of the BIAS-NG materials in their interactions with clients. These staff members participated in two full-day retreats in which they were trained to use the materials, and their comments and ideas during the retreats resulted in tweaks to intervention materials and implementation guidance. It is important to note, though, that the separation of the design process from the implementation process meant that these staff members did not have the opportunity to consult on the overall strategy and see their ideas substantially incorporated into the intervention's design.

The BIAS-NG team believed the significant involvement of DSHS leaders in the design process and the investment in staff training would not only improve the quality and relevance of the intervention but would lead to better adoption, or implementation of the intervention. The BIAS-NG team also believed that the congruence of the intervention with existing processes and the existing organizational culture would enhance its implementation. The intervention materials were designed to closely follow the flow of intake sessions and to elevate positive aspects of standard operating procedures. Specifically, the BIAS-NG intervention materials were designed to enhance DSHS's positive organizational culture by strengthening DSHS practices intended to help clients set their own goals and to incorporate clients' voices in service delivery.

Nevertheless, staff members experienced several challenges in implementing BIAS-NG intervention materials and the practices they intended to promote. These challenges can inform future efforts to promote positive organizational change in TANF agencies.

The Time and Effort Required to "Go the Extra Mile"

The intervention was intended to facilitate more in-depth conversations between staff members and clients, and DSHS leaders encouraged intervention staff members to use the

BIAS-NG materials to have those conversations. Despite that encouragement, during BIAS-NG training and implementation-monitoring efforts, several staff members shared concerns about taking too much time with clients. Staff members are highly aware of the time they spend with clients because their time use is tracked in a centralized system. The system times staff interactions with clients on staff members' computer screens, which might lead them to feel pressured to complete interactions quickly. This time-tracking system was not modified for the intervention. While staff members were told they had the flexibility to spend more time with clients, the incentive structure of tracking staff time per client may have led them to feel they did not *really* have the time to spend with clients.

In addition, the intake session already takes significant time and effort, and intervention materials asked staff members to dive even deeper with clients to set goals and make specific action plans. Importantly, the intervention and test design did not adjust staff workloads to compensate for the additional effort. One intervention staff member who fully integrated intervention materials into conversations with clients reported spending much longer than the one hour typically estimated for the task under standard services. This staff member had unique work conditions that affected the person's ability and incentives to use the intervention materials to really engage clients in setting goals and identifying their work activities; the person worked in an office serving a small, rural community where caseloads were notably smaller.

Client Reactions Affect Staff Behavior Change

The intervention design targeted a dynamic and complex interaction in which staff and client behavior influence each other. Clients' responses to the new materials may make it more or less likely that staff members will continue to adopt new practices and form new habits. For example, an enthusiastic adopter of intervention materials said: "At first, it was a pain.... I had to get familiar and comfortable with it. It changed when … clients that I'd had before, clients that were established, their responses to me changed. Like 'Wow, she didn't fight me on that this time.'" Experiencing positive client responses to the intervention materials provided staff members an incentive to continue using them in client interactions and overcome initial challenges with learning a new process. Similarly, negative responses or no responses from clients while staff members were still experiencing the initial implementation challenges could make them hesitant to continue using new materials.

Limited Opportunities to Continue to Connect

Staff members can only follow up to a limited extent on the important information clients share during the Comprehensive Evaluation. In many cases, if clients come back or need to communicate with DSHS about their cases after their initial intake sessions, they do not communicate with the staff member who conducted their Comprehensive Evaluations and helped them develop Individual Responsibility Plans. During implementation research, staff members identified this policy as a barrier to implementing the intervention and to establishing rapport with clients generally. First, a single interaction may not be sufficient for staff members to probe further on topics that clients don't feel comfortable sharing openly, or to identify appropriate resources for a client's situation. In addition, dividing

responsibility for intake sessions and follow-up case management does not allow staff members to see whether "going the extra mile" makes a difference in clients' lives.[30]

Mismatch Between Client Needs and Organizational Structures

Even if clients do share openly during the Comprehensive Evaluation, there may not be options for appropriate work activities at the time of intake. For example, staff members told the BIAS-NG team that many clients would like to attend additional schooling, but staff members cannot assign education as a primary work activity for clients unless enrollment or participation in the education program will occur within the month they apply to TANF and the program is approved to count as a work activity. Many staff members mentioned this challenge. As one staff member put it: "We only have so many activities.… It's like fitting a circle into a rectangle. We sometimes don't have a program that benefits them."

The disconnect between a client's stated objective and the staff member's ability to help the client reach that objective could lead both clients and staff to feel discouraged or demotivated by the interaction and could erode client trust in the system's ability to help. One intervention-group client who was interviewed for the study said, "Throughout the four years or however long I've been on TANF, [getting a license and car] has always been a goal for me.… They never really tried to show me how to accomplish it or try to give me resources on how to do it. I've always heard of resources through word of mouth." From the staff perspective, one worker said, "Sometimes we cannot help them meet their goals, which makes us feel powerless." Some staff members may have rejected the intervention because they found (or anticipated) that they could not support many clients in working toward their goals.

Staff Investment and Training Support

Community service offices where supervisors took a more active role in observing and training staff members to use the BIAS-NG materials saw more staff members use the materials as intended. In contrast, offices where supervisors were less actively engaged saw fewer staff members use the materials. This difference could reflect variations in supervisory styles and professional strengths, as well as variations in supervisors' available time or ability to be engaged in this effort.

While DSHS leaders helped to conceive of the intervention and DSHS staff members commented on early iterations of design, the staff members who were responsible for implementing the intervention were not involved in developing it and, as a result, might not have internalized the goals and design of the intervention before the study's launch. The offices involved in commenting on the intervention during the design phase were not recruited to implement it, in order to decrease the chances of spillover in practices between intervention and standard-service staff members. Although this decision helped protect the

30. Several staff members shared that helping clients achieve self-sufficiency is an indicator of a successful intake session and a primary motivation in their work.

integrity of the intervention's test, it may have had negative consequences for staff adoption of the intervention.

Implications for TANF Program-Improvement Efforts

The intervention attempted to shift client outcomes through changes to staff-client interactions. However, the study's implementation research suggests that changing staff behavior as a way to alter participant behavior required more change management than this study was designed to provide. The lessons of this study offer insight into conditions that may facilitate or inhibit efforts aiming to improve staff-client relations in TANF.

1. **Consider the alignment of staffing policies with the conditions necessary for building supportive relationships between TANF staff members and clients.**

The BIAS-NG study was trying to enhance the TANF intake process to engage participants more actively in the creation of Individual Responsibility Plans. The importance of client goal setting and choice in service delivery is a DSHS objective that is explicitly communicated in training materials. However, the limited time staff members had to build rapport with clients before and after developing Individual Responsibility Plans probably made it harder to achieve that objective. If staff members, instead, were able to interact with the same clients following an initial intake session, they might have more time to build rapport and trust, and to foster a sense of psychological safety for clients. In addition, staff members might feel more motivated to "go the extra mile" with clients during enrollment if they were able to see whether their efforts made a difference. These sorts of adjustments are within reach for TANF administrators and managers, who have the power to design local procedures. In one BIAS-NG community service office, the supervisor adjusted the caseload-assignment policy after the BIAS-NG test launched, aiming to create more consistency in staff and client relationships by having clients assigned to the staff members who conducted their intake sessions. Interestingly, that policy change was associated with a relatively more consistent implementation of the intervention and longer average interaction times between staff members and clients; the ability to develop longer-term relationships with clients may have encouraged greater adoption of the intervention.

2. **Consider how management systems can influence staff priorities.**

Time staff members spent with clients was tracked in a centralized system that displayed the duration of interactions on their computer screens. Data about how staff members allocate their time provides useful information about the operational demands of social service programs, but the systems used to collect this information may have unintended consequences for staff performance incentives and behavior.[31] Staff members being aware

31. Performance management systems are a salient aspect of work in the public sector. Performance measures can affect how much effort staff members put into the aspect of a task that is measured, in relation to other

that the system was measuring the time they spent with clients might have led them to feel pressured to complete interactions quickly, which was the opposite of the intervention's goal: to increase client engagement in the staff-client interaction. Because that engagement was not a salient measure of their performance, staff members may have felt that the intervention goals conflicted with an aspect of their performance they knew was measured (that is, time spent with clients). To change these incentives, organizational leaders could provide more clarity to staff members about how time spent with clients reflects on their performance, or adjust management systems so that staff members are not as aware of the time they are spending during client sessions. In addition, introducing other staff performance measures that supported the intervention's goals could provide incentives for staff members to focus on client engagement. Tying information about staff efforts (the time spent with clients) directly to the organization's short-term and long-term goals, such as higher-quality interactions with clients, could more clearly encourage and reward staff behavior changes intended to improve clients' perceptions of and experiences with human services programs.

3. **Consider ways to get staff members to buy into new policies.**

While the BIAS-NG team collaborated with TANF staff members and agencies to design the intervention, the people who ultimately implemented the intervention were not included in those processes. Thus, those staff members may not have been strongly invested in the intervention. Any effort to introduce a strategic change needs to secure staff support for and investment in the innovation,[32] giving attention to both the formal and informal leaders at every level affected by the proposed changes.[33] For example, it could be helpful to provide opportunities for staff members and supervisors who would be implementing the intervention to vote on multiple potential intervention designs, or to build in more time to pilot test ideas before launching a randomized controlled trial.

Conclusion

The intervention included two sets of print materials for staff members to use during intake sessions. Those materials framed participation in TANF in more positive and personally meaningful ways than standard materials. It was hypothesized that if clients had information on how to select and participate in a work activity and were responsible for writing down their participation plans, they would engage more actively in the decision-making process, and would be more likely to engage in their assigned work activities. However, on the whole,

task demands, and thus call attention to competing priorities and task demands in organizations. For example, in relation to staff time use, staff members and administrators face competing demands of using efficient, standardized processes, and providing high-quality, individually tailored services. Heinrich and Marschke (2010).

32. Bryson (2016) has argued that plans to launch new initiatives must include staff sponsors and champions, along with the resources the initiatives need (time, money, attention, administrative support) if they are to achieve successful implementation.

33. Wejnert (2002); Dedehayir, Ortt, Riverola, and Miralles (2017).

the implementation research found that the standard and intervention groups did not experience distinct processes.

The implementation research from this project offers insights into organizational processes for future research to explore, including considerations of how case-assignment policies affect staff work conditions, how to use performance management systems to encourage and recognize staff members' efforts to engage and support clients, and how to use participatory research and design methods to increase staff support for new initiatives.

Appendix A

Baseline Characteristics of the
Study Sample at the Individual Level

Appendix Table A.1. Baseline Characteristics of the Study Sample at the Individual Level

Characteristic	Full Sample	Intervention Group	Standard Group
Office[a] (%)			
Lakewood	24.4	27.4	21.6
Pierce North	16.1	13.8	18.2
Pierce South	28.9	32.5	25.5
Puyallup	22.4	17.8	26.8
Shelton	8.1	8.5	7.9
Female (%)	80.3	80.3	80.3
Race/ethnicity (%)			
Hispanic	12.9	12.8	13.0
White	46.3	44.2	48.2
Black	21.5	23.3	19.9
Asian	10.1	10.2	9.9
Native American/other/multiracial	9.2	9.4	9.0
Primary language (%)			
English	98.0	97.9	98.2
Highest degree attained/years of education (%)			
No degree	21.8	21.8	21.8
High school equivalency	10.3	10.5	10.2
High school diploma	43.1	43.0	43.3
1 year of postsecondary education	12.3	12.4	12.3
Associate's degree or 2-3 years of postsecondary education	9.4	9.4	9.4
Bachelor's degree or higher	3.0	2.9	3.0
Age (%)			
Less than 18 to 24	24.3	24.6	24.0
25 to 34	45.7	46.4	45.1
35 to 44	23.8	23.5	24.1
45 or older	6.2	5.6	6.8
Age of youngest child (%)			
No children	11.3	11.6	11.0
Less than 3 years	41.8	42.7	40.9
3 to 5 years	18.6	18.4	18.9
6 to 12 years	20.6	19.6	21.5
13 or older	7.7	7.7	7.7

(continued)

Appendix Table A.1 (continued)

Characteristic	Full Sample	Intervention Group	Standard Group
Currently pregnant (%)	15.5	15.7	15.4
Number of children on the case (%)			
0	11.3	11.6	11.0
1	46.2	44.8	47.6
2 or more	42.5	43.6	41.4
Returned to TANF within 7 to 12 months of a prior application (%)	8.8	10.1	7.6
One adult on the case (%)	79.4	80.2	78.7
Number of preceding quarters employed (%)			
0	32.3	32.2	32.4
1	8.5	9.0	8.1
2	8.4	7.8	9.0
3	9.2	8.4	10.0
4	9.0	8.8	9.2
5	13.2	13.5	13.0
6	19.2	20.3	18.3
Sample size (total = 3,326)		1,607	1,719

SOURCE: Administrative data from the Washington Department of Social and Health Services

NOTES: The total sample size shown here (3,326) differs from the sample size reported in Table 2 (3,104). The unit of analysis for personal characteristics of people enrolled in the study reported here is at the individual level. To address potential spillover among individuals belonging to two-parent households, the unit of analysis for the impact study reported in Table 2 was at the household level. In total, this research collected and analyzed the DSHS case records of 3,326 individual DSHS clients belonging to 3,104 households. Approximately 79 percent of the 3,326 individuals whose lived experiences and outcomes are represented in this table are single parents.

An omnibus F-test applied to evaluate the joint significance of the individual characteristics (excluding office) showed no systematic differences between the two research groups.

[a]A chi-square test indicates a significant difference by office between the intervention and standard group. This difference is explained by the rotation of staff members in and out of periodic special assignments in which they are excused from regularly conducting Comprehensive Evaluations.

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