



Supporting Child and Family Well-Being

Participant Experiences with Improving Well-Being Through Human Services Programs

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KEY POINTS

- A majority of focus group participants across eight local human services programs agreed that financial stability, mental and physical health, safety, positive parenting, and healthy relationships with loved ones influenced their well-being.
- Most participants described financial stability as the most critical component of well-being.
- Participants reported improvements in their own well-being after participating in local human services programs offered through local governments or nonprofits that provide a range of place-based services.
- Although about half of the participants reported that their well-being needs were met through human services programs, the remaining participants said they needed additional support for financial stability.
- Participants who engaged in federal programs or benefits found them to be a valuable contributor to their well-being but they also faced challenges in accessing them, such as trouble navigating the application processes and fears of losing benefits due to income changes.

INTRODUCTION

To understand efforts to promote child and family well-being across the country, this brief summarizes focus groups and interviews with individuals who receive support through human services programs and federal benefits. These conversations explored participants' feelings about well-being, including what it means to them and how the support they received through federal benefits and local human services programs influenced their well-being.

As part of a study Mathematica and Child Trends conducted for the U.S. Department of Health and Human Services' Office of the Assistant Secretary, this brief presents findings from our discussions with participants from programs such as Temporary Assistance for Needy Families (TANF); the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Medicaid; the Children's Health Insurance Program (CHIP); housing vouchers and subsidies; or unemployment insurance. The discussions complemented case studies that the research team conducted on states and localities that developed and implemented child and family well-being agendas (Box 1).

We highlight our methods in the first section and summarize the components that participants reported as important for promoting well-being in the second section. The subsequent sections outline participant experiences with federal and local programs and how these forms of assistance influenced their well-being. We conclude with a summary of key recommendations.

Box 1. Background about the case studies

In spring and summer 2024, Mathematica and Child Trends conducted three case studies of exemplary states and localities that implemented a child and family well-being agenda. These sites included the [Maryland Department of Human Services](#), [Dakota](#) and [Olmsted](#) counties in Minnesota, and [San Diego County](#) in California. Their agendas included the [Integrated Practice Model for Child Welfare and Adult Services](#), [Minnesota's Pathways to Prosperity and Well-Being program](#), and [Live Well San Diego](#), respectively.

METHODS

The research team conducted the focus groups and interviews¹ between June and July 2024. To identify participants, the team used two approaches:

- **Leveraging existing relationships with human services programs.** One case study site connected the research team to other programs in the site's locality. The research team collaborated with staff from these programs to create and distribute fliers for recruitment.
- **Connecting with other research teams that have partnered with human services programs.** Mathematica and Child Trends have worked with human services programs through other contracts. Staff members supporting these projects introduced the well-being team to their program contacts, who then identified potential participants.

In recruiting participants, the teams focused on individuals who were at least 18 years old, were a parent or caregiver of at least one child of any age, and received federal benefits or participated in federal programs. Twenty-six individuals across eight local human services programs that administer federal programs and benefits engaged in the conversations. They each received a \$55 e-gift card to compensate them for sharing their experiences and expertise.

During each hour-long virtual discussion, participants shared their perspectives about (1) how they defined well-being; (2) the components or areas they thought were essential for supporting well-being; and (3) their experiences with programs and federal benefits, including whether and how they supported well-being. Because the focus groups and interviews were semi-structured, the participants also raised additional topics related to well-being.

Table 1 provides descriptions of the eight human services programs represented in the study. These programs were spread across the country and offered a range of services to help participants meet their unique needs. Each of these programs administer federal programs and benefits and/or connect participants to federal programs and benefits.

Table 1. Description of human services programs represented in the study

Program description*
1. This Mid-Atlantic program offers neighborhood-specific services that address needs that community members request. Although services vary by neighborhood, they generally include job readiness support, service navigation to meet families' broad needs, community-centered programming, and emergency materials and supplies for stabilization.
2. Located on the East Coast, this housing program provides a place to live for families led by young parents and caregivers. With a focus on promoting self-sufficiency, the program supplements housing support with case management, service navigation, and life skills training.

¹ The research team set up one-on-one interviews with individuals who were interested in participating but unable to join the scheduled focus groups.

3. As a fatherhood program, this Midwestern agency offers varied supports and services to help fathers and male caregivers achieve self-sufficiency and improve relationships with children, spouses, and partners. Key components include a housing program, mentoring classes, relationship-building support, education and job skills training, and help with legal or child support challenges.

4. This program, located in the Midwest, helps families address and disrupt the effects of trauma through wraparound supports. Resources include supervised parenting visits, a home-based parent education program, peer support groups, mentoring and life skills training for young parents, an early childhood program, and an evidence-based mental health program to support youth mental health.

5. This Midwest agency implements an online version of an evidence-based parenting program. The initiative provides free parenting courses, and interested families can receive supplemental coaching from accredited parent educators. Families who receive home-visiting support also receive a gift card for basic needs due to elevated financial risk identified during an assessment.

6. This comprehensive West Coast site provides access to fitness classes and other resources to promote physical health. It also offers mental health services, transitional housing, education programs and workshops, child care, social activities for individuals and families, enrichment clubs and events, and services to keep families together or advance reunification.

7. Located on the West Coast, this agency provides housing and caregiving to older adults who would benefit from receiving health support. The caregiver staff provide a range of services, including companionship to foster social connection, transportation support, and home and hospital care.

8. Preserving public housing is the primary goal of this Southern agency, through which more than 19,000 residents receive housing support. The agency aims to foster upward mobility and economic independence for residents, including by offering a scholarship to help participants pursue education opportunities and connecting residents to community services such as parenting classes.

* Programs were anonymized to protect participant confidentiality.

FINDINGS

The focus group findings are organized into three sections: (1) how human services programs support components of well-being; (2) participant experiences with federal programs and benefits; and (3) opportunities for human services programs to better support well-being.

1. How human services programs support components of well-being

Participants reflected on the concept of well-being, including what it generally means for them and their families to be doing well, and how human services programs supported these areas. The categories below capture the many components of well-being they shared, including mental and emotional health, financial stability, physical health, safety, parent-child relationships, and other relationships that promote peace and wellness. Human services programs contributed to each component of well-being in various ways, including through the administration of and/or referral to federal programs and benefits (see Boxes 2 to 7). Participant responses often overlapped across these categories, which indicates the interconnected nature of their components. The components are listed in order of frequency in which they were raised, with the themes participants discussed most frequently listed first.



Being mentally and emotionally healthy. Most participants said well-being means they and their loved ones are free of stress, happy, and able to nurture internal peace and meet their unique emotional needs. They recognized that mental health affects other areas of life, with one participant stating that “it’s hard to even put your shoes on and start your day if mental health isn’t right.” Without emotional wellness, “nothing would be okay,” as material items and money would be insufficient for nurturing happiness. Participants noted that well-being reflects a state when there is a lack of depression, anxiety, stress, or other psychological or emotional strain. In cases where they or their family needed help to be “in good spirits,” participants explained that well-being was still achievable with access to supports that managed their mental health challenges. One resource, for example, might include a support network of family, friends, or a therapist with whom people can express themselves transparently, including about emotional burdens or mental health difficulties.

Box 2. Human services program contributions to mental and emotional health

Participants mentioned specific mental health resources and services their respective local programs offered, such as a therapist or opportunities to gain self-care skills through exercise, meditation, and taking time for oneself. Access to federal programs and benefits such as financial aid for higher education, housing, and other in-kind benefits alleviated some of the stress and mental burden participants faced.



Experiencing financial stability. Finances emerged as a component of well-being for about half of participants, who generally discussed how money allows families to meet necessities and promote stable living. Participants said that finances were the “root of it all” because they impact a family’s ability to secure basic needs. Overall, participants believed financial stability afforded a more stress-free life—one in which people were happier, less burdened by costs and resource constraints, and able to achieve holistic balance and well-roundedness. For example, participants explained that money enabled them to pay rent, mortgage, and utilities—particularly during a time when “everything is expensive”—and that it helped supply clothing and food. A few participants specified that financial well-being involved living in your own home. For one of these individuals, homeownership was important because it provided added comfort through freedom; family members could be at ease because they did not have to worry about someone else’s space or preferences. Several participants added that finances influenced other aspects of well-being, particularly mental health, and a lack of financial security causes other areas to “suffer.” One person, for example, noted that his well-being and mental health were somewhat compromised because of financial difficulties he was facing and uncertainty about where money would come from. Another participant similarly indicated that when a family is behind on payments or short on bills, this stress negatively influences other areas of life, specifically mental health.

“It could be as simple as being able to go to the store and not look at the prices. I think that it’s a small thing, but it means a lot, like not needing to buy the generic brand and buying the real brand. I think, in my case, that’s how I feel that I’m doing good.”

—Participant

Box 3. Human services program contributions to financial stability

All programs provided financial supports through in-kind benefits—typically by administering federal programs—except for one program that provided cash assistance through gift cards. In some cases, participants experienced upward mobility after participating in job skills training or financial literacy classes to help them land a better job, buy a car, reduce debt, improve their credit score, or increase their savings. These activities helped them become more self-sufficient, which contributed to their sense of well-being. For others, a greater sense of financial security was tied to receiving items from programs that covered their basic needs: a place to live, food, baby supplies, and clothing. Access to child care also presented opportunities for some participants to find more stable careers that they cared about. For example, one participant noted child care made it possible to finish her degree and work as a teacher at a high school.



Being physically healthy. Participants differentiated between mental and physical health.

Discussions about physical well-being focused on taking care of one’s body and having a healthy lifestyle, including exercising and going to doctors’ appointments. Participants indicated that exercise and physical health were important because they influenced other areas of life. One participant specified that minor conditions such as a stomachache or headache affect well-being just as more serious diagnoses like high blood pressure or diabetes do. A few participants explained that their physical well-being was tied to having access to food, particularly healthy food with a high nutritional value.

Box 4. Human services program contributions to physical health

Participants commented on how access to a health clinic or health insurance—usually a federal program administered by a local program—improved their physical well-being. For example, one housing program offered a free on-site health clinic. Participants of that housing program mentioned this clinic as key to supporting their well-being because it provided necessary health care, including medical treatment to address substance misuse.



Living in a safe place or having access to safe spaces. Several participants highlighted the importance of living in a safe home or neighborhood, where their whole family could roam freely. Feeling a sense of safety and security especially contributed to a sense of well-being for participants who were survivors of domestic violence.

Box 5. Human services program contributions to safety

One human services program serving survivors of domestic violence, supported by federal funding, provided housing that was patrolled by security guards. These participants discussed how this program provided a space for mental and physical healing for themselves and their children. Living in a safe space lessened their anxiety and allowed them to get a good night’s sleep.



Parenting that is effective and nurtures children who can thrive. Parenting surfaced as a component of well-being for several individuals, including raising healthy children,

having healthy relationships and communication with their children, and being able to meet their children’s needs. One participant, for instance, expressed gratitude for raising daughters who are happy, in healthy relationships, and effective parents. Another parent said her children affected her well-being the most. She focused on being a good mother and prioritized making sure they were okay. Another mother said it has been critical to focus on her parenting, because she is determined to be a better parent than the generations of parents in her family that came before her.

“A lot of us didn’t have a lot of good examples of parenting. We say that we are breaking generational trauma here—and all the negative things that affected us greatly growing up, we are not going to put on our child.”

—Participant

Box 6. Human services program contributions to effective parenting

Multiple human services programs offered parenting classes through federal funding that helped participants develop empathy for their children, stay calm during conflict, set boundaries, and communicate expectations. A couple programs also paid for family-friendly activities, such as tickets to theme parks, so

participants could have quality time with their children. Participants felt these services made them better parents who approach caregiving differently than their own families did. In a few cases, staff from local programs helped participants gain custody of their children. These reunions reportedly created a healthier family dynamic and sense of purpose in participants' lives.



Maintaining good relationships with partners, parents, friends, and community members. While some participants discussed the importance of parenting effectively to maintain good relationships with their children, others described the benefit of building and maintaining healthy

relationships with other loved ones. Multiple participants spoke about this component in terms of connecting with family members, friends, and a broader support network of caring adults. One participant described feeling isolated during periods of substance misuse and at the beginning of her recovery journey, but her well-being improved after building relationships with new friends and rekindling connections with old ones. Another participant highlighted the link between mental health and relationships with loved ones, noting that poor mental health might result from relationship challenges and that a person could improve their well-being by addressing anxiety that resulted from strained relationships.

“We are all going through the same things and situations, and it’s nice to speak with people who see things differently than you see them.... It’s helpful to get to know your neighbors and get out of your house. It helps you grow.”

—Participant

Box 7. Human services program contributions to healthy relationships with adults

Program participation often made participants feel more connected to an extended support network of peers, building their social capital. Proximity to fellow program participants who were working toward similar goals enhanced their sense of inclusion and belonging. A few participants served on an advisory council for their human services program, through which they provided feedback to make the program better. They spoke about how rewarding it was to have a voice in the community and feel more connected to their neighbors.

Participants of a fatherhood program reported taking a relationship class that promoted healthier conflict management with their spouses. One participant described how he no longer “bottles things up” but instead shares feelings openly when conflicts arise with his wife. He now feels like he is modeling healthy communication patterns for his children.

Program staff also played a sizeable role in participants' overall well-being. One participant, for example, described her care coordinator as her “biggest cheerleader.” Participants also emphasized the value of having staff members connect them to other community resources, including human services programs that administer different federal programs and benefits, to address needs that contribute to their well-being.

A majority of participants identified financial stability as the most essential component of their well-being. After discussing the many components that influenced their well-being, we asked participants to select which was most important to them or would cause the greatest harm to their family's well-being if it were missing. Most participants ranked financial stability as the most essential component of well-being, followed by mental health, parenting, physical health, and relationships with parents and partners. Of note, two participants did

not identify the factor that was most critical for their well-being, because they felt the components were inextricably linked, and thus equally important for promoting wellness and stability.

2. Participant experiences with federal programs and benefits

During the focus groups, participants indicated whether they received federal government benefits from local human services programs and, if so, whether these additional resources supported their well-being. Participants were also asked if their involvement in multiple programs or benefits proved challenging. Table 2 outlines the federal programs and benefits that participants discussed. Note that many of these are administered at the state or local level, and that administration may, in some cases, affect participants' experiences with the programs as much or more than the federal rules and guidance do. Twelve participants explained that these government programs and benefits supported their well-being by providing the extra assistance they needed. For example, participants were grateful for receiving "lifesaving" food, baby formula, and preventative medical care. One participant shared the following to describe the support she received: "WIC and [SNAP] make me feel healthy and keep my sanity. It gives me access to quality fruits and vegetables, so I don't have to compromise too much."

Table 2. Types of government programs or benefits

Program or benefit	Number of participants reportedly enrolled*
SNAP/Electronic Benefit Transfer (EBT)	12
Medicaid	9
WIC	7
Child care subsidy	2
Unemployment	1
TANF	1

* Many of the participants we spoke to received assistance through multiple programs or benefits.

Although most participants enrolled in federal programs or benefits valued the additional support, they also expressed concerns:

- **Challenges navigating the application processes.** Enrolling in and maintaining federal government programs and benefits proved to be an obstacle for 11 of the 26 participants. Confusion about the different application deadlines and paperwork requirements for each program caused lapses in benefits. In some cases, participants gave up after trying to enroll in federal programs and benefits because the hurdles were too great to overcome. Participants wished they could turn to someone, such as a centralized case manager, who could help them navigate these complicated systems. They also wanted application processes that were more streamlined and user-friendly. However, some participants commented that certain processes were easier to navigate than others. For example, SNAP in one state had an application that allowed them to apply for multiple programs at once, and EBT had a phone application that was simple to use to track their monthly benefits.

"It's really just a wild goose chase. I wish we just had one case manager that ran every case. We have a different case number for each program and a different person to talk to for each program. It gets so confusing. It's like a really big puzzle."

—Participant

- **Fears of being disqualified due to income changes.** Seven participants shared fears about losing their federal benefits and services if they surpassed the programs' income thresholds, which they perceived to be too low. If their federal benefits were stripped away, participants believed they would be worse off and scrambling to feel financially secure again. Although they recognized this challenge was not something their local programs could control, participants raised it as a priority area for improving experiences with federal programs and benefits. One participant explained that she almost lost her WIC benefits because her husband's income looked promising on paper. The reality was that his income was not sufficient: "[WIC] sees how much we make, but they don't see how much we have to put out and how much we have left. The little bits and cents. We pay our bills, and then there is nothing."

Opportunities for human services programs to better address well-being

In addition to reflecting on how their human services programs supported well-being, participants discussed gaps in the support they received.

- **Eleven participants said there were no current areas for growth because they believed the human services programs were addressing all their needs.** This perspective was most prevalent among participants of programs offering wraparound supports or housing programs that were designed to implement federally-funded programs or benefits—alongside other funding streams, such as state, local, and private—in a way that is comprehensive and provides services where participants live. Participants of a federally funded online parenting program also expressed satisfaction with the high-quality content and flexibility of the program, which met their needs and left their families better off than before.
- Although about half of participants reported that their human services program adequately met their needs and enhanced their well-being, **the remaining 15 participants needed more financial support to feel like they were doing well.** Even with the in-kind benefits they received, participants felt they lacked enough money to make ends meet and sought a higher-paying job or another pathway to make more money.
- **Stable housing** surfaced as a need that had to be addressed before several participants would feel financially stable, and therefore "well." Yet, these participants perceived **housing support as unattainable.** For example, one participant talked about being on the waitlist for Section 8 vouchers for nearly 10 years.
- **Some participants also feared they would end up in crisis again if the in-kind benefits they received were ever taken away.** Although providing for their basic needs was helpful in the short term, participants **craved being self-sufficient and financially stable in the long term** and they wanted local programs to directly support this goal.

IMPLICATIONS AND OPPORTUNITIES

Federal and local human services programs are working to advance well-being, but there are opportunities to better support families, based on challenges that participants raised during the interviews and focus groups. These opportunities include (1) defining well-being holistically, (2) aligning services to address the many components of well-being, and (3) simplifying access to federal benefits to decrease the administrative burden associated with obtaining federal supports.

- **Define and consider well-being holistically.** Human services programs use diverse approaches to identify participants' needs during onboarding and enrollment, such as program-developed intake tools or off-the-shelf assessments. However, federal funding streams may wish to ensure that program enrollment, intake, and onboarding processes probe details about (1) what well-being means to families, (2) the different components of well-being that participants want to improve, and (3) whether

and how these components interact. Programs also could consider updating their intake forms to reflect the different components of well-being and revisit those forms with clients to monitor how the program improves their well-being over time.

- **Facilitate service navigation to address the many components of well-being.** In cases where human services programs do not have the means to address all components of well-being, federal program offices could encourage local program staff to prioritize offering case management, referrals, and service navigation. By supplementing their own offerings with services from other federal programs and community-based organizations, human services programs can decrease service gaps to ensure families receive help with all their prioritized components of well-being. Because financial stability was ranked as the most essential component of participants' well-being, federal programs—and the local human services programs who implement them—may wish to prioritize connecting clients to services that address this need, especially if such services do not already exist within their program.
- **Simplify access to federal benefits to decrease administrative burden.** Federal programs can consider connecting participants to a single person, such as a case manager at or outside their local human services programs, who could provide navigation and help participants communicate with the federal program or benefit. In addition, federal programs could prioritize streamlining application processes and requirements as well as simplifying the application systems. To inform such changes, federal programs could work with state and local human services programs to organize listening sessions or focus groups with diverse participants. These discussions could explore the features of application systems or specific processes that are difficult to navigate as well as changes that could ease administrative burden for participants. Federal, state, and local programs could partner to interpret the results and use the data to plan for and execute improvements, and they could test changes with participant groups before full implementation. As feasible, program staff could convene advisory groups to support decision making and further involve participants in improvements.

In considering these options, federal and local human services programs can help families better address multiple needs to promote well-being and experience stability, peace, health, and happiness.

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