

June 12, 2013

Uplifting: Improvements in Boston Area Client Well-Being

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Executive Summary

LIFT-Boston, a local non-profit organization, entered into a collaborative partnership in September 2012 with McCormack Graduate School Public Policy Ph.D. students and faculty to develop and execute a research project. The goals of this endeavor were to assist LIFT-Boston in understanding the outcomes associated with its services and enable the organization to further pursue service goals.

The primary research questions respond to the organization's most fundamental questions. These include how the organization's unique service model impacts clients across several objective and subjective dimensions of well-being. Secondary questions focus on how these impacts may translate into increases or decreases in student achievement within a family. To answer these lines of inquiry, the MPT employed a multi-method design, analyzing administrative, survey, observational, interview, spatial, and focus group data.

Findings show that LIFT clients tend to be adults, aged 45 years or older and more than 50% of LIFT-Boston clients live alone. Nearly half of LIFT-Boston client are unemployed with nearly 67% receiving food stamp benefits. Besides employment, LIFT-Boston clients report problems with housing and housing expenses. Regression results show that LIFT-Boston may increase objective client well-being in housing and food stamp assistance, showing increase of 17.5% in food stamp receipt for LIFT-Boston clients and an 18.6% decrease in housing issues.

Overall, findings suggest that LIFT-Boston offers a unique set of services to adult clients in the Boston area. Clients experience caring and respectful relationships when collaborating with LIFT advocates. While limited changes in objective well-being were observed, interviews suggest that clients' self-confidence is greatly increased when small steps are made toward larger life goals. Limited evidence suggests adult well-being may translate to students, although much deeper analysis is needed.

While a low survey response rate must be considered when interpreting findings, this report contributes to the scholarly knowledge based in areas including strength based case management, subjective/objective well-being measures, and student achievement. Steps for further scholarly research, as well as potential organizational changes for LIFT-Boston, are suggested.

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1. Introduction

In September 2012, LIFT-Boston, a local non-profit organization, entered into a collaborative partnership with McCormack Graduate School Public Policy Ph.D. students and faculty (referred to here as the McCormack Practicum Team (MPT)) to develop and execute a research project. The overarching goal of this endeavor was to assist LIFT-Boston in understanding the outcomes associated with its services and enable the organization to further pursue service goals.

LIFT-Boston and the MPT initiated the project by utilizing Value-Focused Thinking (VFT) (Keeney, 1996). This approach provided a structured exploration of organizational goals, activities, and outcome measures. The VFT outcomes synthesized values and ideas to help identify research questions and methods for analysis. This study's primary research questions respond to the organization's most fundamental questions. These include how the organization's unique service model impacts clients across several objective and subjective dimensions of well-being. Other secondary questions focus on how these impacts may translate into increases or decreases in student achievement within a family. To answer these lines of inquiry, the MPT employed a multi-method design, analyzing administrative, survey, observational, interview, spatial and focus group data.

Findings aim to assist LIFT-Boston in understanding how their unique service model translates to client and family well-being. In addition, as governments, academics, nonprofits, and social service providing organizations continually seek to understand how innovative interventions impact individuals and families, this research will contribute to both applied and scholarly knowledge.

The remainder of the report is structured as follows: Section 2 provides a brief overview of LIFT-Boston, Section 3 discusses the research questions, and Section 4 offers a review of pertinent literature. Sections 5 and 6 are the quantitative methods and findings respectively while Sections 7 and 8 discuss the qualitative methods and findings. Section 9 offers a discussion of the research findings.

2. LIFT Overview

LIFT is a national non-profit organization striving to end poverty and improve the well-being of low-income individuals and families. Founded in 1998 by students at Yale University, the

organization soon expanded across the United States and currently has offices in Boston, Chicago, Los Angeles, New York, Philadelphia, and Washington D.C. LIFT-Boston was founded in 2001 and serves clients through office locations in greater Boston's Somerville and Roxbury neighborhoods. LIFT-Boston served more than 2,500 clients in 2012.¹

2.1. Mission and Values

LIFT's mission is to "help community members achieve economic stability and well-being"(LIFT, 2013). The organization understands poverty to be a multi-faceted problem that includes, but is not limited to: employment, housing, nutrition, health care, and educational challenges. As an organization, LIFT aims to combat the pervasive multi-generational cycle of poverty in the U.S. LIFT's efforts to end poverty are guided by six core values:

Diversity: LIFT believes that diversity in all dimensions of the organization is essential to achieving its mission.

Human Potential: LIFT recognizes the inherent dignity, value, and potential of each person and is dedicated to empowering all people to reach their potential.

Relationships: LIFT believes in a simple idea: that the support found in individualized, personalized relationships is the engine for overcoming complex challenges.

Collaboration: LIFT collaborates with clients, community partners, and one another to facilitate individual and community transformation.

Sense of Possibility: With optimism and persistence, LIFT inspires to a belief that all ideas should be welcomed and all goals are attainable.

Service: LIFT believes that when young people and volunteers of all ages are launched into a transformative service experience, that experience creates a lifelong commitment to service and changing the world (LIFT, 2013).

These values are incorporated into LIFT's unique service model.

¹ Herein we will refer to LIFT-Boston as LIFT for clarity as this study focuses primarily on the LIFT-Boston office.

2.2. LIFT Service Model

Since LIFT understands poverty as a multi-faceted problem, its model emphasizes a comprehensive solution. Rather than focus on one particular issue, such as housing or unemployment, LIFT provides a more holistic approach. The LIFT model addresses short and long-term client needs including basic necessities, employment and financial stability, housing, education, training, and health care. The organization uses college student advocates to achieve its mission. Advocates and clients work collaboratively to establish goals and, as a team, develop steps necessary to achieve these goals. Through this process, advocates assist clients in applying for public benefits, finding suitable housing, developing useful tools like resumes and interview skills, and helping clients apply for relevant jobs. This experience allows clients to develop problem-solving skills, knowledge about public benefits, and gain the capacity for self-advocacy. Unlike other social-service organizations, LIFT does not have eligibility criteria and will assist anyone with an expressed need.

2.3. Circle of Promise Initiative

In an effort to combat multi-generational poverty locally, LIFT has partnered with the City of Boston's Circle of Promise initiative (City of Boston, 2013). The Circle of Promise aims to improve ten underperforming schools in Boston's neighborhoods of Roxbury, Dorchester, Jamaica Plain, and the South End. Figure 1 illustrates the Circle of Promise's five-square-mile geographic service area. Within the 61,548 households in the Circle of Promise, 75.9% of students are considered low-income (City of Boston, 2013). LIFT's involvement in the Circle of Promise strives to improve the economic stability of families. By focusing on family stability, LIFT hopes to improve student educational achievements and outlooks.

[illegible]

3. Research Questions

3.1. Value-Focused Thinking

To better understand LIFT's organizational values, the MPT conducted a VFT session with LIFT staff in October 2012. During this engagement, the MPT encouraged LIFT employees to identify organizational objectives and specify means-end relationships between various objectives. As a result of this meeting, the MPT gained greater understanding of LIFT's fundamental objectives and the ways in which LIFT strives to achieve these ends. One outcome of the meeting was the

identification of LIFT’s fundamental objective as ending intergenerational poverty. This is consistent with LIFT’s mission of “combating the multi-generational cycle of poverty by providing comprehensive services to families in need”(LIFT, 2013). Another product of the VFT session was a visual representation of the ways in which LIFT takes steps towards achieving its organizational goals.

Figure 2: Value-Focused Thinking (VFT) Diagram

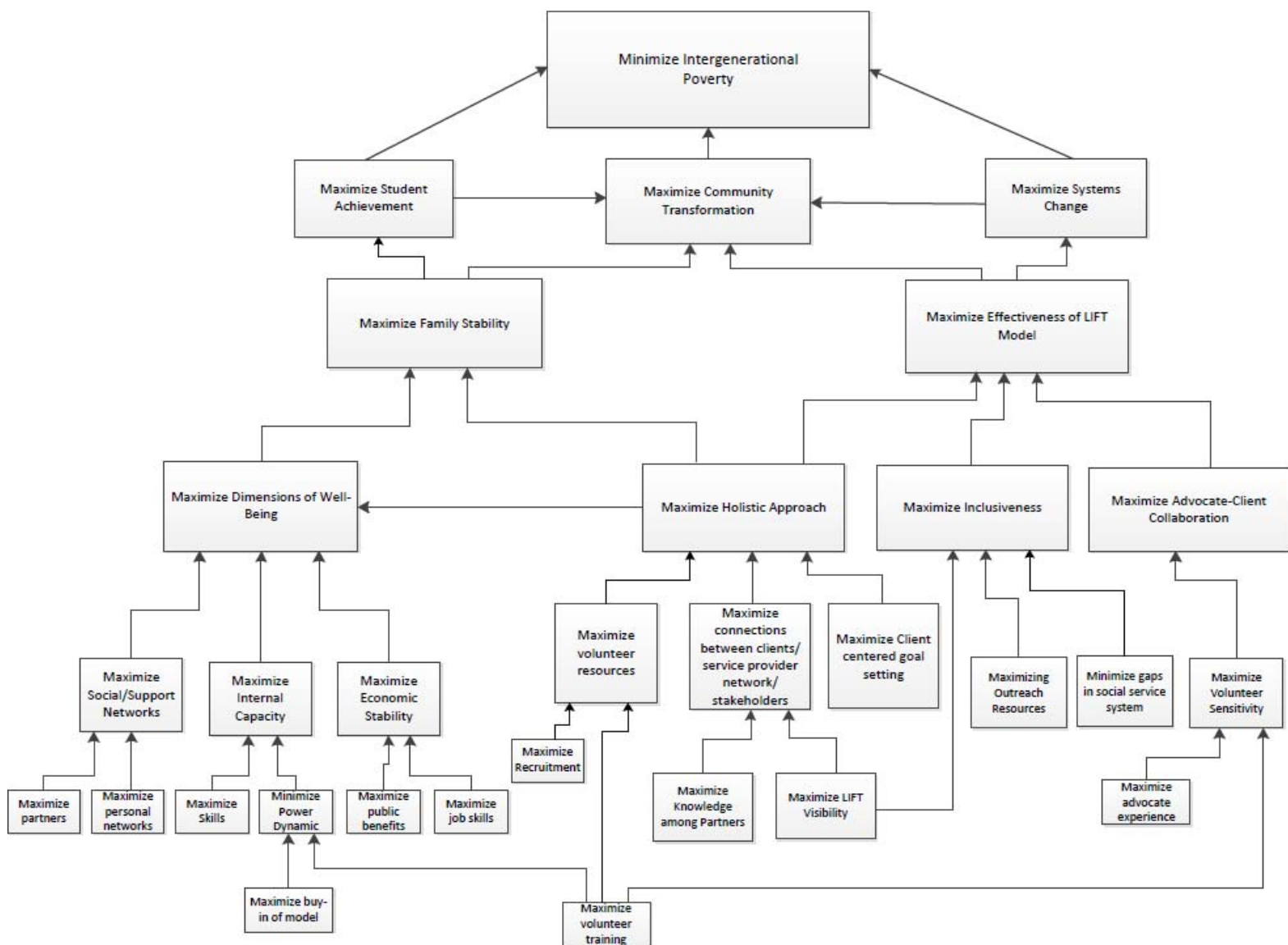


Figure 2 illustrates that the three most proximate means to ending intergenerational poverty for LIFT are maximizing student achievement, transforming communities, and changing how the

social service system relates to the poor. The left side of the diagram demonstrates that “ensuring family stability” is one pathway to promoting student achievement and transforming communities. As an organization, LIFT promotes family stability by focusing on key dimensions of well-being including social and support networks, internal capacity of clients, and economic stability.

The right side of the diagram demonstrates how LIFT can achieve “community transformation” through “maximizing the effectiveness of LIFT’s innovative service model.” The next tier down highlights several key attributes of LIFT’s service model, distinguishing the organization from other public and private service groups. First, LIFT advocates and clients work collaboratively to set goals and develop goal strategies. Second, LIFT maximizes inclusiveness by forgoing eligibility requirements. Third, LIFT adopts a holistic approach. By emphasizing these characteristics of its service model, LIFT can maximize its model’s effectiveness, contributing to community transformation and service-delivery systems change. All of these values inevitably lead to the final goal of “ending intergenerational poverty.”

The MPT utilized the objectives identified during the VFT session to inform the development of this project’s research questions. The primary line of inquiry focuses on the impact of LIFT’s service delivery model on client outcomes. The secondary line of inquiry is exploratory and investigates how LIFT’s clients’ experiences and outcomes relate to their children’s academic achievement.

3.2. Primary Research Question

What impacts do LIFT services have on the well-being of the clients it serves?

As depicted in Figure 3, the primary research question seeks to establish a linkage between the services LIFT-Boston provides and the multiple dimensions of well-being expressed as central to the organization’s mission.

Figure 3: Relationship between LIFT Services and Client Well-Being



Each component of Figure 3 is essentially a distinct research question. For clients in need, the MPT sought to understand who they are, where they are, what their specific needs are, and what their future goals might be. LIFT’s clientele is diverse – 39.9% are black; 66.1% are women; 16.6% speak Spanish, and their needs are varied, from housing and employment to immigration, and financial education. LIFT embraces this diversity, but an individual’s characteristics may be directly associated with his or her well-being.

In addition to client characteristics, the MPT also needed a thorough understanding of LIFT’s services, as there are many facets to the types of services the organization provides. One facet is purely process-driven – how often do the clients use LIFT’s services? Another facet involves goals – on what types of goals do advocates and clients collaborate? A third is how clients interact with LIFT’s service delivery model: do they embrace the collaborative style of the advocates and do clients complete their “homework”? Again, the frequency and type of services received may be associated with well-being.

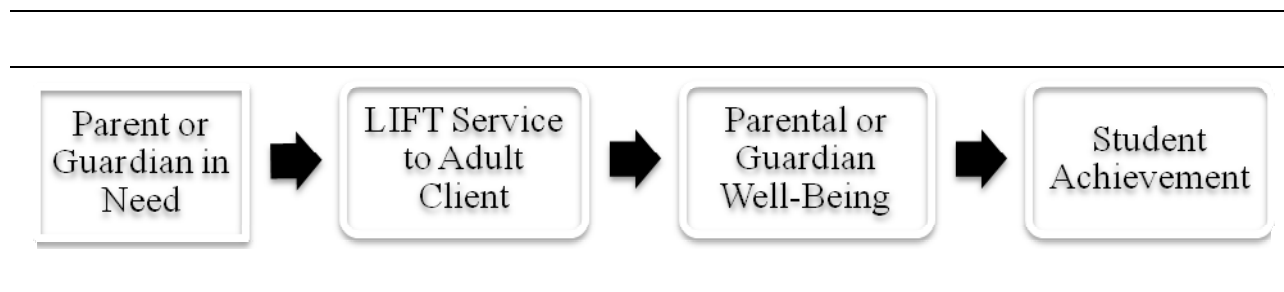
An individual’s well-being is a difficult concept to define, but through an extensive literature review, the MPT identified a number of well-being concepts relevant to the research project, measurable through either extant data or through new data collection. Some of these well-being measures are subjective, like feelings of empowerment, and others are objective, like food, security, or employment status.

3.3. Secondary Research Question

In what ways can LIFT’s services to its clients positively affect student achievement?

Understanding and describing how LIFT’s services to adults with childcare responsibilities may translate to increases or decreases in student achievement was another project goal. To do this, the MPT drew from a wide research base as found in this paper’s literature review. The goal of this secondary research question is speculative. The MPT identifies places in the extant literature where changes in parental or guardian well-being appear to affect student achievement and relate those places to services provided by LIFT-Boston. Figure 4 depicts the secondary research question, illustrating the potential relationship between LIFT’s client outcomes and student achievement.

Figure 4: Relationship between LIFT’s Client Outcomes and their Child’s Student Achievement



4. Literature Review

Three major existing scholarship areas inform this research: (1) strength-based case management, (2) objective and subjective measures of well-being, and (3) the impact of family stability on student achievement.

4.1. Strength-based Case Management

Nonprofit organizations play an increasingly important role in social service delivery (Salamon, 1995, Gronbjerg, 2011). While nonprofits include a wide range of organizations, including major universities and hospitals, service-providing nonprofits comprise a large sub-category of nonprofits. These organizations provide a wide range of services, from housing and income security to immigration assistance and more.

A distinguishing feature of LIFT is the organization’s employment of a unique service model that connects clients with targeted services. College-student ‘advocates’ assist clients in understanding personal goals, strengths, and needs. Advocates work collaboratively with clients

to establish these goals, develop strategies, and navigate the social service system to obtain the needed assistance. The social work literature broadly defines this approach as *strength-based case management*.

This social work perspective is based on the belief that individuals possess strengths which they can draw upon to overcome challenges (Brun & Rapp, 2001). Unlike traditional social work, the strength-based approach emphasizes a focus on client strengths rather than deficits and addresses the entirety of a person (Saleebey, 1996). The relationship between the case manager and the client is characterized as a cooperative rather than hierarchical (Early & GlenMaye, 2000). In this arrangement, informal networks, such as family and community, are paramount (Saleebey 1996; Brun & Rapp 2001). Strength-based case management has been applied to numerous populations including clients suffering from mental illness and drug addiction, and to other populations like the elderly and families.

Although much has been written about this approach, the literature is mixed on the effectiveness of strength-based case management. Siegal *et al.* (1995) find improvement in employment functioning with veterans receiving strength-based case management for substance abuse. Additionally, Strathdee *et al.* (2006) find that drug users who were referred to treatment programs through strength-based case management were more likely to enter sustained treatment compared to those referred passively. By way of contrast, in a randomized study of parolees, Prendergast, *et al.* (2011) find that strength-based case management had no impact on outcomes related to participation in drug abuse treatment, receipt of social services, drug use, crime, or HIV risk behaviors. Staudt, *et al.* (2001) argue that many of the evaluations of strength-based case management are characterized by methodological flaws and therefore do not provide strong evidence of this approach's benefits.

This project will contribute to the strength-based case management literature by providing greater insight into the strengths and weaknesses of the approach. Using administrative and survey data, the MPT will examine whether LIFT's clients realize improvements in well-being. In addition, through interviews with LIFT clients, the MPT will better understand how clients feel about this service model and if they perceive it as different from other case-management approaches.

4.2. Measures of Well-Being

Measuring an individual's well-being is a particularly complex task; as a result, the literature conceptualizes well-being in many different ways including objective and subjective components. *Objective components* of well-being focus primarily on 'non-feeling' situational attributes that are tangible and can be easily observed. *Subjective components* focus primarily on the 'feeling' attributes including satisfaction and/or felt need fulfillment (Tiwari, 2009).

Traditional objective measures of well-being include household income and consumption (Meyer & Sullivan 2006). While income is a standard measure of financial well-being, Meyer and Sullivan (2006) argue that consumption is a superior measure, especially for households at the bottom of the income distribution that typically underreport their incomes from transfer payments. Recognizing the limitation of income in assessing well-being, the Census Bureau developed Extended Measures of Well-Being in a supplement to the Survey of Income and Program Participants (Bauman, 1999). The Census Bureau's Extended Measures of Well-Being cover five broad domains: appliances and electronic goods, housing conditions, neighborhood conditions, meeting basic needs², and the expectation of help should the need arise (Rogers & Ryan 2007). According to the U.S Census Bureau, "extended measures of well-being provide a more complete and detailed picture of household living conditions in the United States than income alone provides" (Rogers & Ryan, 2007, p.1). Although many of the extended measures are correlated with income, these increasingly robust measures of well-being provide a better indication of how households are faring.

In addition to objective measures, subjective measures provide a supplemental picture of well-being. Across disciplines, subjective well-being encompasses a complex mix of measures. In the economics literature, the earliest references to the concept of subjective well-being came through the concepts of "experienced utility" or "process benefits." These concepts mostly focused on the experiences, pleasures, or pains of individuals (Kahneman & Krueger, 2006). While subjective well-being can be difficult to define, several measure mechanisms have been developed. Most frequently, surveys of subjective well-being elicit reports of global life satisfaction or happiness (Kahneman & Krueger, 2006). However, some scales and studies focus on the subjective well-

² In Link, basic needs include adequate food, adequate clothing, reliable childcare, and reliable transportation.

being of an individual measured on multiple dimensions. For example, Lever, Piñol, and Uralde (2005) used multiple scales to measure depression, self-esteem, coping styles, internality, and achievement motivation; all of these are internal concepts that are not always captured in subjective well-being scales. Based on the well-being literature, the MPT developed client outcome measures and a survey instrument to reflect both objective and subjective well-being.

4.3. Family Stability and Student Achievement

Although our primary research question relates to the impact of LIFT services on client well-being, as an organization, LIFT is also interested in how their clients' outcomes affect student academic achievement. The literature conceptualizes family stability in multiple ways. While some conceptions of stability focus on economic considerations, including stable employment and/or income, additional conceptions of stability focus on self-esteem (Mayhew & Lempers, 1998) and mental health (Waldfoegel, Craigie, & Brooks-Gunn, 2010). Regardless of how stability in the family is conceived, researchers have consistently found that the level of stability in the family impacts the academic achievement of the student. While the socio-economic status of the family has long been identified as a predictor of student achievement (Levin, 1995; Morris, Duncan & Rodrigues, 2004), additional research has found that students whose parents have higher self-esteem are more likely to think of themselves as capable students, and in turn, may experience higher levels of academic achievement (Mayhew & Lempers, 1998; Kaplan, Kaplan & Liu, 2001).

Socioeconomic status (SES) has been found to be one of the strongest predictors of academic performance (Berger, Paxson & Waldfoegel, 2009; Sirin, 2005). Indicators of family SES typically include parental income, parental education, parental occupation, and conditions of the household environment (Berger, Paxson & Waldfoegel, 2009; Sirin, 2005; Fryer & Levitt, 2004). Family SES directly provides resources at home, indirect social capital, and the type of school and environment to which the child has access (Berger, Paxson & Waldfoegel, 2009; Sirin, 2005). SES is linked to student achievement through multiple interacting systems including: students' racial and ethnic background, e.g. there is a stronger correlation between SES and students achievements for white children than African-American children; grade level e.g. as students get older the correlation between SES and school achievement diminishes; and school/neighborhood location (Sirin, 2005).

Certain economic disadvantages create learning challenges that result in student underperformance. Examples of these disadvantages include: limited access to food and health care; learning disabilities; and home environments that do not encourage school participation (Murphy, 2010). Studies have also investigated the effect of income on child development using the home environment as a mediator (Berger, Paxson & Waldfogel, 2009, Fryer & Levitt, 2004). Using a sample of 1699 children from non-marital births with mothers who are likely to be poor and single with low-levels of education, researchers show that when using measures of home environment as mediating effects, lower income children were more likely to have lower scores in a Peabody Picture Vocabulary Test—Revised (PPVT-R) than wealthier children (Berger, Paxson & Waldfogel, 2009; Fryer & Levitt, 2004; Sirin, 2005).

While the socio-economic status of the family has long been thought of as a primary predictor of student achievement, researchers have taken these findings a step further by examining how financial stability may help determine parental self-esteem, mental health, and personal feeling toward student achievement in the family. That is, researchers have examined how parental and family financial strain and its accompanying low levels of self-esteem have impacted the self-esteem and subsequent academic achievement of students in the family (Mayhew & Lempers, 1998). Based on results that financial strain in the family has a positive association with lower levels of mental health (Conger & Elder, 1994) as well as lower levels of self-esteem (Conger et. al., 1992, 1993), researchers have attempted to determine how these parental feelings impacted student achievement. Mayhew and Lempers (1998) examined the relationships among family members by interviewing 398 families in farm-dependent, economically-depressed areas of Iowa. The researchers found that financial strain was associated with lower levels of parental self-esteem and less support for adolescent children which, in turn was associated with lower levels self-esteem among adolescent children (Mayhew & Lempers, 1998).

While Mayhew and Lempers (1998) focus on the impact of financial strain on a parent and child's self-esteem, other researchers have examined a similar question by focusing only on how parental self-feelings and expectations regarding their own, and their children's education, impact the academic achievement of students (Kaplan, Kaplan & Liu, 2001). Kaplan et. al. (2001) examine how parental self-feeling of academic achievement, i.e. the way that they feel about theirs and their children's academic abilities, translates to the actual achievement of the

children in the family. Administering a questionnaire to 1,864 pairs of students and parents, the researchers find that the way parents feel about themselves impacts their children's feelings about their academic potential (Kaplan, Kaplan & Liu, 2001). The researchers find that “the primary moderating effect on children's expectations seems to be a limiting of self-perceived expectations for children whose parents have relatively high levels of negative self-feelings and a relatively low level of educational attainment” (Kaplan et. al., 2001, p.368).

The literature on strength-based case management, well-being measurement, and the impact of family stability on student achievement informed the development of this project's proposed research design. The MPT intends to contribute to research on strength-based case management by gathering feedback through client interviews about client's perceptions of this case management approach. The literature on measuring well-being informs the development of client surveys aimed at assessing the impact of LIFT services on various aspects of client well-being. Changes in client well-being may then contribute to greater family stability which the literature suggests leads to improvements in student achievement. The next section details the MPT's methods and highlighted findings.

5. Quantitative Methods

This study incorporated administrative data from LIFT's case management system (Link) and survey data from current LIFT clients.

5.1. Administrative data

LIFT's case management system, called Link, provides the foundation for all other research activities. There are two broad types of data in Link which inform the MPT's analysis. One type of data provides a profile of LIFT clients, including demographics, needs, and short and long-term goals for their experience with LIFT. Other types of data describes clients' experience with LIFT, including contacts, and advocate/client actions taken towards needs and goals.

The MPT selected a subset of information from Link to conduct analysis. The data from Link is a relational database, and Appendix A describes each of the datasets available. In particular, the MPT used information from the basic profile table and the calendar data table to answer questions about client well-being. The basic profile contains one record per LIFT client and

records client personal characteristics (i.e. socio-demographic information) in addition to initial client needs. The calendar data reports the scheduled office visit for each LIFT client, whether the client appeared, and an anonymous indicator of the advocate serving the client.

LIFT began using Link in May 2012. For all analysis using only the administrative data, the data collected reflects those clients beginning with LIFT since May 2012. Although LIFT has retroactively added data to Link for all its clients, those datasets do not contain information about initial client needs and well-being. In addition, data is limited to clients in Roxbury and Somerville. This limits the analysis to 1,021 clients.

There are three primary sets of information that inform this study. First, and most salient to this study, is relating measures found in Link data directly to the research questions regarding client well-being. These are all measures of objective client needs, despite the clients saying they have a need (a subjective measurement), they could be observed if the researcher so desired. The indicators of initial needs from the client survey – housing, employment, health, education, basic needs, immigration, family and children, and financial education – provides one set of needs. Public benefit receipt – for Temporary Assistance for Needy Families (TANF), Social Security Income or Social Security Disability Insurance (SSI/SSDI), unemployment insurance, and food stamps – provide another option for measuring objective well-being. Note that the employment and housing initial needs, and the public benefit receipt overlap with measures from the client survey as described below.

The second set of information is data describing client characteristics. Link records a large amount of socio-demographic information about the client and client's family. This places the client's needs in context. This analysis describes the population of LIFT clients utilizing services from May 2012 through April 2013. The third set of information used in this report characterizes the type and frequency of client engagements with LIFT.

5.2. Spatial Data

The MPT obtained client addresses to perform a spatial analysis of LIFT clients. After a request from the MPT team, data was provided by LIFT in April 2013. Client addresses reflect all clients in the LIFT administrative database at the time of the request. These addresses include clients

who were in the administrative database before and after the transition to the Link system in May 2012. Given that client addresses were extracted from the database across multiple data management systems, there was no reliable method to determine when clients were entered or what characteristics other than address belonged to the client. Client addresses, including 755 Roxbury office clients and 1,369 Somerville office clients, were geocoded using web-based software and analyzed using ArcView Geographic Information Systems software. This spatial analysis supplements the larger research by allowing the MPT and LIFT to better understand the spatial characteristics of clients and how they relate to LIFT's office locations. The analysis examined questions relating to the economic characteristics of LIFT client neighborhoods, the distance between clients and LIFT offices, and the accessibility of offices for clients via public transportation.

5.3. Survey

The MPT administered surveys in the Roxbury and Somerville offices for ten weeks from February 2013 to May 2013. The survey engaged all consenting LIFT clients with appointments during this timeframe. Advocates asked LIFT clients if they were willing to participate in the survey, and respondents completed one survey during each visit. LIFT clients completed a total of 123 paper surveys and 3 online surveys from the two offices: 68 surveys from the Roxbury office and 58 surveys from the Somerville office. The survey had thirteen questions (See Appendix B) and was available in English and Spanish. Respondents were asked questions about their employment status, basic needs, receipt of public benefits, social support networks, and subjective well-being. A series of questions asked clients to score themselves on their active and intentional involvement in changing and developing as a person using the personal growth initiative (PGI) scale developed by Robitschek (1998). The scores are determined by summing the scores on all nine questions asked in this section of the survey. The scores range from 9 to 54 with higher scores suggesting greater levels of intentional self-change.

This analysis sought to match the survey data with the administrative data for two reasons: one, our survey protocol specified that respondents should answer the survey during each visit to LIFT and through matching it might be possible to determine which surveys belonged to whom. The MPT believed it could track well-being over time. The second reason for matching is to

track measures of well-being from survey respondents' initial appointment to their first survey. The MPT anticipated that many survey respondents would have initiated LIFT services well before the survey period. As such, the MPT would not be able to track changes in well-being from baseline measures for a significant number of survey respondents. Therefore, for measures of economic well-being measured in both the survey and administrative data, the MPT sought to match the administrative and survey data to investigate these changes from a baseline measure for all survey respondents.

Despite some difficulties, the matching strategy was largely successful – matching 101 of the 126 completed surveys to the appropriate administrative record. The matching strategy initially involved matching records using measures common to the administrative and survey data: the LIFT office visit location, the date/time of the visit, the respondent's age, and the respondent's gender. This was possible through a listing of LIFT client visits in the administrative data.

Matching the data occurred in two steps. The first step was to match electronically based on: the office visited, the date of LIFT visit, respondent's age, and respondent's gender. For 24 surveys, the date of visit was unavailable. However, the MPT could approximate the date of the survey since the forms were collected and recorded sequentially each week. The study matched 90 of the 126 (71.4%) surveys electronically. Note that in roughly 8 instances there were surveys that were matched to more than one office visit from the administrative data. In these cases, the MPT chose the client whose appointment date and time was closest in time to the survey.

For surveys that remained unmatched, the MPT was able to match 11/36 (30.6%) manually. For each survey, based on client's age, gender, and LIFT site, the MPT narrowed down the matching to a limited number of potential clients. Based on proximity between the survey week and LIFT appointment, the study matched surveys to LIFT clients. The remaining 25 surveys remained unmatched because the survey respondents' age, gender, and site matched no clients in LIFT's administrative data or the respondent did not provide their age when completing the survey.

Few survey respondents answered more than one survey. Eighty unique clients answered the 101 surveys matched to the administrative data. Nineteen clients answered 2 surveys, and 2 clients answered 3 surveys. Thirteen of the multiple-responding clients were from Roxbury, and 8 were

from Somerville. Since so few clients answered multiple surveys, this study does not analyze changes in client well-being over time, as measured through the survey data. However, the large number of survey responses and matches in the administrative data provide an excellent venue to measure changes in well-being from the initial intake to the survey response. The common well-being measures to both datasets are all economic: whether the client is employed, has a housing need³, and receives one of four types of public benefits: TANF, SSI or SSDI, unemployment, and food stamps. Each measure of well-being, for both the initial and later client response are coded as 0/1 dummy variables.

The analytic strategy for the administrative and survey data followed these steps. Beginning with the administrative data, the MPT (1) describes the sample, (2) identifies interesting indicators of client economic well-being and initial client needs for further analysis, (3) searches for client characteristics that may be correlated with those indicators of economic well-being and initial client needs, and (4) runs multiple regression models to identify correlates of client characteristics with client needs. An independent analysis within the administrative section discusses client contacts with LIFT. Within the survey data, the MPT (1) describes the sample and (2) looks for interesting correlates of client well-being with client characteristics. Finally, the MPT matches the administrative data with the survey data and measures differences in client well-being where the administrative and survey data overlap.

6. Quantitative Findings

6.1. Administrative data: Client Economic Indicators and Public Benefit Receipt

Tables 1 through 3 describe LIFT clients beginning their relationship with LIFT between June 2012 and April 2013. Each table is structured similarly, with the first column reporting the client's personal characteristics and the second and third columns reporting the number and percent of clients with particular characteristics in LIFT overall. The third and fourth columns report the number and percent of clients with particular characteristics that visit LIFT in

³ The initial intake and survey questions data differs slightly for housing need. The administrative data only indicates a housing need. The survey question asks whether a respondent is "very satisfied", "somewhat satisfied", "somewhat dissatisfied", or "very dissatisfied" with where he or she primarily sleeps. For this, we constructed a housing need variable that equals 1 when the respondent is "somewhat dissatisfied", or "very dissatisfied", and 0 when the respondent is "very satisfied", "somewhat satisfied".

Roxbury, and the fifth and sixth columns report the number and percent of clients with particular characteristics that visit LIFT in Somerville. The seventh column reports the p-value from a Pearson chi-square test of independence between the Roxbury and Somerville sites to help discern differences between the sites.

Table 1 provides a demographic summary of LIFT's clients. Approximately two-thirds of LIFT's clients are women. Nearly 40% of LIFT's clients are African American, 28.3% are Hispanic or Latino, and 15% are Caucasian. Most clients are 45 years old or older (42.5%) while less than 15% are under the age of 25. The majority of LIFT clients speak English (73.8%). Spanish is the second most frequently spoken language. The clients served by the Roxbury and Somerville offices differ racial and linguistically. Over 50% of Roxbury's clients are African American while in Somerville only 21.6% are African American. Somerville serves a higher percentage of Caucasian (28.5%) and Asian/Pacific Islander (6.9%) clients compared to Roxbury. In addition, Roxbury has a higher percentage of English language clients (77.0%) than Somerville (69.3%), while Somerville serves a larger French-speaking population (6.7%).

Table 2 indicates that the majority of LIFT clients report living in a household size of 1 (55.4%) with most reporting having no dependents (60.1%). Only 26 (2.8%) of LIFT's clients are veterans. Most LIFT clients are U.S. citizens (70.9%); however, Roxbury's client population (73.8%) is more likely to be U.S. citizens than Somerville's (66.4%). Approximately 40% of LIFT's clients report having some type of disability. Nearly two-thirds of LIFT clients report having regular access to a computer. At a client's initial appointment, LIFT advocates identify a client's need(s). Table 3 indicates that the most common need is housing (73.2%), followed by employment (48.8%), basic life skills needs (22.4%), and education (22.1%). Roxbury clients have more identified needs at their initial appointment compared to clients who visit the Somerville office. As shown in Table 3, a higher percentage of Roxbury's clients have housing, employment, health, education, basic needs, family/kids, and financial education needs compared to Somerville's clients.

Table 1: LIFT Clients Demographic Profile

	LIFT Total		Roxbury		Somerville		p-value
	Number	Percent	Number	Percent	Number	Percent	
Gender							0.212
Female	629	66.1%	367	64.5%	262	68.4%	
Male	323	33.9%	202	35.5%	121	31.6%	
Race**							<0.001
African American/Black	358	39.9%	283	51.4%	75	21.6%	
Asian or Pacific Islander	28	3.1%	4	0.7%	24	6.9%	
Caucasian	135	15.0%	36	6.5%	99	28.5%	
Hispanic or Latino	254	28.3%	159	28.9%	95	27.4%	
Middle Eastern	2	0.2%	0	0.0%	2	0.6%	
Mixed Race	16	1.8%	12	2.2%	4	1.2%	
Native American/Alaskan	7	0.8%	7	1.3%	0	0.0%	
Other	98	10.9%	50	9.1%	48	13.8%	
Age							0.154
18-25	127	14.5%	84	16.2%	43	12.0%	
26-34	205	23.4%	110	21.2%	95	26.5%	
35-44	172	19.6%	104	20.1%	68	18.9%	
45 and older	373	42.5%	220	42.5%	153	42.6%	
Language**							<0.001
English	703	73.8%	435	77.0%	268	69.3%	
Spanish	158	16.6%	88	15.6%	70	18.1%	
Creole	56	5.9%	33	5.8%	23	5.9%	
French or other	35	3.7%	9	1.6%	26	6.7%	

Source: Link Administrative Data

*significant at $p < 0.1$; **significant at $p < 0.05$

Some patterns about the population of LIFT's clients emerge from Tables 1 through 3. LIFT clients are majority female, are predominately African American, Hispanic, or Caucasian, skewed toward their 40s, and are mostly but not all English speakers. Over half of LIFT clients have a single-person household, consistent with less than half having one or more dependents. Most are not veterans, one-quarter to one-third are not U.S. citizens, over one-third have disabilities, and roughly one-third do not have access to a computer. The majority of LIFT clients have housing needs and a large percentage have employment needs. Roxbury clients are more likely to be African American and less likely to be Caucasian, more likely to speak more English and less likely to speak other languages, are more frequently U.S. citizens, and larger percentages report all types of initial needs, except immigration.

Table 2: Additional Demographics

	LIFT Total		Roxbury		Somerville		p-value
	Number	Percent	Number	Percent	Number	Percent	
Household Size							0.883
1	554	55.4%	323	54.9%	231	56.1%	
2	189	18.9%	111	18.9%	78	18.9%	
3	133	13.3%	77	13.1%	56	13.6%	
4 or more	124	12.4%	77	13.1%	47	11.4%	
Number of Dependents							0.646
0	601	60.1%	346	58.8%	255	61.9%	
1	173	17.3%	105	17.9%	68	16.5%	
2	119	11.9%	69	11.7%	50	12.1%	
3 or more	107	10.7%	68	11.6%	39	9.5%	
Veteran							0.776
Yes	26	2.8%	15	2.7%	11	3.0%	
No	903	97.2%	546	97.3%	357	97.0%	
U.S. Citizen**							0.014
Yes	677	70.9%	428	73.8%	249	66.4%	
No	278	29.1%	152	26.2%	126	33.6%	
Disability							0.755
Yes	347	38.7%	209	38.3%	138	39.3%	
No	550	61.3%	337	61.7%	213	60.7%	
Access to Computer							0.943
Yes	552	64.4%	338	64.5%	214	64.3%	
No	305	35.6%	186	35.5%	119	35.7%	

Source: Link Administrative Data

*significant at p<0.1; **significant at p<0.05

Table 3: Initial Needs

	LIFT Total		Roxbury		Somerville		p-value
Initial Needs	Number	Percent	Number	Percent	Number	Percent	
Housing**	747	73.2%	480	79.9%	267	63.6%	<0.001
Employment**	498	48.8%	312	51.9%	186	44.3%	0.016
Health**	105	10.3%	72	12.0%	33	7.9%	0.033
Education**	226	22.1%	151	25.1%	75	17.9%	0.006
Basic Life Skill Needs**	229	22.4%	164	27.3%	65	15.5%	<0.001
Immigration	47	4.6%	28	4.7%	19	4.5%	0.919
Family/Kids**	142	13.9%	102	17.0%	40	9.5%	0.001
Financial Education**	155	15.2%	112	18.6%	43	10.2%	<0.001

Source: Link Administrative Data

*significant at p<0.1; **significant at p<0.05

From the means reported in Tables 1 through 3, the MPT identified 6 economic indicators of well-being for further study. Four indicators relate to receipt of public benefits: Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI), unemployment, and food stamps. Two other indicators of well-being are economic: employment and adequate food. Each economic indicator is coded 1 if a client indicates having that measure and 0 when they do not.

Once the MPT identified the measures of well-being, it sought to describe correlates of well-being to answer questions such as “do women receive benefits at a higher rate than men?” This approach began by looking for associations between client personal characteristics and the above measures of well-being. Client personal characteristics included gender, age, household size, number of dependents, race/ethnicity, language, education, and separate indicator variables for veteran status, citizenship, and disability. The MPT judged association using a chi-square test of independence between the personal characteristic and the measure of well-being. When an indication of association, utilizing the p-value of the chi-square statistic less than 0.10 occurred, the MPT retained that personal characteristic for a multivariate model that regresses the economic well-being measure on all potential characteristics. Note that in each model, there is an inclusion of an indicator variable equaling 1 if the client primarily visited the Somerville office. Each logit followed the general form of equation (1):

$$\Pr(\text{WellBeing} = 1) = \frac{1}{1 + e^{-(\alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_j X_j + \delta \text{Somerville} + \epsilon)}} \quad (1)$$

where the *WellBeing* is one of the six client initial indicators of initial well-being, α is an intercept, X is a vector of variables measuring client personal characteristics, β is a vector of parameters associated with X , j is a subscript denoting the personal characteristics, *Somerville* is the indicator variable for the Somerville LIFT site, δ is the parameter associated with the Somerville site, and ϵ is an iid error term.

Table 4 reports the results from logistic regressions of client economic well-being on the potential correlates of well-being. The first column lists the independent variables used in the model. The 2nd through 7th columns report the odds ratios for each independent variable, standard

errors, and p-values from tests of statistical significance for each of the 6 measures of client well-being. We note two facts regarding the interpretation of odds ratios: first since these odds ratios are exponentiated logit coefficients, an odds ratio of 1 implies a logit coefficient of 0. Second, odds ratios that are less than 1 indicate a client with an independent characteristic is less likely to have a particular measure of well-being, and odds ratios that are greater than 1 indicate a client with that personal characteristic is more likely to have that measure of well-being. An association is considered statistically significant if its p-value is less than 0.05. Table 4 reports the parameter estimates from six logit models, and blanks appear in the table for particular sets of variables because each model included only a subset of all personal characteristics.

The MPT reports each measure of well-being, the columns of Table 4, in turn. For receipt of TANF, men are one-fifth as likely as women to receive TANF and citizens are over 5 times as likely as non-citizens to receive TANF. For receipt of SSI and SSDI, citizens are nearly 5 times as likely to receive as non-citizens and the disabled are 12 times as likely as the non-disabled to receive SSI/SSDI. For receipt of unemployment benefits, the disabled are roughly half as likely compared to the non-disabled to receive, and those with access to a computer are 2.7 times more likely as those without access to a computer to receive unemployment benefits. For food stamps, men are three-fifths as likely as women to receive; clients in their 20s and 30s are almost twice as likely as the youngest clients to receive food stamps; citizens are over 2.5 times more likely than non-citizens; the disabled over 2 times more likely as non-disabled, and those with education above high school are a little less than half as likely as high school dropouts. For employment, the disabled are almost one-fourth as likely as the non-disabled to be employed, and clients with an education above high school are 2.5 times more likely to have a job than high school dropouts. Citizens are nearly twice as likely then non-citizens to have adequate food. Across the two LIFT offices, clients from Somerville are much less likely to report unemployment and food stamp receipt than Roxbury clients.

Table 4: Correlates of Client Economic Well-Being

Variable	TANF	SSI/SSDI	Unemployment	Food Stamps	Client is Employed	Adequate Food
Male Indicator	0.18** (0.1)			0.64* (0.12)		
Age (Reference = 18-26)						
26-35	0.73 (0.33)	0.55 (0.25)		1.95* (0.57)	1.43 (0.4)	1.55 (0.42)
35-45	0.86 (0.41)	1.23 (0.53)		1.63 (0.48)	1.61 (0.47)	0.85 (0.22)
45 or more	0.49 (0.23)	1.64 (0.65)		0.99 (0.27)	1.21 (0.32)	1.18 (0.29)
Household Size	1.25 (0.27)	1.02 (0.18)		1.02 (0.12)		
Number of Dependents	1.16 (0.26)	1.40 (0.27)		1.37* (0.17)	0.87 (0.07)	
Race/Ethnicity (Reference = Black)						
White		1.15 (0.39)		1.48 (0.41)		1.26((0.34)
Hispanic		1.30 (0.42)		1.52 (0.39)		1.21 (0.29)
Other		0.85 (0.30)		1.18 (0.29)		0.8 (0.19)
Language (Reference = English)						
Spanish	0.40 (0.25)	0.74 (0.32)		0.86 (0.27)		1.04 (0.3)
Creole	1.21 (1.01)	0.26 (0.29)		1.05 (0.42)		0.84 (0.3)
Other	1.05 (1.16)	2.96 (2.41)		1.18 (0.66)		2.47 (1.29)
Veteran Indicator		1.18 (0.72)				
Citizen Indicator	5.47** (2.96)	4.87** (1.88)		2.66** (0.61)	0.83 (0.16)	1.86** (0.38)
Disabled Indicator	0.49 (0.18)	12.2** (3.19)	0.44* (0.18)	2.23** (0.44)	0.28** (0.06)	
Access to a Computer Indicator		0.88 (0.21)	2.73* (1.25)		1.05 (0.2)	1.28 (0.22)
Education (Reference: <HS grad)						
High School/GED		0.47* (0.15)	5.36 (5.52)	0.85 (0.2)	1.60 (0.42)	
More than High School		0.34** (0.13)	5.78 (6.17)	0.44** (0.12)	2.54** (0.76)	
Somerville Indicator	0.83 (0.26)	0.68 (0.17)	0.22** (0.11)	0.39** (0.07)	1.12 (0.2)	1.18 (0.21)

Source: Link Administrative Data

Note: Standard errors are in parentheses.

** = $p \leq 0.01$; * = $0.01 < p \leq 0.05$

To investigate initial client needs, the MPT used the same analysis strategy as above for economic well-being. The MPT searched for indicators of correlates of initial client needs with personal client characteristics, and selected only those that had some indication of a statistical relationship for logit models. Then, for each of eight measures of initial clients, the MPT ran a

logit model similar to equation (1), replacing the *WellBeing* dependent variable with one of the eight measures of initial client needs. Table 5 reports the results from logistic regressions of initial client needs on the potential correlates of well-being, and blanks appear in the table for particular sets of variables because each model included only a subset of all personal characteristics.

As shown in Table 5, citizens are 1.5 times more likely as non-citizens and the disabled 1.7 times more likely as non-disabled to report housing needs. Men are about 1.5 times more likely than women, and the disabled two-fifths more likely than the non-disabled to report an employment need. Clients with the highest education levels are over 2.6 times as likely as high school dropouts to report a health need. The oldest clients are about half as likely as the youngest and those with a high school education are almost half as likely as high school dropouts to report an education need. With respect to reporting basic life needs, the oldest clients are about half as likely as the youngest; disabled twice as likely as non-disabled; and clients who have access to a computer are about two-thirds as likely as those that do not have access to a computer to report a basic life need. On the issue of family and child services, men are about one-tenth as likely and the oldest about one-fourth as likely as the youngest to report a family and/or child-service need. An increase in the number of dependents is strongly correlated with needing family and child services. Finally, there are differences in needs across LIFT offices for housing, health, education, family and child services, and for clients to finish education. In every case, Roxbury clients report needs more frequently than Somerville clients.

The overarching message from Tables 4 and 5 is that the statistically significant correlates of client characteristics with client well-being and initial needs conform to intuition. This provides some evidence that LIFT's initial client intake interview is correctly measuring the life situation of LIFT clients. Men are much less likely to receive TANF or food stamps, less likely to have a family or child care needs, and more likely to have employment needs. Clients aged 26-35 have younger children and are more likely to receive food stamps. The oldest clients are less likely to need education, basic life items, and family or children services. Clients with more kids are more likely to receive food stamps and have family or children service needs. US citizens are more likely to receive all types of public benefits and are more likely to have a housing need.

Disabled clients are more likely to receive SSDI and food stamps, more likely to have housing or

basic life needs, and less likely to receive unemployment insurance, to be employed, or to have an employment need. Those with access to a computer can better access unemployment insurance and appear to be less likely to have a basic life need. Clients who have a high school diploma or equivalent are more likely to be content with their education than those with less schooling. Clients with an education beyond high school are more likely to be employed and more likely to use LIFT services for health needs. Finally, clients visiting the Somerville office are less likely to receive unemployment insurance and food stamps and are less likely to report have most initial client needs – the statistically significant associations are with housing, health, education, family and child services, and to finish education.

Table 5: Odds Ratios for Correlates of Initial Client Needs

Variable	Housing	Employment	Health	Education	Basic Life Needs	Immigration	Family and Child Services	Finish Education
Male Indicator		1.47* (0.24)					0.12** (0.05)	
Age (Reference = 18-26)								
26-35		0.98 (0.25)		0.86 (0.22)	0.59 (0.18)	1.03 (0.71)	0.83 (0.27)	
35-45		1.11 (0.29)		0.60 (0.16)	0.73 (0.22)	2.02 (1.34)	0.53 (0.19)	
45 or more		0.80 (0.20)		0.45** (0.11)	0.45** (0.13)	1.35 (0.88)	0.25** (0.09)	
Household Size						0.88 (0.21)	0.91 (0.15)	
Number of Dependents			0.86 (0.09)			1.35 (0.34)	1.74** (0.29)	
Race/Ethnicity (Reference = Black)								
White	1.04 (0.31)	1.01 (0.25)		0.87 (0.25)	1.31 (0.38)		1.51 (0.61)	0.72 (0.24)
Hispanic	0.68 (0.18)	0.83 (0.19)		0.76 (0.16)	0.88 (0.24)	1.65 (0.96)	0.89 (0.25)	0.87 (0.25)
Other	0.90 (0.23)	1.06 (0.23)		0.96 (0.22)	0.64 (0.19)	0.82 (0.45)	0.96 (0.32)	0.95 (0.27)
Language (Reference = English)								
Spanish	1.43 (0.43)	0.79 (0.21)			0.77 (0.27)	0.87 (0.45)		0.72 (0.26)
Creole	0.50* (0.18)	1.4 (0.49)			1.31 (0.56)	0.71 (0.41)		0.66 (0.34)
Other	0.63 (0.29)	1.13 (0.52)			0.59 (0.47)	0.27 (0.29)		0.88 (0.59)
Veteran Indicator					0.17 (0.18)			
Citizen Indicator	1.52* (0.32)							1.18 (0.32)
Disabled Indicator	1.76** (0.35)	0.37** (0.06)			2.34** (0.49)		0.89 (0.25)	1.46 (0.29)
Access to a Computer Indicator					0.63* (0.13)		1.30 (0.33)	
Education (Reference: <HS grad)								
High School/GED			1.37 (0.5)	0.57* (0.13)	0.63 (0.16)			
More than High School			2.66* (1.03)	0.68 (0.18)				
Somerville Indicator	0.45** (0.08)	0.73 (0.12)	0.51** (0.13)	0.66* (0.13)	0.92 (0.28)	0.87 (0.34)	0.49** (0.13)	0.58* (0.13)

Source: Link Administrative Data

Note: Standard errors are in parentheses.

** = $p \leq 0.01$; * = $0.01 < p \leq 0.05$

6.2. Survey: Analysis of Client Well-Being

This section reports the results from all of the survey responses. Since few clients answered more than one survey, the results presented here may weigh some individuals more than others. However, in this section the MPT wanted to represent the survey responses received rather than any individual responses. The next section will discuss an analysis using one survey response from each individual.

Table 6 provides a demographic summary of the survey respondents. Note that survey response rate data and analysis can be found in Appendix C. There were 126 LIFT Boston clients who responded to the survey; 68 Roxbury clients and 58 Somerville clients. Approximately two-thirds of the survey respondents are women. More than half of the respondents are 45 years and older (53.4%), while 46.6% are under the age of 45. Nearly half of the respondents are unemployed (44.8%), about 25.6% of them are employed, and nearly a quarter of the respondents (25.6%) are not working because they are retired, students, or home makers. More than half of the respondents have no children (54%) while 46% have children.

Table 7 reports measures of well-being including receipt of public benefits, social support networks, and basic needs. Based on the survey questions, about 66.7% of the survey respondents currently receive Supplemental Nutrition Assistance Program (SNAP) benefits, followed by SSI benefits (20.6%), housing benefits (11.1%), TANF (8.7%), while 3.2% receive unemployment benefits. A similar proportion of clients report problems meeting their mortgage expenses (35.7%) and utility bills (30.9%) while 16.7% had problems meeting their medical expenses. More than half of the survey respondents claimed they rely on their family (57.1%) as sources of help, 45.1% rely on their friends, and 53.2% rely on their community and religious groups, with 18.5% claiming to have no sources of help. In terms of social networks, about one-third (31%) of the clients are active participants in religious groups, 22.2% are in neighborhood and school organizations, and 33.3% are in other non-profit organizations. Nearly 30% claimed they are not active in any type of social group, while 11% are in other groups.

Table 6: LIFT Survey Demographic Profile

	LIFT Total		Roxbury		Somerville		p-value
	n=126	Percent	n=68	Percent	n=58	Percent	
Gender	n=125		n=68		n=57		0.580
Female	80	64.0%	45	66.2%	35	61.4%	
Male	45	36.0%	23	33.8%	22	38.6%	
Age	n=118		n=67		n=51		0.588
18-25	6	5.08%	4	5.97%	2	3.92%	
26-34	12	10.17%	7	10.45%	5	9.80%	
35-44	37	31.36%	21	31.34%	16	31.37%	
45-65	60	50.85%	32	47.76%	28	54.90%	
65 and older	3	2.54%	3	4.48%	0	0.0%	
Employment status	n=121		n=66		n=55		0.185
Employed	31	25.6%	17	25.8%	14	25.4%	
Not employed	59	48.8%	28	42.4%	31	56.4%	
Other	31	25.6%	21	31.8%	10	15.2%	
Children	n=126		n=68		n=58		0.092
No children	68	54%	32	47.1%	36	62.1%	
Children	58	46%	36	52.9%	22	37.9%	

Source: MPT Survey of LIFT Clients

*significant at p<0.1; **significant at p<0.05

Table 7: LIFT Clients' Social Conditions

	LIFT Total		Roxbury		Somerville		
	N=126	Percent	n=68	Percent	n=58	Percent	p-value
Benefits							
TANF**	11	8.7%	9	13.2%	2	3.45%	0.052
SSI*	26	20.6%	18	26.5%	8	13.8%	0.080
Unemployment	4	3.2%	3	4.4%	1	1.7%	0.391
SNAP	84	66.7%	44	64.7%	40	69%	0.613
Housing	14	11.1%	8	11.8%	6	10.3%	0.800
Other benefits**	15	11.9%	3	4.4%	12	20.7%	0.005
No benefits*	16	12.7%	12	17.6%	4	6.9%	0.071
Needs							
Mortgage**	45	35.7%	30	44.1%	15	25.9%	0.033
Utilities	39	30.9%	25	36.8%	14	24.1%	0.126
Medical needs	21	16.7%	12	17.6%	9	15.5%	0.749
Other needs	41	32.5%	21	30.9%	20	34.5%	0.667
Sources of help							
Family *	72	57.1%	34	50%	38	65.5%	0.079
Friends	50	39.7%	28	41.2%	22	37.9%	0.930
Neighbors	8	6.4%	3	4.4%	5	8.6%	0.334
Community	37	29.4%	21	30.9%	16	27.6%	0.686
Religious**	30	23.8%	11	16.2%	19	32.8%	0.029
No help	23	18.5%	12	17.6%	11	19%	0.849
Group involvement							
Neighborhood	18	14.3%	8	11.8%	10	17.2%	0.381
Religious group	39	31%	23	33.8%	16	27.6%	0.450
School group	10	7.9%	4	5.9%	6	10.3%	0.356
Non-profit**	42	33.3%	16	23.5%	26	44.8%	0.011
Other groups	14	11.1%	7	12.1%	7	10.3%	0.752
No groups	37	29.4%	23	33.8%	14	24.1%	0.234

Source: MPT Survey of LIFT Clients

*significant at p<0.1; **significant at p<0.05

Table 8 reports subjective well-being using scores from the PGI scale, the Personal Growth Index scale described in section 5.3 from the surveys. The average PGI score from both LIFT sites is 37.8 out of a possible 54 with the average score in Roxbury being 38.4 and in Somerville, 37.1. Testing for differences in PGI scores across gender, site, different benefits, needs, social support networks, and children/no child found no statistical differences.

Table 8: LIFT Clients' Personal Growth Initiative

	LIFT Total		Roxbury		Somerville	
	N=125	Mean	n=68	Mean	n=58	Mean
Personal growth initiative						
Scores		37.8		38.4		37.1

Source: MPT Survey of LIFT Clients

6.3. Combining the Survey and Administrative Data

The prior section described the MPT's intent to measure changes over time with the survey and the challenges faced with that analytic strategy. Instead, the MPT used the link between the administrative and survey data to measure changes in well-being from baseline (initial LIFT appointment) to the survey. For this measure, the MPT first selected only the initial survey of each survey respondent. Then the MPT constructed a measure of the change in well-being as the difference of the survey response minus the initial intake response. For example, if a client had not been receiving food stamps at intake but was receiving food stamps at the time of survey administration, then that client's value would be 1. Conversely, if a client had been receiving food stamps at intake but was not receiving food stamps at the time of survey administration, then that client's value would be 0.

Table 9 reports the means for each measure of economic well-being, for the initial intake, the survey response, and for the change in the economic well-being measure within each client. The first column reports the economic well-being measure, the second and third columns report the N and mean for the measure at intake, the fourth and fifth columns report the N and mean for the measure at the client's first survey response, and the fourth through seventh columns report the difference in the survey response minus the initial response. This study reports the number of

clients when the MPT had data at both time periods, the mean difference in the change in measures, the standard error of the difference, and a p-value from the test of significance that the change is zero. This test of significance as a paired t-test, as the MPT measures a response from each client at 2 points in time.

Table 9: Changes in Well-Being from Initial Intake to Survey Response

Measure of Well-Being	Initial Measure (Admin Data)		Later Measure (Survey)		Change in Measure			
	N	Mean	N	Mean	N	Mean	Standard Error	p-value
Client is Employed	60	30.0%	77	28.6%	58	-1.7%	6.7%	0.601
Has a Housing Need**	62	77.4%	76	56.6%	59	-18.6%	9.2%	0.047
Receives TANF	80	3.8%	80	8.8%	80	5.0%	3.0%	0.102
Receives SSI/SSDI	80	20.0%	80	20.0%	80	0.0%	5.3%	1.000
Receives Unemployment	80	6.3%	80	5.0%	80	-1.3%	3.3%	0.708
Receives Food Stamps**	80	47.5%	80	65.0%	80	17.5%	7.1%	0.015

Source: Link Administrative Data and MPT Survey of LIFT Clients

*significant at $p < 0.1$; **significant at $p < 0.05$

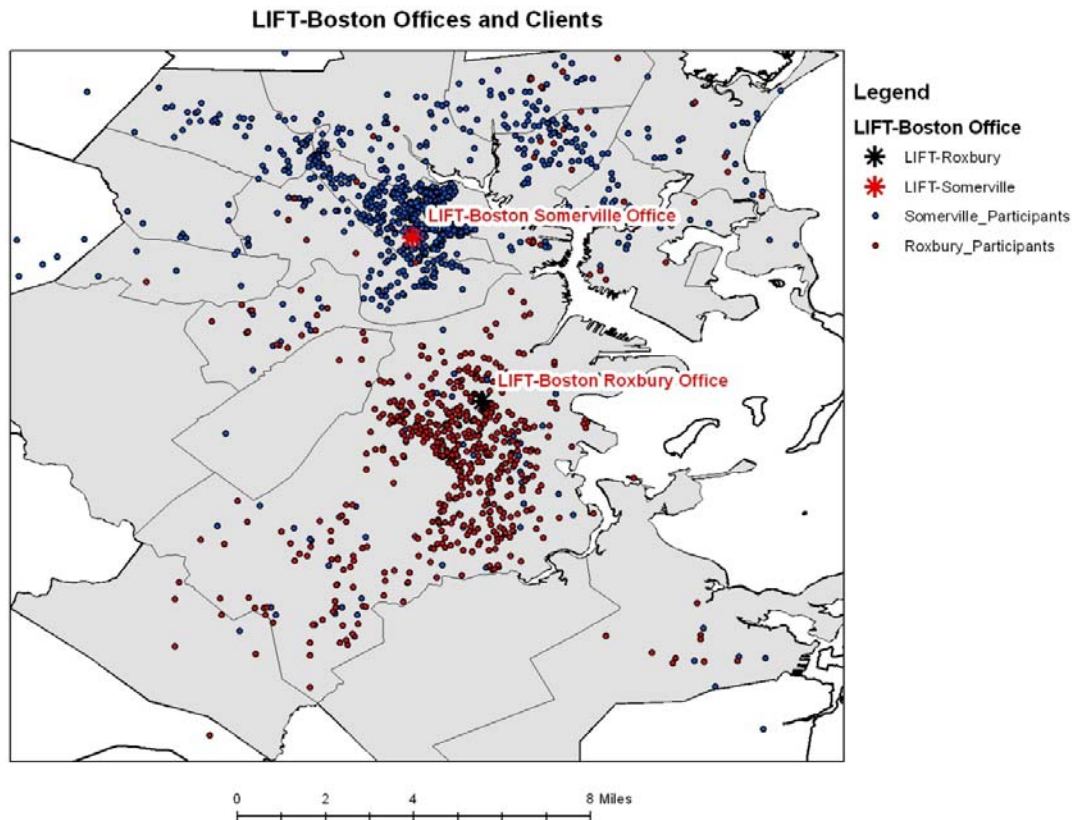
There is a large and statistically significant decrease in housing needs of LIFT clients with a reduction of 18.6 percentage points ($p=0.047$). This result is tempered since the measures are defined differently at intake and on the survey and this decrease could be attributed to the differences in how housing needs are measured. Nonetheless, there is some evidence for an increase in well-being with respect to housing. Additionally, there is a large and statistically significant increase in the uptake of food stamps for LIFT clients of 17.5 percentage points ($p=0.015$). LIFT appears to be helping its clients to access food stamps.

While it appears LIFT services have measureable impacts for some clients, there are some caveats. Firstly, the response rate for the surveys is low (see Appendix C). Secondly, observed differences in well-being may be explained by response bias, as clients that are happiest with LIFT services are more inclined to respond to the survey. However, if that were strictly true, the MPT would expect to see large improvements on all dimensions of client well-being, not just two. While more study is warranted, this study finds some evidence that LIFT services systematically work for some types of clients, on two objective measures of economic well-being.

6.4. Spatial Data

LIFT clients report living in close proximity to the LIFT offices that they receive services from (Table 10), in areas that are likely economically disadvantaged (Appendix D). While clients have access to LIFT via Massachusetts Bay Transportation Authority (MBTA) buses, many live in neighborhoods with limited access to the MBTA subway system (Table 10). A proximity analysis shows that some LIFT clients travel farther than necessary for services, bypassing a nearer office (Appendix D). This unexpected finding may suggest that LIFT clients are loyal to a LIFT office that they first attend and continue seeking services there despite having moved to a location closer to the alternate location. Figure 5 provides a basic map of LIFT clients in relation to the offices that they report receiving services from.

Figure 5: LIFT-Boston Office and Clients



This spatial analysis provides only preliminary findings. In addition, several limitations to this data are described in detail in Appendix D. Next steps may examine site suitability and suggest where an additional LIFT office may be.

Table 10: Spatial Analysis Summary Statistics

Office	Number of Client Addresses in Analysis	Median Distance Between Client and Office (miles)	Percent of Clients within .25 miles of MBTA bus	Percent of Clients within .25 miles of MBTA bus
LIFT-Roxbury	755	2	69%	19%
LIFT-Somerville	1369	1	98%	5%

Source: Client Addresses from Link

7. Qualitative Methods

This study included in-depth interviews and a focus group with LIFT clients. The purpose of the interviews was to learn from LIFT clients about experiences with the organization. The interview questions touched on experiences and relationships with the organization. Questions examined LIFT interactions, client life situations, client satisfaction with LIFT services, and suggestions for improving LIFT. MPT team members coded transcriptions of the ten interviews using the Coding Analysis Toolkit (CAT).

7.1. Interviews

The MPT used a recruitment form attached to the study's survey instrument to ask LIFT clients whether they wanted to participate in interviews. This information was separated from the survey to maintain confidentiality. More than 30 forms were collected from current clients willing to be interviewed and ten were randomly chosen. The MPT conducted five interviews with clients from the Roxbury site and five interviews with clients from the Somerville site, including five women and five men.

Clients were contacted by phone or email and asked to suggest a time and place that would be convenient for interviewing. Interviews were performed in locations convenient for LIFT clients. All interviews were audio recorded after the interviewee granted informed consent. Interviews ranged from 20 minutes to 60 minutes. Each participant was given a \$15 gift card in exchange

for his or her participation. The interviews were semi-structured and based on the questions in Appendix E.

7.2. Focus Groups

The purpose of the focus groups was to obtain feedback from non-returning clients about their experiences with LIFT and why they stopped going to LIFT. The MPT defined non-returning clients as those who visited LIFT between 2 and 4 times. To select focus group participants, the MPT drew a sample of 25 non-returning clients from the Roxbury and Somerville offices. LIFT site coordinators assisted in recruitment by contacting clients directly to invite them to participate in the focus group to maintain client confidentiality.

The MPT asked non-returning clients to participate in two focus groups: one in Somerville and one in Roxbury. The Roxbury focus group was scheduled for Monday, April 29th at 6:00 pm at the Dudley Library, and the Somerville focus group was scheduled for Saturday, May 4th at 1:30 pm at the Somerville Library. Two non-returning clients took part in the Roxbury focus group, and the session was recorded lasting 40 minutes. Focus group participants were asked about their LIFT experience including why they did not return, how LIFT compares to other service agencies, and how LIFT could improve as an organization. Focus group questions are found in Appendix F. No former LIFT clients showed up to the Somerville focus group.

8. Qualitative Findings

8.1. Interviews

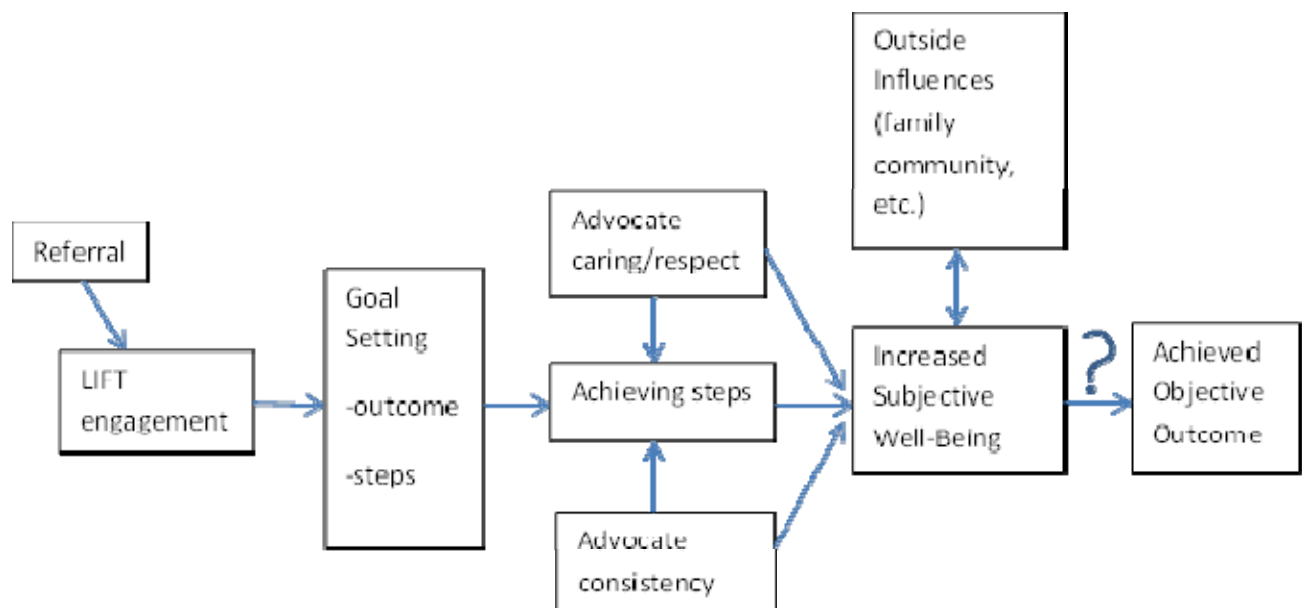
Many clients differentiated the service they obtained from LIFT from the services provided by referring agencies or other organizations of assistance. Respondents were referred by institutions including hospitals, social workers, and other nonprofits. No client found LIFT on their own or through friends; however, some clients recommended LIFT to friends or family members. All interviewed clients had issues with housing, employment, or both. Some individuals experienced secondary problems such as workplace discrimination, food insecurity, or legal issues.

The sample was diverse including clients from Cambodia, India, Morocco, Puerto Rico, and the United States. Interviewees ranged in age from approximately 25 to 60. The individuals had

mixed educational backgrounds with some possessing advanced degrees. Clients utilized LIFT services for varying time periods ranging from three months to several years. Six of the individuals interviewed had children. The age ranges of the children varied from two years old to adult children.

Based on these interviews, a conceptual framework was developed relating to the primary research question (Figure 6). The framework focuses on client/LIFT interaction and was derived from the analysis of client responses, focusing primarily on the ways that services increase clients' subjective well-being. Despite attempts to measure increases in objective well-being, none of the individuals interviewed achieved the initial objective that brought them to LIFT. Through interviews, there is insufficient data to conclude that services have a direct impact on objective well-being. Nevertheless, the MPT posits that the observed increases in subjective well-being, as well as the attainment of smaller goals, will likely lead to increased objective well-being.

Figure 6: LIFT Model Conceptual Framework



As illustrated above, subjective well-being is derived from important elements in the LIFT model: (1) achieving success with goal “steps,” (2) continuity with a single advocate and (3) experiencing caring and respect from advocates and staff.

8.1.A. Factors Leading to Subjective Well-Being in LIFT Clients

Interviews identified three traits present throughout the data that lead to increased subjective well-being including: achieving success with goal “steps,” continuity with a single advocate, and experiencing care and respect from advocates and staff. These traits appear associated with clients expressing more optimism, self-sufficiency, and happiness. They also appear associated with individuals continuing their engagement with LIFT generally.

a. Goal Setting – Outcomes and Steps

The initial LIFT goal setting process appears to consist, in part, of identifying an “outcome” such as finding employment or stable housing. This goal setting process also identifies “steps” that help achieve the original or primary outcome. Steps can be actions such as creating a resume or filling out a housing application.

But the day I first got there I sat down with my advocate you know and she asked me what do I expect like and what are my goals? What do I want to achieve during this time while I'm down here at LIFT? And like I explained - employment and/or school; either which one; housing; I wanted to fix my housing situation. We worked on a resume; updated that; just little minor details. Not those are little minor detail things but I meant those small steps to my goal; to get to my big goal. And that's what I've been doing through my small steps.

While LIFT advocates and clients start with a primary goal outcome, there appears to be enough flexibility in the LIFT relationship for clients to express additional goals such as paying a particular bill or buying Christmas presents. LIFT advocates and clients can work on these secondary goals in the interim while still following a longer-term arc toward the larger outcome. Additionally, LIFT provides individuals with information about other community resources that can help the client achieve these smaller goals.

They helped with a lot of things; my bills; you know what I'm saying; helped me make arrangements with you know National Grid or whatever the case may be you know; helped me keep them off my back; helped me stay afloat should I say you know? They did a lot for me.

It was going to be Christmas and I could through her help get some money for my children's presents.

They gave me the address for the English learning class in Highland Avenue in Somerville so I went there for like maybe more than two years. I developed my skills.

One of the most salient emerging themes is that of individuals achieving “steps” toward a defined outcome. The clients interviewed all arrived at LIFT with one or more specific objectives or “outcomes,” such as finding suitable housing or employment. Clients described a process of moving toward an outcome through the process of “steps.” An example of these steps might be creating a resume or searching for jobs that suited client interests.

Some clients described the process of defining the outcome and steps.

It's just like that you know stepping stones for a person

It was all over time. Rome wasn't built in a day.

Other clients talked about the specific process goals and steps achieved with the LIFT advocate.

I've been out of work since then but dealing with LIFT; what I've been doing is updating my applications, my resumes, you know I've started going to get my OSHA license, you know what I'm saying.

They helped me by using the computer, and filling job applications online, I was desperate because it was difficult for me and I wasn't getting any answers.

They supported for to prepare myself in American environment, how to speak, how to act, how to wear the clothes. How to like umm, how to prepare yourself for the interview, what kind of questions they are going to ask you. A lot more things, means like they prepared me as a very nice candidate like they prepared my resume also they give me all kind of support and find the job in our like area. They gave me the address for the appropriate website they give the name of the like contact's name their contact's name. They help me a lot with the Internet.

I think that [advocate] in particular has helped me with the online application process whereas [other advocate] was helping me rewrite my resume. It's starting to get to the point where I think it will lead to a job. I don't know for sure. Since it's only been about two months that I've been doing the volunteer stuff that adding that I think will help a lot.

Some clients expressed frustration with the process, but their frustration was not with LIFT, rather with difficulties overcoming economic or bureaucratic obstacles.

With the LIFTs, they try to help me in order to make it faster but still, it takes time. It takes more days to get an apartment, know what I'm saying. . . it takes years.

The girl for housing, she told the advocate, "Oh, she can bring those papers and they can give her an appointment" I get so excited. I was like, "Oh my god, there is a way for me to find my appointment" and I started crying.

b. Advocate/Meeting Consistency

While it is difficult to define precisely what advocate consistency is, clients described a desire to meet with the same person during every appointment. Many clients expressed willingness to transition between advocates, but generally preferred consistency. Clients expressed frustration with having to retell their story to new people or develop a new relationship. However, one client did say that it was beneficial to speak with someone new because they had different expertise and knowledge than a previous advocate.

Overall, responses suggest that clients may become frustrated by advocate turnover:

I like to work with the same person, because anytime you going to introduce yourself or start from beginning, where you ... same person just like, when you go and change the doctor, you know it's better that your doctor knows everything about you but when you change doctors, you got to start from the beginning.

The hardest part of it was when they changed who you were working with, starting all over again, explaining what I've been through, but usually they've all been pretty good at understanding my situation, being able to help me with some of the things.

Now, if I didn't get to see the same person all the time, that would have been difficult for me.

I haven't been always with the same person, is a little annoying that you get use to one person and then you have another one but it also has its own advantages because each person knows about different things.

c. Advocate/LIFT Caring and Respect

Almost all of the clients interviewed described receiving care and respect from their advocates. Many implied that this was a reason for continuing engagement or feeling hopeful after each

session. Clients also mentioned feeling respected. Most clients spontaneously mentioned these positive elements regarding their advocate(s) and other LIFT staff.

She said, "Don't worry. We are going to work up on that." I felt so more comfort in it. I trust them and then she called them.

Even though she saw me cry, she really wants to help and then she ... the only thing that she said was calling housing and find out.

My advocate works hard for me you know and all of them work hard you know? That's another reason I like going down there because even though she's my advocate; everyone else treats you like you know what I'm saying; family type. It's a small network of people down there that cares about you, you know?

There are men down there too but they're all like motherly love down there you know what I'm saying?

When you help someone like, you're welcome and they're helpful and they try to help you, of course, you're going to be happy.

But I liked how they treated everybody, with respect. It didn't matter what you looked like or whatever, what the situation ... I liked that, and I just felt like they had it under control.

Every time that I go there I found that love and care, that support, emotional and professional and I felt good going there.

I think they are genuinely interested in trying to find the best way for you to find work.

Clients were asked to describe their expectations when they first arrived at LIFT. All clients had some trepidation about going to LIFT because of past experiences with other social service organizations. Specifically, the interviews showed many clients believed little would come from engaging with LIFT. Other interviewees felt anxiety about talking about their problems.

When you get a ... first time you go to somewhere you don't know, you don't know what you're going to expect, how is the person, how they going to help you? It takes ... well, and I ask questions. It was so easy and even be like, oh my god, this is very, very helpful, which is good. Oh, okay, these people are helpful. Can you do this for me? Yes, sure. They do it, right? I'm actually comfortable.

They were so nice, and just for the first time, I felt comfortable. I can't explain it because I don't feel comfortable in settings like that.

At first, cause I didn't know if it would really work cause I've been to other things. I've been to the, you know, the one-stop career centers when they first started. I found them to be totally useless because basically it's the one you see there, that's their job and they don't care if they give you anything or not. That's how I felt towards them. These, they're more understanding because they are all volunteers.

Interviews also suggested that the volunteer status of the advocates may have significant impacts on the services provided. While one client expressed some trepidation about working with a college student, saying that she did not think they had the necessary experience, most clients believed unpaid college advocates worked as well or better than paid, older workers.

Like I said you know; these people taking time out of their lives, you know what I'm saying? Especially in a volunteer that's not getting paid and you know, willing to help people that's in need, you know what I'm saying?

The young people that volunteer are fantastic. They are just great people. It is interesting, to see who they are and the fact that they are young, and they care about others.

I think it's too early for them to be jaded by it, like experience.

I doubted their services and I was surprise to see that they are very acknowledgeable and they know more than other agencies.

You figure going in there they're not really gonna care because they're students. But, a lot of them are surprised. They are concerned about my situation. It's not like it's just something to do for them. A lot of them, most or all of them, were very concerned with what I'm going through at this point.

8.2. Focus Group

Individuals in the Roxbury focus group stopped utilizing LIFT's services because their problems were resolved. The two participants discussed going to LIFT for support with rent increases and raising grandchildren. Both participants were satisfied with LIFT's services and praised the advocates' help and expertise. One of the participants stopped going to LIFT because LIFT assisted her with her rent, and she started school so her time was limited. The second stopped going because she also received the assistance she needed and wanted to give other people a chance to benefit from LIFT's services. Both women said if new problems arose they would turn to LIFT and have kept in touch with LIFT even after they achieved their objectives. One of the participants told the MTP team:

I stopped going because now I am in the school full time so I really my scheduled is tight right now but I still call them once in a while and talk to them and let them know that I am doing ok

Both participants came to LIFT as a result of referrals from friends and have referred LIFT to other friends or family. Based on both the interviews and focus group, it appears that people who have a positive experience with LIFT refer others to the organization. Focus group participants also highlighted LIFT as a good source for information for other services:

... Help me to get some information about different programs that help grandparents with grandchildren, I haven't been there since last year, but I'm going to be calling them when I need them in the future I will continue to call them but I still don't want, but you know, I want to give people other chances to get to know them because they give me head start and I really appreciate it..

Compared with services from other programs, focus group participants found LIFT to be more efficient. One of the participants mentioned dealing with other programs for years. She discussed LIFT's role in helping her with advocacy and talking to other people.

..Helping me talking to other people...helping me with the school assignments and trying to get a transfer for my son, they were very helpful...

LIFT provides help with multiple issues and is flexible. A client may come with to LIFT with a specific problem but during the process clients may raise additional issues. One of the participants came to LIFT looking for help raising her grandchildren but also mentioned getting help for her son.

The focus group allowed for a more in-depth exploration of the clients' problems and the ways in which LIFT provided assistance. While the interviews addressed the clients' current relationships with LIFT; the focus group examined whether there was a change in objective well-being. Both focus group participants achieved their objective. One respondent told the MTP:

They actually helped me pay off my rent and I've been top of my rent ever since...

The advocate role was crucial in solving one of the participant's problems.

She (the advocate) was the one who put that letter and with a matter of I say four days I got the information but in the fifth day which is a whole week, she was already telling me it was approved and I am like what?? And she did some much beyond that some places that you go to, some other families that I know, friends, is a process, is not a process that it will be done on a matter of a week, usually it takes two or three weeks...so to make sure that the information is there, ... then it goes to other people and then is approved..

9. Discussion

9.1. Key Findings

Demographic findings from the administrative and survey data are a key component of this study as they offer insights into the types of clients seeking services from LIFT. This study's findings identified the following demographic characteristics for LIFT-Boston's clients: clients tend to be adults, aged 45 years or older and more than 50% of LIFT-Boston clients live alone. Nearly half of LIFT-Boston clients are unemployed with nearly 67% receiving food stamp benefits. Besides employment, LIFT-Boston clients report problems with housing (36% reporting inability to pay for their mortgage) and housing expenses (31% report inability to pay for their utility bills).

This study demonstrates that LIFT-Boston increases objective client well-being in housing and food stamp assistance with an increase of 17.5% in food stamp receipt for LIFT-Boston clients and an 18.6% decrease in housing issues. However, to better address the needs of its clients, LIFT-Boston should focus on employment services (49% of clients are unemployed) and services devoted to clients who live alone (55% of client report a household of 1). The findings suggest that a client walking into a LIFT-Boston office is most likely a single unemployed person receiving food stamps and in need of assistance with household bills. By using the data found in this report, LIFT-Boston may be able to tailor outreach and advocate training to ensure the average client receives the services they need.

This study's interviews identified three themes associated with increases in subjective well-being for LIFT-Boston clients. Although no interviewed clients reported that LIFT-Boston solved the original issue that brought them to LIFT, the step-by-step goal setting and accomplishment central to the LIFT-Boston approach appears to be very important to clients. By setting and accomplishing small goals, interviewees indicated an increase in well-being they associate with self-improvement. Caring and compassionate assistance from advocates was also important to interviewees. Many clients report past trepidation with traditional social service organizations due to feeling disrespected or apathy from other organizations. LIFT offers a different approach. The step-by-step process appears associated with small successes and well-being improvement. LIFT-Boston should use this information to emphasize its importance to advocates and first time clients, ensuring a relationship with each client capable of solving larger problems. Finally, advocate consistency is important to LIFT-Boston clients. Interviewees expressed frustration at having to retell their stories as a limitation of LIFT's use of college students as advocates. Addressing clients' desire for advocate consistency may improve LIFT-Boston's overall holistic approach and lead to greater increases in client well-being. These findings suggest that LIFT provides a unique service model that shows promise. By setting goals and taking small, consistent and collaborative actions, clients are able to increase subjective and objective well-being.

9.2. Implications of Findings for Research

This research was informed by three streams of literature: (1) strength-based case management, (2) objective and subjective measures of well-being, and (3) the impact of family stability on student achievement. The research findings presented here have implication across each theme.

First, the literature on strength-based case management emphasizes a focus on client strengths rather than deficits and addresses the entirety of a person (Saleebey, 1996). The relationship between the case manager and the client is characterized as a cooperative partnership rather than a hierarchy (Early & GlenMaye, 2000). This research shows that cooperative partnerships are a vital component to LIFT's success. Interview participants indicated that working with LIFT advocates, in a collaborative relationship characterized by mutual respect, gave them the sense of caring that led to increased subjective well-being. Even when clients did not make significant

progress toward their initial goals, the advocate/client relationship increased clients' perceptions of themselves and their capabilities.

While these findings suggest that strength-based case management may contribute to increased subjective well-being, there is limited evidence to suggest that the approach has substantial impacts on objective well-being. While there is some evidence to suggest that services reduce housing needs and allow greater access to food stamps, there is no evidence to suggest that other objective measures of LIFT clients have specifically increased due to LIFT services. While this observation has potential to support research that finds mixed success rates through strength-based case management (Strathdee *et al.* 2006; Prendergast, *et al.*, 2011), the MPT posits that observed increases in subjective well-being, coupled with small achievements, may lead to increases in objective well-being over time. For example, while building a resume does not increase objective well-being based on this research's definition, it increases the chance of future employment. The implications of this inconclusive finding are that more should be done to refine definitions of well-being and the methods used to collect and measure well-being.

Finally, this research sought to make suggestions about how increased well-being in the family may translate to student achievement. While it was clear that measuring student achievement fell outside of the scope of this research, the findings may support the assumption that increased family well-being is realized through student improvements. Six of the individuals interviewed had children. The ages ranged from two years-old to adult children. While data was limited on clients' children, a few clients drew a connection between LIFT services and their children's well-being:

Her dance teacher said that Sammy seems much happier...it is all connected"; "It's primarily me but it's also them also because once I benefit, they [the kids] benefit".

Researchers seeking to contribute to the expansive literature on student achievement may further investigate how service-providing nonprofits such as LIFT directly contribute to the academic success of clients' children.

9.3. Research Limitations

The most obvious limitation of this study was the timeframe. Due to the nature of the MPT's course schedule and outside pressures, a limited window existed for data collection. While the team highlighted several interesting findings, additional data collection would have allowed for a more in-depth analysis and more conclusive findings.

While data collection efforts were largely successful, some limitations threaten this report's results. First, the survey response rate is low (see Appendix C). After observing an initial spike in survey respondents followed by low response in the following weeks, an incentive was offered during the final three weeks of the data collection efforts. The raffle for survey participants resulted in a small spike in Roxbury respondents, but the incentive was offered too late for any reasonable affect. Given abundant responses, this technique could have been used during the entire data collection period and improved the survey's response rate and validity. By shortening the survey, emphasizing advocate survey training, taking advantage of an overall client willingness to try and improve LIFT services and incentives, response rates might improve in a future survey. Even with the low response rate, the MPT suggests, in Appendix C, that the survey sample closely resembles the overall LIFT-Boston population.

Additionally, the MPT's initial attempt to administer the survey electronically was unsuccessful. First, advocates were hesitant to dedicate their computers to data collection, as the effort would likely reduce another client's appointment time. Second, neither LIFT nor the MPT had the resources to dedicate additional computers to the data collection efforts. Additional computers might have allowed for data collection outside of the advocate/client meeting. Finally, clients with low computer literacy may have had some trepidation about electronic surveys. Additional efforts to dedicate staff and resources to assist in electronic survey administration may have increased the response rate. This analysis suggests that any future research should focus on improving survey response rates. Interviewee data suggests a desire of LIFT clients to assist in improving LIFT services; therefore, future research must leverage this willingness through greater outreach that reinforces the need for a long-term survey. Additionally, suggestions by LIFT staff to shorten the survey and remove some of the more complicated language may prove especially successful in subsequent research.

Next, there was limited success in recruiting former clients for the scheduled focus groups. While more than a dozen people committed to a session, only two former clients attended. An inability for the MPT to contact the non-returning clients directly may have contributed to this limitation. Due to concerns for client confidentiality, the MPT worked with LIFT staff members to recruit non-returners via telephone. With additional resources, more time could have been dedicated to recruiting and confirming attendance with potential participants. Additional focus group data would have allowed the MPT to better understand why some clients choose not to return to LIFT.

Another limitation is client self-selection. The low response rate for the survey and low attendance at the focus groups indicates that observations may be biased toward clients most satisfied with LIFT services. Additional resources, a survey redesign, or improved survey administration protocol geared toward random sampling may have limited self-selection bias.

Many strains of literature informed the various aspects of this research project. Despite drawing from the literature, there is a great deal of additional literature, specifically in the area of subjective well-being, worthy of inclusion in this study. Current findings suggest that a more thorough investigation of the links between advocate caring and consistency and increased subjective well-being is warranted. Additionally, the literature review could be supplemented by an examination of the links between subjective and objective well-being. Any future data analysis should incorporate additional literature from these areas.

9.4. Next Steps for LIFT-Boston

The MPT's analysis suggests several potential next steps for LIFT-Boston to implement. Foremost, this research project provides evidence that clients who visit LIFT have measureable increases in objective measures of well-being most notably housing and accessing food stamps. In addition, based on interviews, clients feel better about themselves after going to LIFT even if their initial problems are not entirely solved suggesting an increase in client subjective well-being. As a result, LIFT can utilize these findings to demonstrate the organization's impact to partner agencies, funders, and other nonprofits. Based on these findings, LIFT can propose that

its unique service model contributes to improvements in measures of well-being and is worthy of imitation.

A second avenue for future study is assessing the impact of LIFT's service model compared to more traditional social service models. Although this research suggested improvements in client well-being, a question for future research is whether LIFT's model produces greater improvements in client well-being compared to other social service approaches. During interviews, respondents reported anger, frustration, and trepidation with traditional social service delivery organizations relating to goal attainment, process barriers, and overall feelings of disrespect or lack of caring. Despite most interviewees reporting they are yet to achieve their original overall goal, they continue to visit LIFT. Therefore, future research could assess whether LIFT's lack of eligibility requirements combined with its holistic approach and fostering a caring and respectful advocate/client relationship result in greater improvement of client well-being compared to other social service approaches. A future study might compare LIFT to other social service program(s). This may be possible since LIFT clients report using multiple service agencies during their engagement with LIFT.

Thirdly, this study demonstrated that LIFT clients in the Roxbury and Somerville offices differ by race, language, citizenship status, initial needs, and accessing public benefits. Understanding these differences can allow LIFT to staff its offices with advocates who can better meet the needs of each office's clientele. For example, the Somerville office has nearly 3 times more French speaking clients than the Roxbury office. Therefore, advocates who speak French may be able to better serve clients in the Somerville office. In addition, Somerville clients are less likely to be U.S. citizens compared to Roxbury clients. As a result, advocates in the Somerville office could receive additional training on assisting clients with immigration and citizenship issues.

A fourth suggestion is ensuring consistency of advocates and improving procedures for advocate transitions. During interviews, some clients expressed frustration with changing advocates, needing to retell their story, and developing new relationships. As a result, LIFT could take steps to ensure that advocates remain consistent and, in cases when advocate changes are necessary, providing clients with sufficient time to prepare for the transition. In addition, LIFT could develop procedures whereby a departing advocate provides the client's new advocate with

information about the client and his or her needs. A brief overview of who the client is and what his or her needs are could reduce or eliminate the need for clients to retell their stories every time they change advocates.

A fifth area for LIFT to examine is greater publicity and exposure of the organization's services. One sentiment expressed during the Roxbury focus group was that both respondents had no idea LIFT existed before friends suggested they visit LIFT. Therefore, LIFT could develop a publicity strategy to have a greater presence and visibility in the communities served so that when individuals need assistance they know they can turn to LIFT. In addition, LIFT could explore establishing offices in other regions of greater Boston. One participant of the focus group suggested that many individuals who would benefit from LIFT's services have challenges accessing services because LIFT is not in their neighborhood. Due to transportation issues or security concerns, individuals are not able to utilize LIFT's services; therefore, establishing additional offices in neighborhoods with high levels of need could be beneficial. To begin exploring these topics, this research is supplemented by a spatial analysis of LIFT clients and office accessibility using Geographic Information Systems software. For details, including data and methods, please see Appendix D.

Finally, the MPT suggests LIFT-Boston incorporate internal demographic and issue tracking similar to the information available in this study's tables. By tailoring training, staffing, outreach, and publicity to available data on current clientele, LIFT-Boston can optimize its unique service delivery model. Data available in this study suggests LIFT-Boston serves a wide variety of clients with specific clientele at each Boston location; however, certain characteristics like high unemployment, inability to pay for housing costs, and a high reliance on food stamps offer specific training and service focuses.

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APPENDICES

Appendix A: Link Administrative Data Sources

The data from the Link case management system is a relational database with many tables that relate using a unique client identifier (clientid). LIFT provided the MPT with seven database tables from Link. In this appendix, we describe the tables LIFT shared with the MPT, and at the end of the appendix we provide a codebook for each of the database tables. For the basic profile and calendar data, the codebooks are from our analytic databases. For the other tables, the codebooks are from the raw data.

The seven tables LIFT provided the MPT are:

1. **Basic Profile** – A database table describing the client, his or her personal characteristics, initial needs, and public benefit receipt. Other than the client personal characteristics, data are only complete for clients beginning their LIFT experience starting in May 2012.
2. **Calendar Data** – A database table describing the scheduled meetings between LIFT clients and advocates and intended for advocates to record their actions taken on behalf of clients aside from meeting times. The scheduled client meetings appeared complete, but there were very few records indicating any advocate actions on behalf of clients, suggesting that this feature of the Link calendar is unused.
3. **Goal** – The list of goals clients and advocates set to meet client needs. These data are only available beginning May 2012. We think that these data are largely complete – there are 2,553 records in this database table. However, as Table A.1 reports, the progress variable indicates only 12 percent of goals are complete.

Table A.1: Progress in Client Goals

Progress	N	Percent (%)
Closed-not completed	16	0.63
Complete	307	12.04
In progress	1,860	72.97
Not started	366	14.36
Total	2,549	100

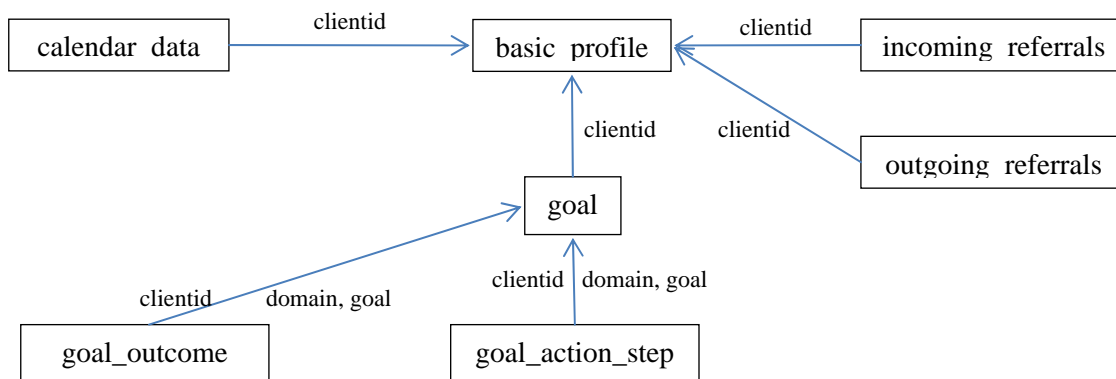
Source: Link data from LIFT, Goal Table

We concluded that the basic profile met the needs of this study, and the goal tables would not provide additional information about the dynamics of client well-being.

4. **Goals & Action Steps** – This table describes the action steps taken to achieve each goal described in the goal table. These data are only available beginning May 2012. There were 2,876 records, but applied to only 1,226 goals. Therefore, as with the goal table, we chose to use our analytic resources on the basic profile and calendar data.
5. **Goals & Outcomes** – This table describes the outcomes from client goals. These data are only available beginning May 2012. With 362 records, we think this module of Link is infrequently used. It does record some positive client outcomes (e.g. “got employed”).
6. **Incoming Referrals** – This table describes from where a client was referred. We found 295 unique referrals, the most frequent from various schools in Boston’s Circle of Promise (74 referrals for 25 percent), Homestart (59 referrals for 19 percent), and BCYF Streetworkers (20 referrals for 7 percent).
7. **Outgoing Referrals** – This table describes an outside organization to where a client was referred from LIFT. These data are only available beginning May 2012. There were 163 records in this table, suggesting that this section of Link is a lower priority for LIFT advocates.

Figure A.1 describes how the Link tables relate.

Figure A.1: Relationship between Link Tables



DATE:

TIME:

Appendix B: LIFT Survey Questionnaire

LIFT Boston Client Survey

Thank you for participating in this survey. Your responses will be confidential and will not impact the assistance or services that you receive from LIFT.

1. What is your age? _____

2. What is your gender?

☐ Male

☐ Female

3. What is your current employment status?

☐ Employed full-time

☐ Employed part-time (less than 20 hours)

☐ Unable to work

☐ Not employed and looking for work

☐ Not employed and not looking for work

☐ Student

☐ Homemaker

☐ Retired

4. If you are employed, how satisfied are you with your current employment?

☐ Very satisfied

☐ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

☐ *DOES NOT APPLY*

5. This survey defines “home” as the place where you primarily sleep. Overall, how satisfied are you with your current home?

☐ Very satisfied

☐ Somewhat satisfied

☐ Somewhat dissatisfied

☐ Very dissatisfied

☐ *DOES NOT APPLY*

6. Which of these statements best describes the food eaten in your household in the last month?

☐ Enough of the kinds of food we want

☐ Enough but not always the kinds of food we want to eat

☐ Sometimes not enough to eat

☐ Often not enough to eat

7. In the past month was there a time when you or a member of your household could not meet all of your essential expenses including:

	Yes	No
Mortgage or Rent?	<input type="checkbox"/>	<input type="checkbox"/>
Utilities?	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care?	<input type="checkbox"/>	<input type="checkbox"/>
Other?	<input type="checkbox"/>	<input type="checkbox"/>

If Other, please specify: _____

8. Please indicate if you receive public assistance from any of the following sources:

(Check all that apply)

- ☐ TANF (Welfare)
- ☐ Supplemental Security Income (SSI)
- ☐ Unemployment Compensation
- ☐ SNAP (Food stamps)
- ☐ Housing Subsidy
- ☐ *NONE*
- ☐ Other, please specify: _____

9. If you had a problem with which you needed help, could you get help from?

(Check all that apply)

- ☐ Family
- ☐ Friends
- ☐ Neighbors
- ☐ Community groups
- ☐ Church or religious organization
- ☐ *NO ONE*
- ☐ Other, please specify: _____

10. Are you an active participant in any of the following groups?

(Check all that apply)

- ☐ Neighborhood group
- ☐ Church or Religious Group
- ☐ School organization
- ☐ Other Non-profit or volunteer organization
- ☐ Not a participant in any organizations
- ☐ Other, please specify: _____

11. Does a child in your household attend any of the following schools?

(Check all that apply)

☐ **NO CHILDREN IN HOUSEHOLD**

- ☐ Harbor Middle School, Dorchester
- ☐ John Holland Elementary School, Dorchester
- ☐ William Monroe Trotter Elementary School, Dorchester
- ☐ English High School, Jamaica Plain
- ☐ John F. Kennedy Elementary School, Jamaica Plain
- ☐ Maurice Tobin K-8 School, Mission Hill
- ☐ Henry Dearborn Middle School, Roxbury
- ☐ Orchard Gardens K-8 School, Roxbury
- ☐ Ralph Waldo Emerson Elementary School, Roxbury
- ☐ William Blackstone Elementary School, South End

☐ NONE OF THESE SCHOOLS

☐ UNSURE

12. For the following questions, select the answer that best describes the extent to which you agree or disagree with the statement.

a) I know how to change specific things that I want to change in my life.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

b) I have a good sense of where I am headed in my life.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

c) If I want to change something in my life, I initiate the transition process.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

d) I can choose the role that I want to have in a group.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

e) I know what I need to do to get started toward reaching my goals.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

f) I have a specific action plan to help me reach my goals.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

g) I take charge of my life.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

h) I know what my unique contribution to the world might be.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

i) I have a plan for making my life more balanced.

- ☐ Definitely disagree
- ☐ Mostly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Mostly agree
- ☐ Definitely agree

13. Did an advocate help you fill out this survey?

- ☐ Yes
- ☐ No

Recruitment Form

Thank you for participating in this survey.

We are also interested in gathering in-depth information about your experience with LIFT-Boston. We will be conducting one-on-one confidential interviews with some clients.

If you are interested in being contacted for an interview, please provide your contact information. You are NOT required to participate in the interview. Participation in the interview is completely voluntary.

Name: _____

Telephone Number: _____

Email Address: _____

Appendix C: Survey Response Rate

The raw response rates for the MPT's survey were 7 percent in Roxbury, 6 percent in Somerville, and 7 percent overall. This is very low, but the low response rate is mitigated by some facts about the sample. We calculate the raw response rate as follows:

$$ResponseRate_i = \frac{Resp_i}{EligibleResp_i}$$

The *Resp* are the number of survey respondents, the *EligibleResp* are the number of LIFT clients visiting a LIFT office during the survey study period, and *i* denotes the site (Roxbury or Somerville). Table F.1 reports response rates for the survey by site and overall. The first column denotes the week that the survey was fielded. The second, third, and fourth columns report the number of clients in the Roxbury office answering a survey, visiting the office, and the response rate. The fifth through seventh columns report the number of clients in the Somerville office answering a survey, visiting the office, and the response rate, and the eighth through tenth columns report similar measures overall.

At each site, response rates were higher for a particular period of time. Table F.1 shows the response rate for Roxbury and Somerville for each week the survey was fielded. Notice that the response rates in Somerville are much higher earlier in the study period and tail off at the end. The response rates in Roxbury are nearly opposite. They are low in the beginning and much higher at the end. While this suggests that observing changes in survey response over time will be unproductive, we do find response rates of roughly 13 percent in Roxbury and 10 percent in Somerville when the survey was most likely to be answered. In fact, for one of our analyses, we merge the survey and administrative data, and then take only one survey (the first survey) answered by each client. If we view the survey as an attempt to solicit one response per unique client during the study period, our response rates are somewhat increased. The last row of Table F.1 reports the number of surveys we solicited from unique clients, and the number of unique clients visiting LIFT offices. Viewed through this lens, our response rates increase to 15 percent in Roxbury, 9 percent in Somerville, and 13 percent overall.

Table F.1 - Response Rates to the Survey, by Week and Overall

Week	Roxbury			Somerville			Total		
	Survey	Admin	Response Rate (%)	Survey	Admin	Response Rate (%)	Survey	Admin	Response Rate (%)
2/25/2013 - 3/3/2013	15	114	13%	16	123	13%	31	237	13%
3/4/2013 - 3/10/2013	13	71	18%	12	104	12%	25	175	14%
3/11/2013 - 3/17/2013	11	112	10%	7	119	6%	18	231	8%
3/18/2013 - 3/24/2013	0	30	0%	6	15	40%	6	45	13%
3/25/2013 - 3/31/2013	1	112	1%	1	102	1%	2	214	1%
4/1/2013 - 4/7/2013	9	108	8%	2	95	2%	11	203	5%
4/8/2013 - 4/14/2013	4	120	3%	3	101	3%	7	221	3%
4/15/2013 - 4/21/2013	0	62	0%	1	52	2%	1	114	1%
4/22/2013 - 4/28/2013	12	89	13%	2	73	3%	14	162	9%
4/29/2013 - 5/5/2013	3	52	6%	2	63	3%	5	115	4%
Total	68	870	8%	52	847	6%	120	1,717	7%
Unique Clients, 2/25/2013 - 5/5/2013	53	314	17%	27	313	9%	80	627	13%

Source: MPT Survey of LIFT Clients and Link Administrative Data

Table F.2 - Overlap between Age and Gender for the Survey and Administrative Data

Average Age	Roxbury			Somerville			Total		
	Survey	Admin	p-value ^a	Survey	Admin	p-value ^a	Survey	Admin	p-value ^a
N	67	1069	0.178	45	829	0.455	112	1898	0.150
Mean	46.0	44.0		47.8	46.5		46.7	45.1	
Standard Deviation	11.6	14.2		12.0	12.7		11.7	13.6	
Gender (N)	Survey	Admin	p-value^b	Survey	Admin	p-value^b	Survey	Admin	p-value^b
Male	23	313	0.464	19	270	0.721	42	583	0.776
Female	45	504		32	506		77	1010	
Gender (Percent)									
Male	34%	38%		37%	35%		35%	37%	
Female	66%	62%		63%	65%		65%	63%	

Source: MPT Survey of LIFT Clients and Link Administrative Data

a: p-value is from a t-test that the means between the survey and population are equal

b: p-value is from a Chi-square test of association that the survey and population proportions are equal

Despite the low response rates, we have some evidence that the survey respondents are not wildly different than LIFT clients in general. Table F.2 reports the average age and the gender distribution found in the survey and in the population, by site and overall. The first column reports the characteristic measured in the survey or the administrative data. The second through fourth columns report the distribution of age and gender found in Roxbury, for the survey sample, in the population, and a p-value reporting a test of statistical significance of the age and gender between the survey and population. The fifth through seventh columns report similar

statistics for Somerville, and the eighth through tenth columns report similar statistics for the total sample. Since all p-values are greater than 0.05, we find no statistical evidence that distributions are not independent, so there is some evidence that the survey sample looks like the population.

There are some challenges LIFT advocates identified in answering the survey. In Somerville, the survey was initially popular, but popularity waned over the study period. LIFT advocates suggested a few reasons at this site. First, the survey was designed and tested by college graduates and mostly native English speakers. Some LIFT clients found the survey difficult to follow and were intimidated by the length. Second, despite the intention that the survey would be answered multiple times, both client fatigue and advocate workload resulted in a de-emphasis of the survey. This was compounded if the client had trouble understanding the survey, as advocates had limited time to assist clients with the survey. Third, while paper surveys were the most practical method for survey administration, computer surveys at a separate workstation would have made the list of questions and resulting stack of paper less intimidating.

In Roxbury, we found similar challenges. Advocates are trained to complete all of their initial intakes with clients on one day. Often they felt limited for time; therefore, survey administration was a lower priority than creating meaningful goal completion with clients. Language barriers and multiple responses were also a challenge. Although the survey was designed to be administered at each visit, advocates faced pushback from clients which was compounded by time constraints when clients were asked to answer the survey a second or third time. When language was an issue overall, the survey was answered in Spanish but not in other languages. And finally, while the survey was initially popular in Roxbury, client and advocate fatigue resulted in lower survey response rates, especially when coupled with seasonal breaks for college advocates. Still, in Roxbury, we find a response rate that is relatively similar to the LIFT population as a whole, lending credence to our assertion that the survey represents client well-being for a particular period of time.

Appendix D: LIFT-Boston Clients: Spatial Analysis

Introduction

In September 2012, the non-profit organization LIFT-Boston entered into a collaborative partnership with McCormack Graduate School Public Policy PhD students and faculty (referred to here as the McCormack Practicum Team (MPT)) to develop and implement a research project. The broad goal of this project was to assist LIFT-Boston in understanding the outcomes associated with its services and enable the organization to further pursue its service goals.

To begin, LIFT-Boston and the MPT worked collaboratively over several months, engaging with LIFT in a structured exploration of organizational goals, activities and outcome measures, to identify the research questions and methods for analysis. Primary research questions respond to the most fundamental questions facing the organization, including how the organization's unique service model impacts clients across several dimensions of well-being. Through a multi-method design, the MPT analyzed administrative, survey, observation, interview, and focus group data.

This report supplements these analytic methods with a spatial analysis of LIFT's clients. Using administrative data provided by LIFT, client addresses were geocoded and analyzed through several lenses. The purpose of applying GIS to supplement the larger research is to help LIFT better understand and serve their client population. That is, this research is grounded in providing technical assistance to the LIFT organization.

Research questions include:

1. Where do LIFT-Boston's clients live?

Using client addresses provided by LIFT-Boston, this report sought to determine what communities LIFT's clients live in, what some of the characteristics of these communities are and how far clients report living from the LIFT office that they receive services from. By addressing these questions, LIFT may be able to develop strategies for client recruitment or event planning. Understanding where clients reside may also allow LIFT to tailor services that respond to the needs of their clients' communities.

2. How accessible is LIFT for clients?

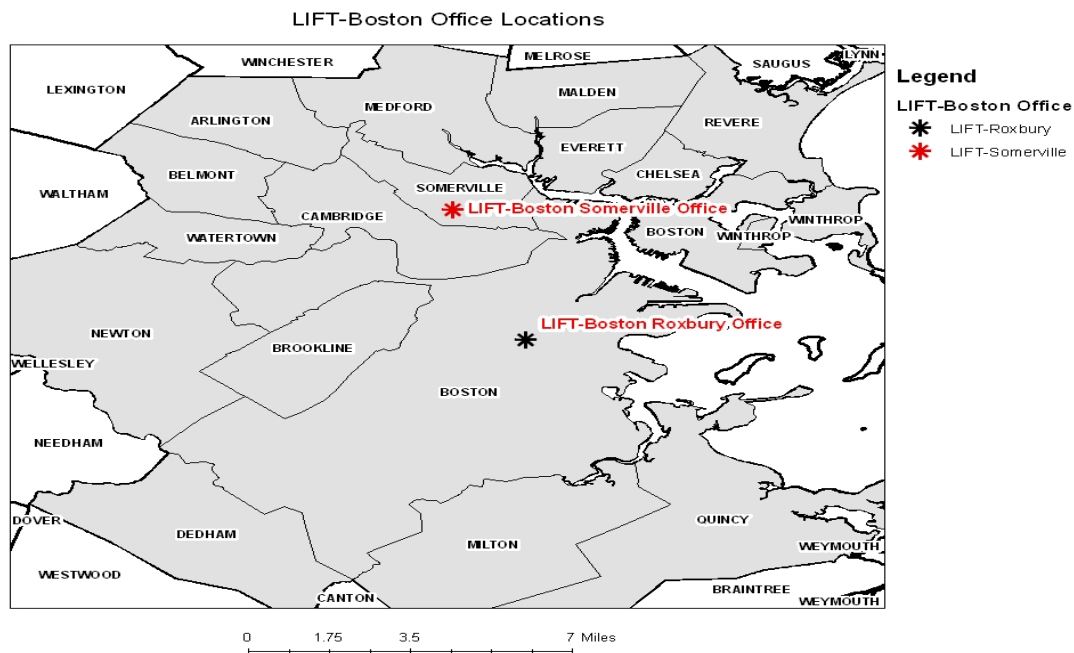
Using MBTA train and bus locations and routes and client addresses, this report sought to determine how accessible LIFT's office locations are for clients. As low-income clients likely lack personal cars, it is important to understand how accessible offices are when using public transportation. While presenting preliminary findings, this analysis provides the foundations for a deeper analysis. Using more advanced methods, LIFT could use this report's preliminary findings to pursue a site suitability analysis to determine where new offices should be located should the organization seek to expand.

Preview of Findings

This report suggests that LIFT clients report living in close proximity to the LIFT offices that they receive services from, in areas that are economically disadvantaged. While clients have access to LIFT via MBTA buses, most live in neighborhoods with limited access to the MBTA subway system. A proximity analysis shows that some LIFT clients travel farther than necessary for services, bypassing a nearer office. One possible explanation is that LIFT's services are unique according to office location and some clients would rather travel farther for the services a particular office provides. This report serves as a preliminary analysis. Next steps may examine site suitability and suggest where an additional LIFT office or a relocation of a current office may be.

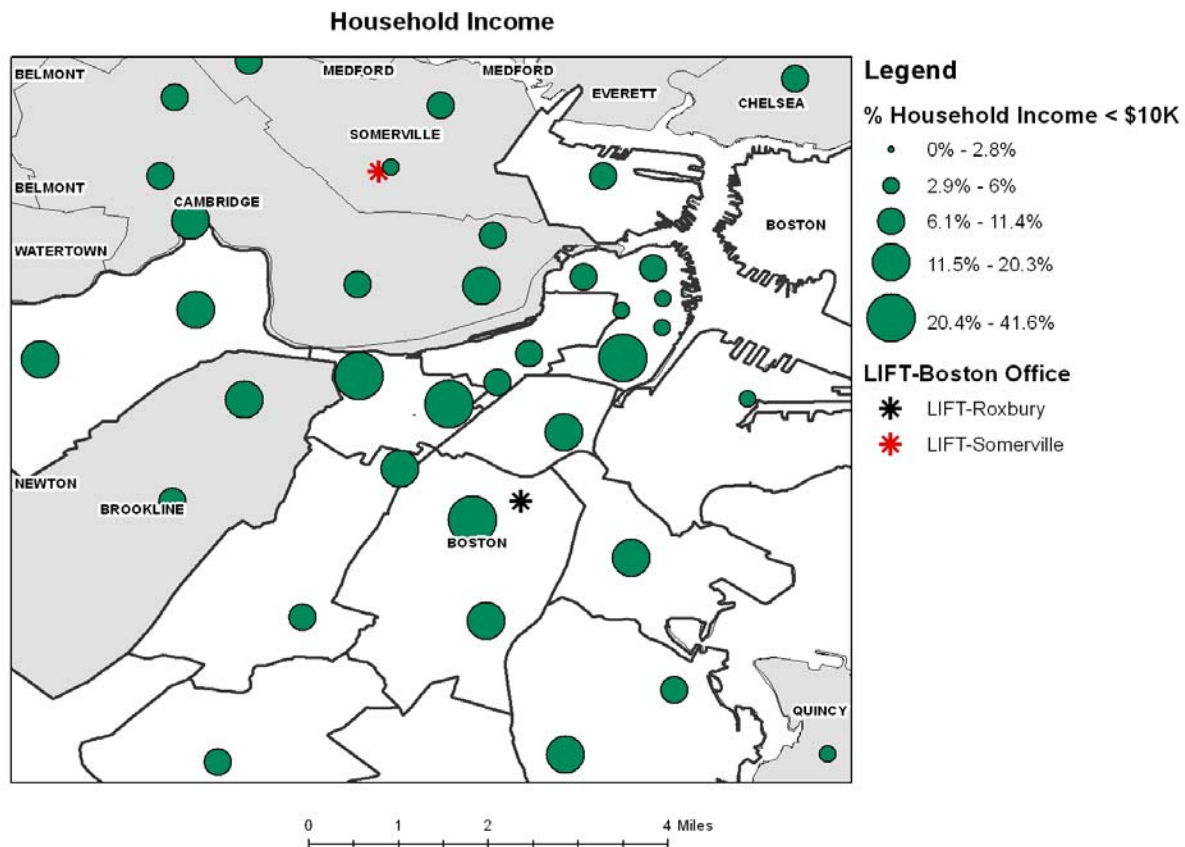
LIFT-Boston

LIFT-Boston is the Boston chapter of LIFT, a national nonprofit organization that is dedicated to ending intergenerational poverty. To meet this goal, LIFT-Boston provides a wide range of services to a diverse population of adult clients out of two Boston area offices located in the Roxbury section of Boston and Somerville.



LIFT's services include, but are not limited to, housing assistance, employment services, and navigation of public benefit programs. LIFT is unique in that they do not have any eligibility requirements for clients. That is, while most social service nonprofits screen clients based on income or alternative eligibility standards, LIFT accepts any client in need of services. While LIFT's services are broad, the underlying focus is the alleviation of poverty.

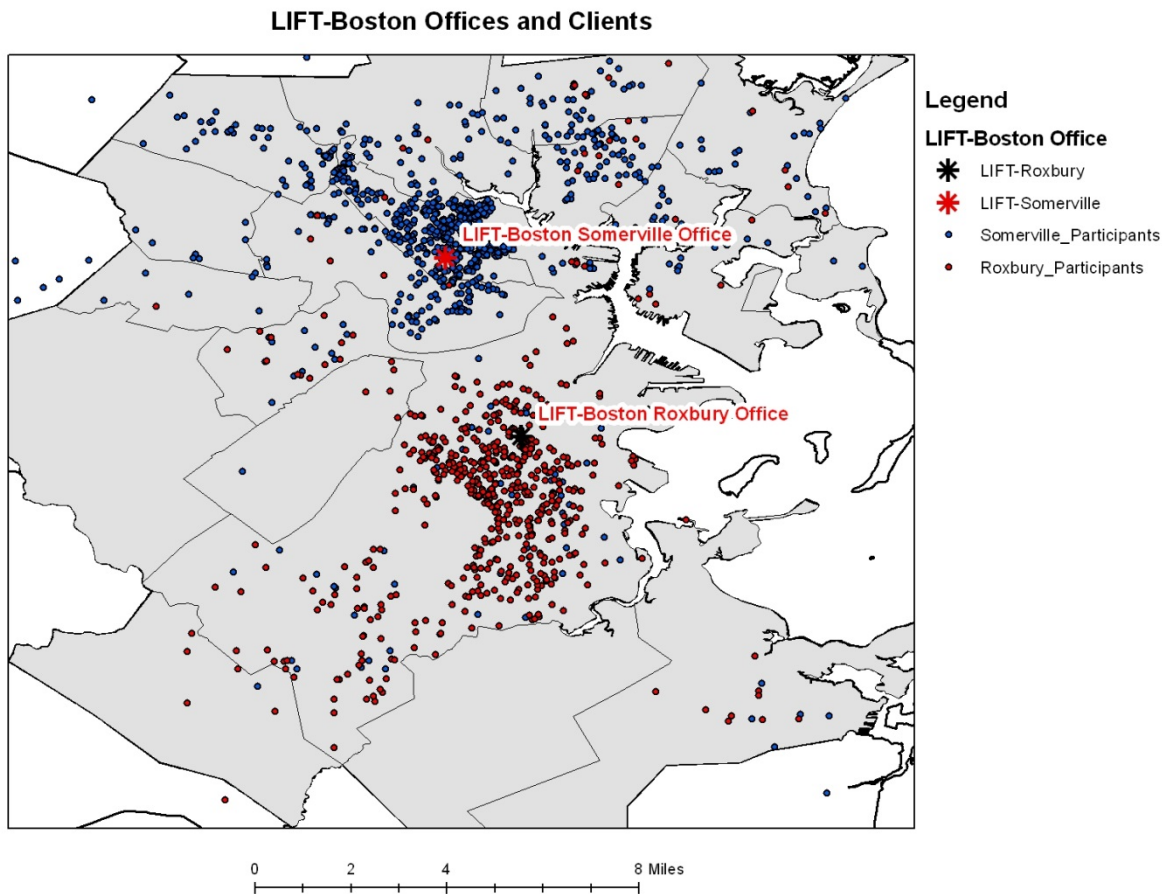
By mapping income data obtained from the U.S Census Bureau (American Community Survey, 2011), it is clear that LIFT's Boston area office locations are in communities that are economically disadvantaged. The map below shows the percent of households with annual income less than \$10,000 within a zip code. The largest circles, representing zip codes with approximately 20-40% households with less than \$10,000 annual income, are found in Roxbury and nearby Boston neighborhoods. While Somerville clearly has fewer families in the lowest income bracket, there map indicates that in northern Somerville, approximately 11-20% of households earned less than \$10,000 in 2011.



As poverty alleviation is a primary goal for LIFT, locating offices in economically distressed neighborhoods is intuitive. To determine if LIFT is drawing its clients from these neighborhoods, one of the primary goals of this spatial analysis is to determine where LIFT's clients report living.

Where do LIFT-Boston clients report living?

The data to answer this question was provided by LIFT-Boston. When new clients arrive at LIFT for services, they are asked for their current address. This information is then stored in a database. These addresses, representing all LIFT clients with address data in the database until April 2013, were geocoded using free online software from Texas A&M University. From the provided addresses, matches were made for 755 Roxbury clients (83% matched) and 1369 Somerville clients (95% matched).

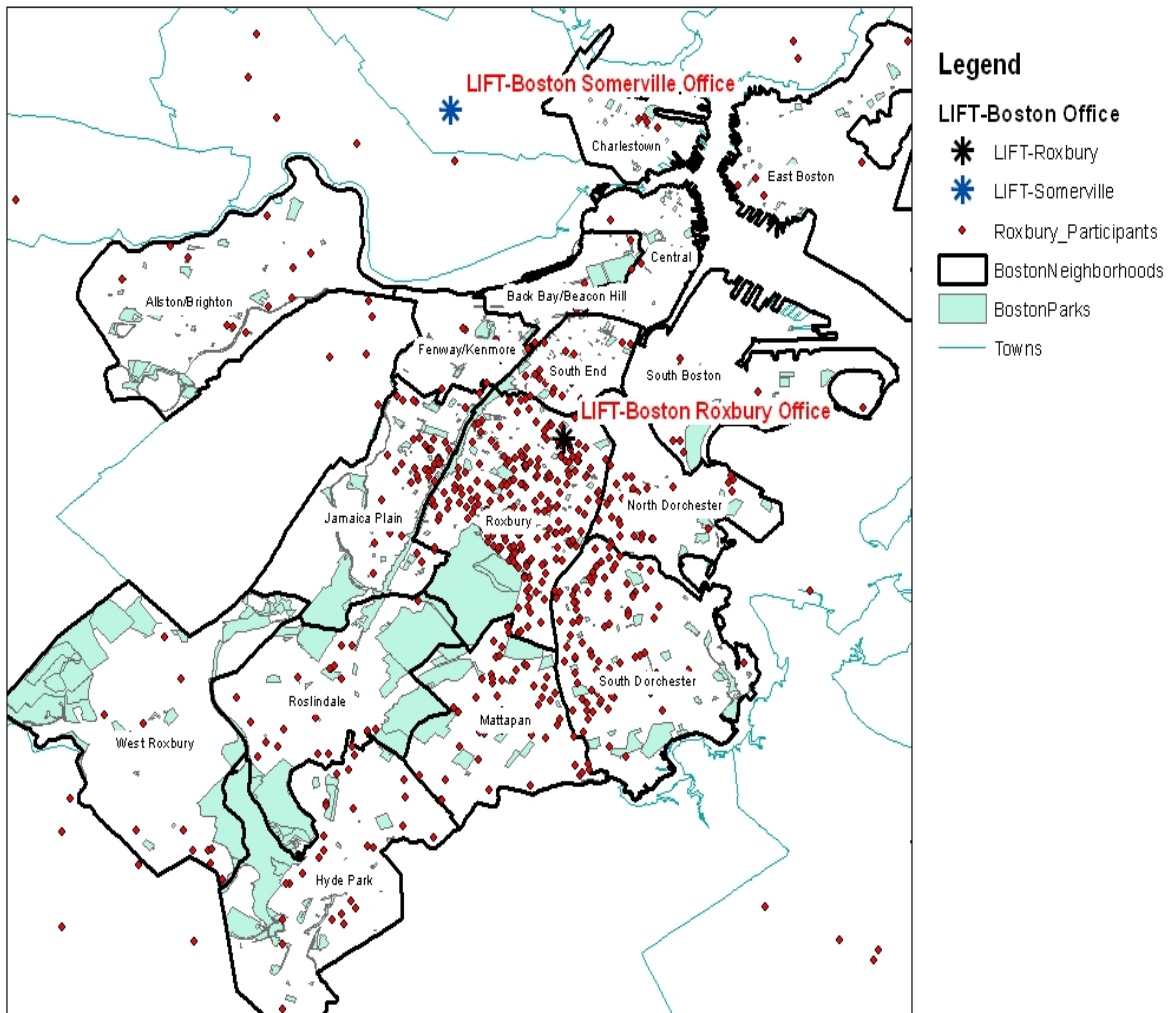


The map above provides a broad look at where LIFT-Boston clients report living. The map shows that LIFT-Boston clients report living in relatively close proximity to the LIFT office that they report receiving service from. More detailed maps will show each LIFT office and the client populations in relation to municipal boundaries.

LIFT-Roxbury Office

Clients who attend the LIFT-Roxbury office (755) report living primarily in the Roxbury section of Boston.

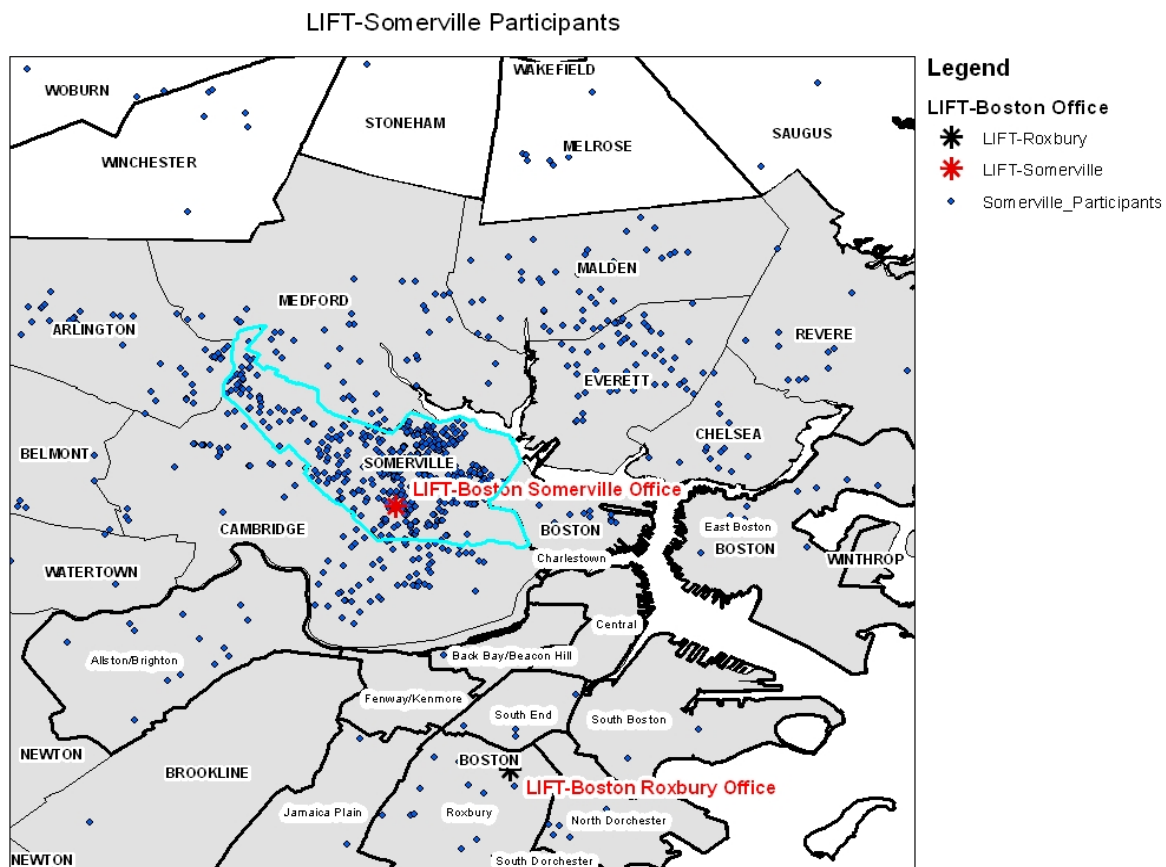
LIFT-Roxbury Participants



While scattered throughout the Boston neighborhoods, a large portion of clients also report living in Dorchester, Jamaica Plain and Mattapan, the neighborhoods directly abutting Roxbury.

LIFT-Somerville Office

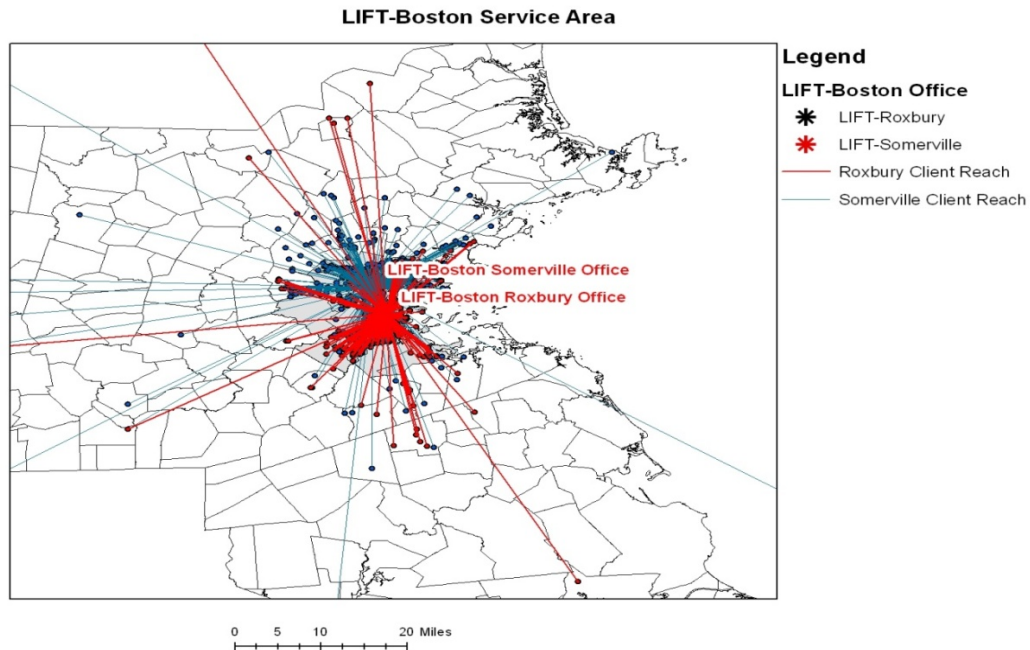
Clients who attend the LIFT-Somerville office also report living close to the office in Somerville.



LIFT-Somerville clients appear slightly more dispersed than Roxbury clients. While the majority of clients report living in Somerville, clients also report living in Malden, Everett, Medford, Cambridge, and Arlington.

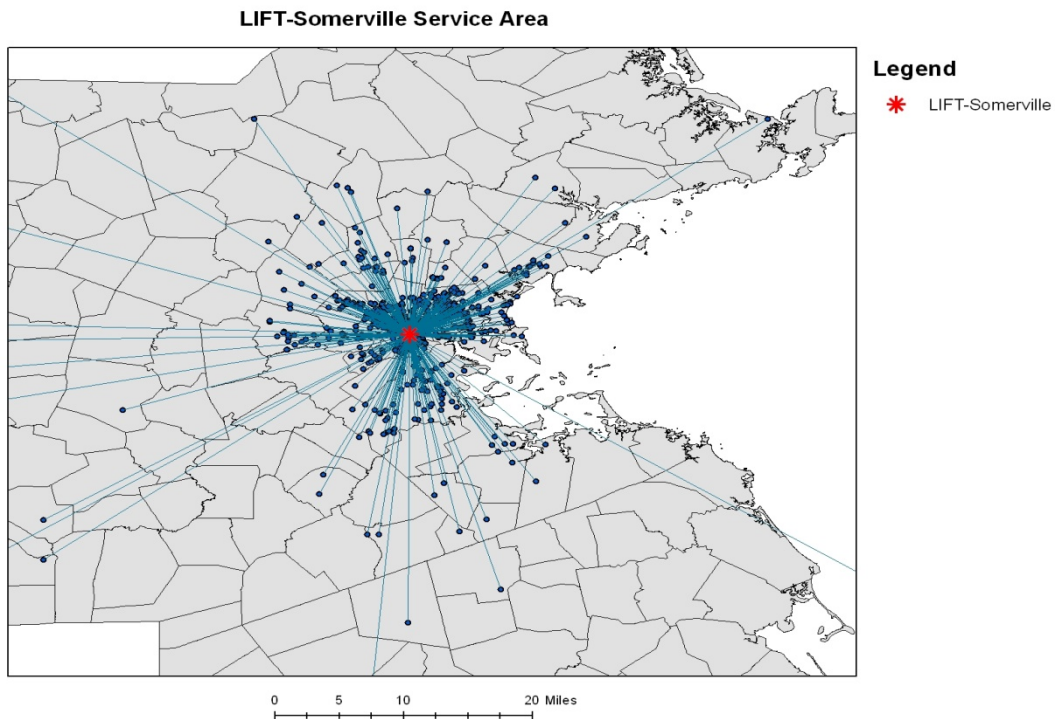
How Far do LIFT Clients Travel to Offices?

Previous maps have provided a cursory view of where LIFT-Boston client report living. This analysis provides the foundation for an examination of questions related to office accessibility. LIFT clients appear to live close to the LIFT office that they report receiving services from. To understand exactly how close, and what distances these clients may travel to receive services, spider diagrams were produced using GIS software. Spider diagrams connect each LIFT clients to the office location where they receive services and calculate a straight line distance.

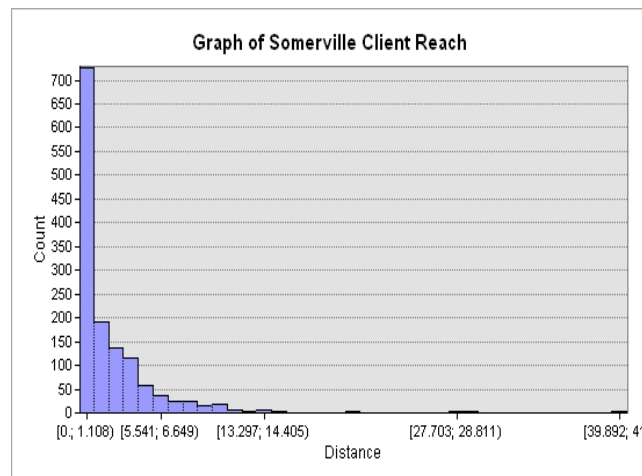


The results of the spider diagram show that while LIFT clients largely report residing in close proximity to LIFT offices, some clients may travel long distances to receive LIFT services. A more detailed map for each LIFT office will help understand how far clients likely travel.

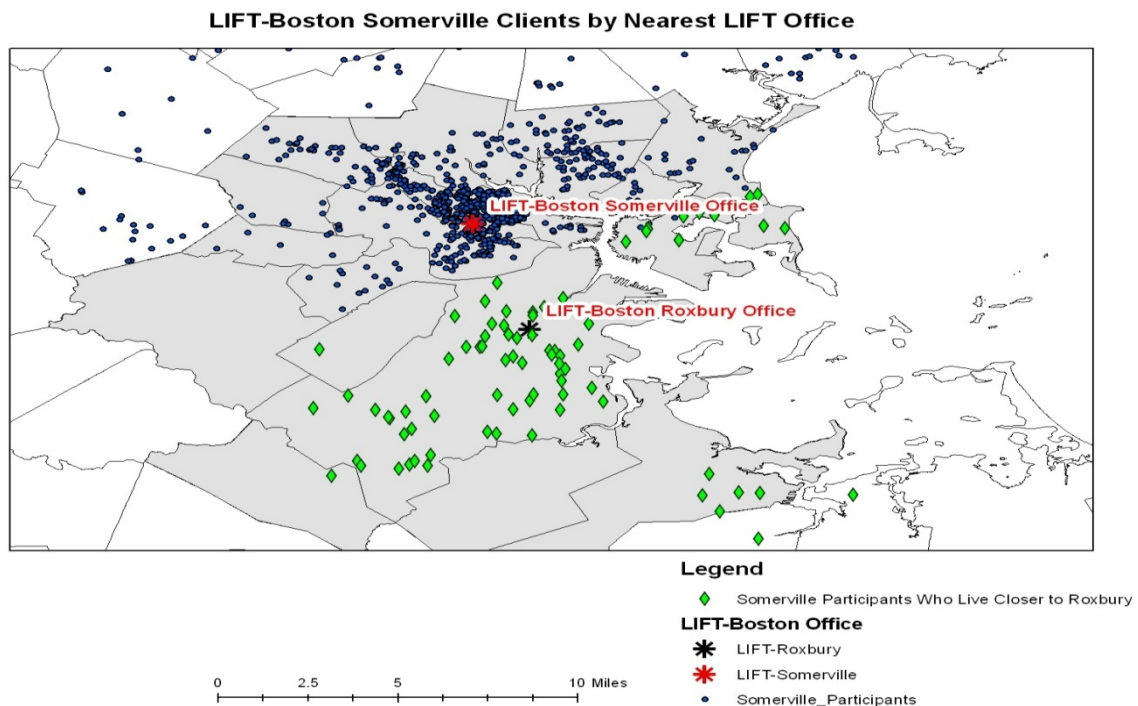
LIFT-Somerville



The minimum distance that LIFT-Somerville clients travel to the LIFT office is .02 miles. The farthest distance between a LIFT-Somerville client and the office is 41 miles. The average distance is 2.56 miles, median distance is 1 mile and standard deviation is 3.38 miles. A histogram shows the distribution of distances between clients and the LIFT office that they receive services from.

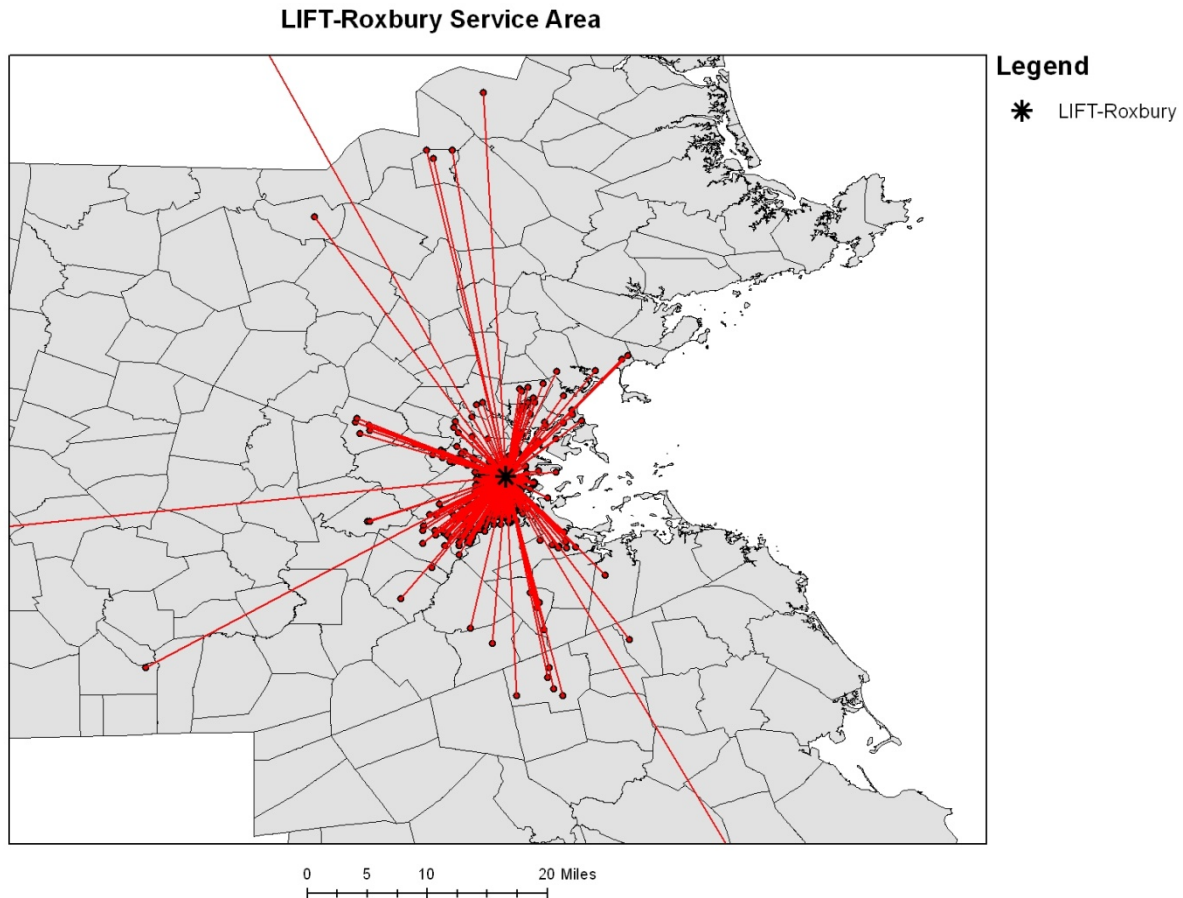


The histogram shows that over half of LIFT-Somerville clients live between 0 and 1.1 miles from the LIFT office that they attend. This finding may suggest that LIFT is particularly well positioned for clients who seek the services.

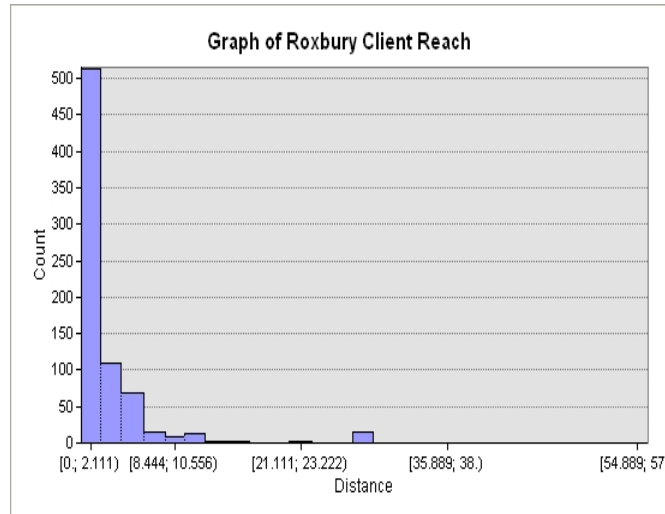


While the findings suggest that LIFT-Somerville clients are largely located in close proximity to the Somerville office, the map above highlights an unexpected finding. Some LIFT-Somerville clients bypass the closer LIFT-Roxbury office to seek services at the Somerville office. These clients are highlighted by the green diamonds on the map above. This portion of the analysis was conducted using the “point near” proximity analysis tool in GIS. The tool measures each client’s proximity to a LIFT office and identifies the nearest office.

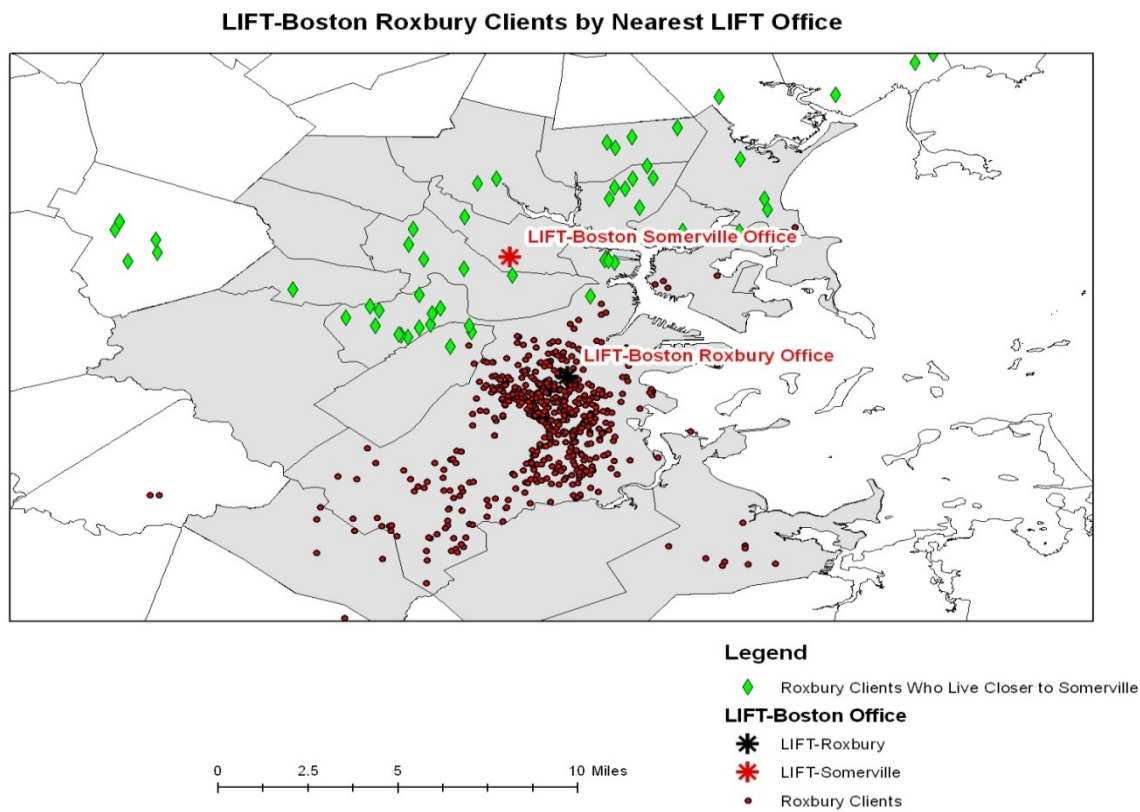
LIFT-Roxbury



The minimum distance that LIFT-Roxbury clients travel to the LIFT office is .03 miles. The longest distance between a LIFT-Roxbury client and the office is 57 miles. The average distance is 3.26 miles, median distance is 2 miles and standard deviation is 5.53 miles. The histogram shows the distribution of distances between Roxbury clients and the LIFT-Roxbury office. Again, the majority of clients live between 0 and 2.1 miles from the LIFT office that they attend.



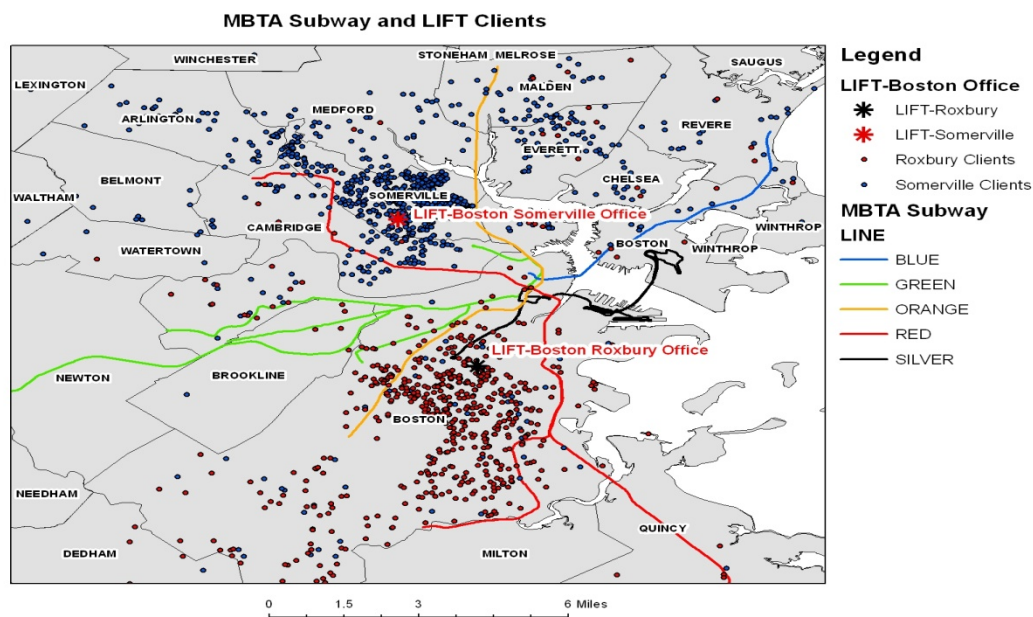
Similar to findings for Somerville clients, some Roxbury clients were found to bypass the nearest office, Somerville, and travel to the Roxbury office (symbolized by green diamonds).



How Accessible Are LIFT-Offices?

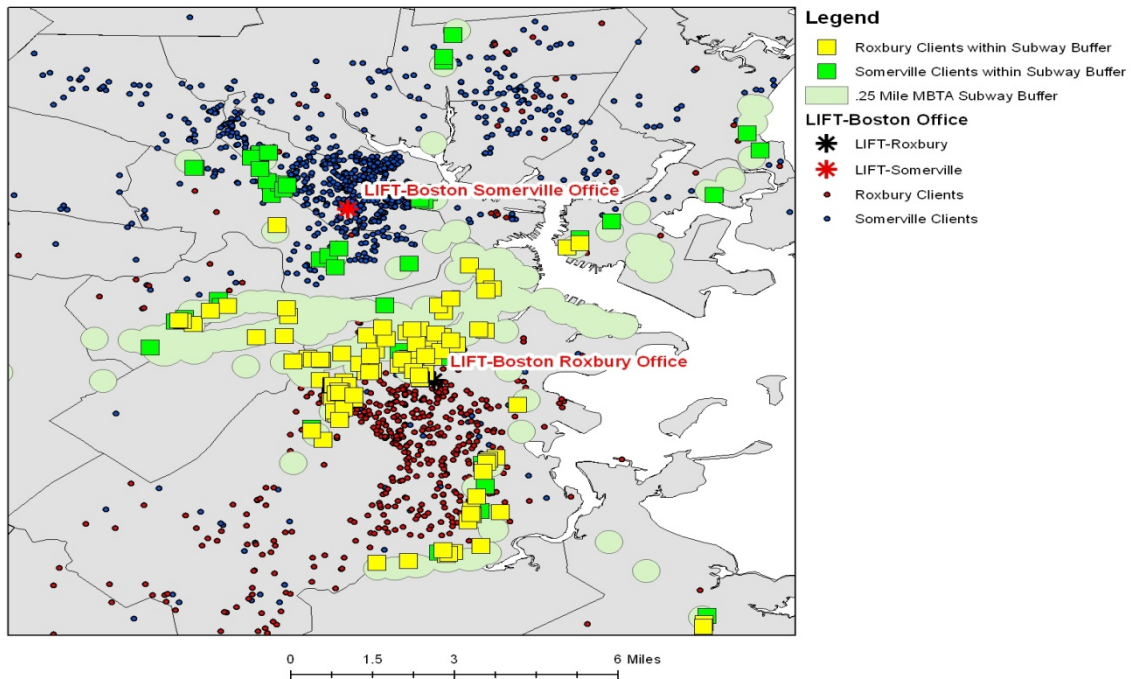
The previous maps suggest that LIFT clients largely report residing within 1-2 miles from the LIFT office that they attend. It is clear however that some clients reside several miles from LIFT offices. For these clients, and clients who may have limited personal mobility, it is important to understand how accessible LIFT is via public transportation. By obtaining shape files of MBTA Subway and Bus routes (MassGIS, 2013), and mapping them alongside client addresses, accessibility questions are examined.

First, a map of the MBTA subway system shows that many clients report living in areas that are relatively far from an MBTA subway stop. Specifically, most clients living in Roxbury and Somerville report residing somewhere directly in between the Red and Orange lines. In Somerville, the LIFT office is also directly between the Red and Orange lines. This suggests that MBTA subway service may be an unlikely mode of transportation for clients who travel to LIFT-Somerville.



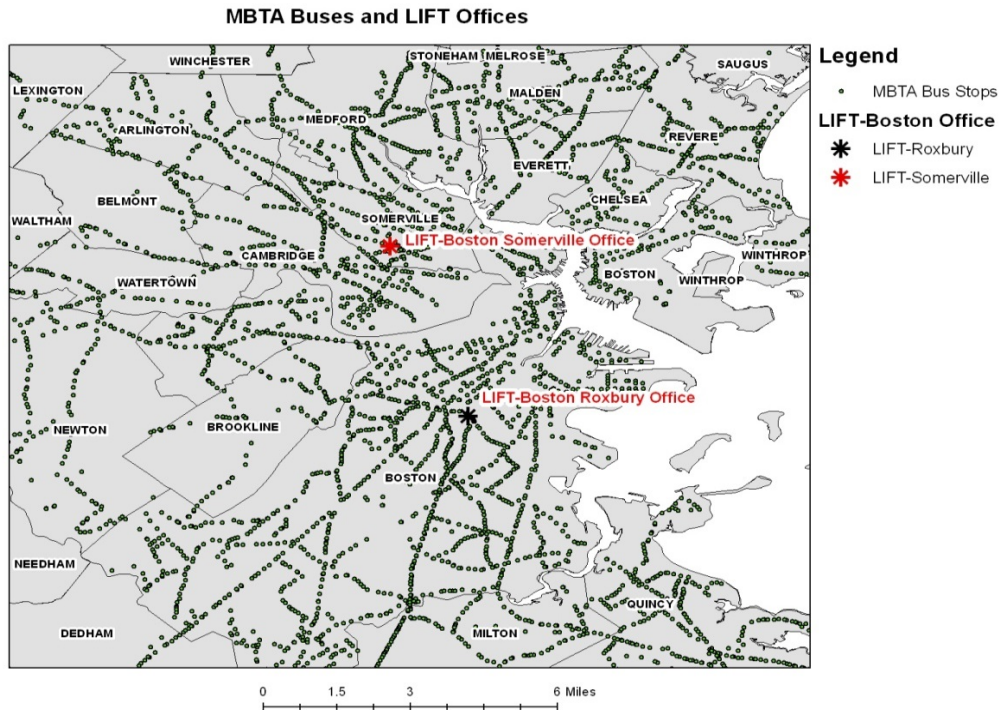
While the Silver line reaches a small portion of Roxbury and ends near the LIFT-Roxbury office, the large portion of LIFT-Roxbury clients who live south of the LIFT-Roxbury office have limited accessibility via MBTA subway. That is, clients living between the Red and Orange lines may be forced to travel toward the central subway hub in Boston before boarding the Silver line back out to Roxbury. A buffer analysis (defining an area around certain points and selecting clients from within the defined area) produces a clearer picture of accessibility to MBTA subways.

LIFT Clients Within .25 Miles of MBTA Subway

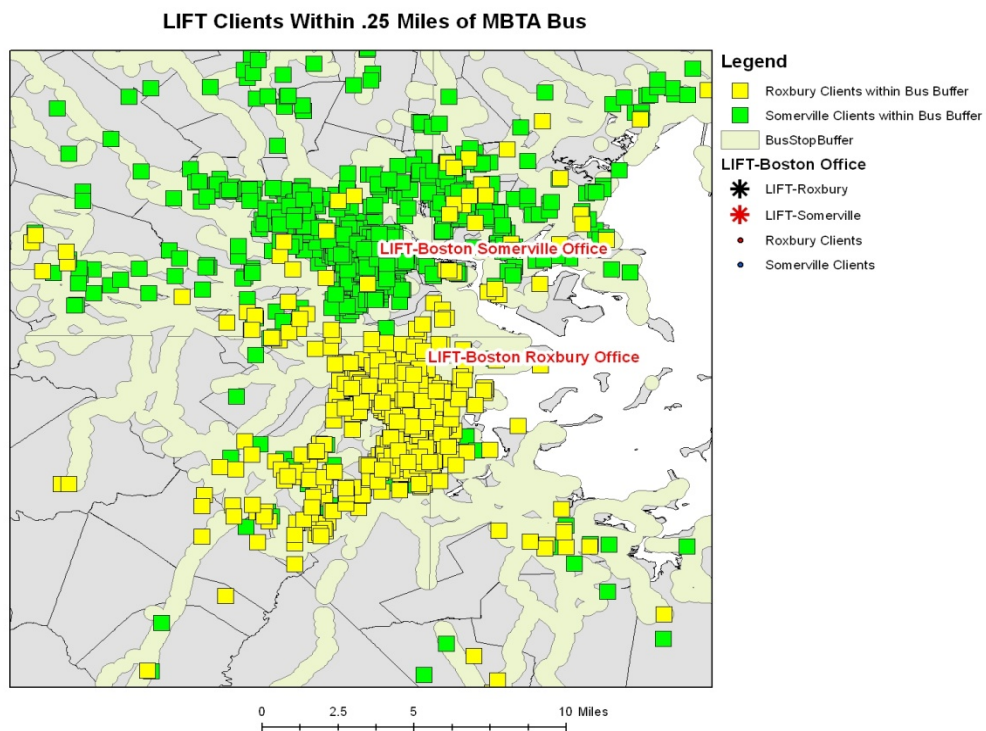


The buffer analysis shows the number of clients from each site who live within .25 miles of an MBTA station. Results indicate that approximately 19% of Roxbury clients live within the defined buffer compared to only 5% of Somerville clients. Findings suggest that MBTA subway access may be a barrier to access for both site's clients, but potentially a more significant problem for Somerville clients.

While MBTA subway service may be inaccessible or inconvenient for some clients as a means of transportation to LIFT's offices, the MBTA bus system appears to provide more stops and routes that could be used to access LIFT offices.



Applying a buffer analysis confirms that the MBTA bus is significantly more accessible for both Roxbury and Somerville clients than the MBTA subway.



Approximately 96% of Roxbury and 98% of Somerville clients report residing within .25 miles of an MBTA bus stop.

Limitations and Next Steps

The maps presented have provided a preliminary spatial analysis of LIFT-Boston clients, area neighborhoods, distances to LIFT offices and the accessibility to office locations. This analysis is meant to serve as a foundation for further explorations using spatial analyses. This section will highlight some of the key limitations of this analysis and provide suggestions for future spatial analyses.

Data

The data for this study, provided by LIFT-Boston, was essential in creating this foundational analysis. Despite the progress presented here, several data limitations must be considered when evaluating this report's findings. In addition, there is considerable room for expanded analyses with more robust data.

First, the data presented here reflects all LIFT clients in the administrative database at the time of the data request (April 2013). The data has no reliable indicator of when the client began their engagement with LIFT, how long they received services or when they terminated their services. Additional analyses might explore how clients' spatial characteristics are associated with their level of engagement with LIFT services. That is, "do LIFT clients who live farther from LIFT tend to visit LIFT less often than those who live in close proximity to LIFT?"

Second, reported addresses have the potential to reflect addresses other than the client's residence. As LIFT serves individuals in poverty, many clients may lack permanent housing. When reporting their address, these clients may list a friend or family member's address where they are staying temporarily. This may explain the reporting of maximum distances from LIFT as far as 41 and 57 miles from a LIFT office. While a simple solution would be to exclude these addresses from the analysis to eliminate potential bias, this report includes them to highlight the unexpected finding and make suggestions for the future. Specifically, adding a field in the administrative data that identifies whether the address is temporary, permanent or other may help describe how clients' spatial characteristics correspond to their housing status.

Third, by joining client addresses with other client characteristics maintained by LIFT would allow for several additional analyses. For example, by matching client addresses with demographic, race/ethnic, and age characteristics may allow LIFT to successfully target recruitment efforts and tailor services based on client locations and demographic profiles. For example, a finding that LIFT participants from a certain neighborhood predominantly speak a foreign language may suggest maintaining staff with foreign language skills that can recruit in targeted communities or respond to client language needs.

To further conduct these types of spatial analyses of LIFT clients, LIFT should continue pursuing their established goal of collecting and maintaining robust data. Through accurate and

complete client data, spatial analyses have the potential to answer a wide range of research questions that could help LIFT provide services and increase organizational capacity.

Proximity Analysis

To offer suggestions about the distance that LIFT clients may travel to LIFT offices, this analysis relied on Euclidean distances (straight lines from client addresses to the LIFT office). While this provides insights into clients' proximity to LIFT offices, a more robust analysis would use Network Analysis. Network analysis can use a network of streets to provide a much clearer estimation of how far a client may have to travel to a LIFT office, what the shortest and most efficient routes to a facility are, where a new facility should be located given travel times, etc. This methodology could be vital if the organization seeks to expand to new service areas or relocate existing offices.

While time and resources to conduct such an analysis limited this report, applying these methods could provide a more robust analysis and enable LIFT to address complex questions surrounding accessibility and site suitability. To pursue these types of analyses, LIFT would likely need to invest in GIS software and staff with spatial analytic capabilities.

Conclusions

This analysis suggests that LIFT-Boston clients may live in close proximity to the LIFT office that they attend, in areas with relatively high poverty rates and limited access to the MBTA subway. LIFT clients likely have substantial access to LIFT offices via MBTA bus service.

Some LIFT clients may bypass a LIFT office that is closer to their reported address than the office that they attend. If accurate, this finding may suggest that LIFT clients are loyal to a LIFT office that they first attend and continue seeking services there despite having moved to a location closer to the alternate location. This unexpected finding may have several explanations, from data inaccuracy to transit accessibility or client loyalty. By examining data accuracy and applying advanced methods, LIFT may be able to learn more about why clients travel farther than necessary to a particular office.

In addition to these findings, this report has highlighted its limitations and suggested steps for additional research using spatial analyses. By using robust, reliable data and advanced analytic methods, LIFT has the potential to explore a wide range of questions that could advance their services and operations.

Appendix E: Interview Protocol

Interview excerpt for Lift-Boston study

Objective: Understand Lift-Boston client's experiences in coming to the organization and seeing if that has made a difference in their lives.

Introduce yourself, thank and welcome the participant. Explain and administer consent forms.

Areas to cover and questions

1. Personal background

Tell me about yourself

2. What brought the client to LIFT

What brought you to LIFT?

Imagine yourself when you first came to LIFT? What happened when you walked in the door?

How did you feel and what were you expecting?

3. LIFT client's experience of LIFT model

What was the high and low point of your experience coming to LIFT?

Tell me more...

From your experience what are the ideas you have to improve their work?

What are the things that you would recommend them to stop doing?

4. Discover whether any children in the household have been affected by the client's engagement with LIFT.

How has your experience with LIFT made a difference, if at all, for you and your child/children?

What was it about your experience with LIFT that led to these changes?

Closure

Appendix F: Focus Groups Protocol

Focus Group Questions

Objective: The primary objective is to identify why clients did not return to LIFT. If we discover other information about the LIFT model, this is also very useful. We are not probing a great deal for personal information from non-returning clients as this may be uncomfortable for some people in a group setting, however please do not discourage people who wish to share personal information.

1. When did you go to LIFT?
2. What was your first impression when you came to LIFT? What did you best like? What didn't you like?
3. How was your experience in getting the help you needed from LIFT?
4. Think back to other experiences you have had with service organizations. How does your experience with LIFT compare to those other experiences?
5. What are the ideas that you have to improve LIFT?

Another way to conduct FC is to present examples of related experience, use visual materials like post-its.