Working PAPER

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Participant-Driven Delivery of Integrated Social Services: Building a Model and Examining Its Implementation

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ABSTRACT

Purpose: Reducing barriers to accessing social services in different program areas is an important issue, but it does not necessarily ensure that participants receive all the services they need to move them toward economic self-sufficiency. This study develops and examines a model for participant-driven integrated service delivery with two key components: (1) offering access to a wide variety of services in multiple program areas and (2) developing a process for integrating those services that allows customization of the services to participant needs.

Method: The study used survey data from 71 organizations using integrated service delivery to examine how they integrate services across three program areas—employment services, financial coaching, and income enhancements and work supports. Organizations were sent an e-PDF of the survey, and about 56 percent completed it. We analyzed survey data with descriptive statistics, factor analysis, and ordinary least squares regression analysis.

Results: Survey data showed that about 70 percent of organizations responding to the survey implemented a participant-driven model of service integration by using (1) partnerships to offer a wide variety of services in multiple program areas and (2) goal setting as a mechanism for integrating and customizing services.

Conclusions: Although the research is exploratory, it highlights the potential for integrating social services in ways that meet participant needs by using methods such as goal setting and coaching to help direct participants toward services and pursuit of goals in different program areas.

I. INTRODUCTION

People with low skill levels, low income, or high debt levels can face a multitude of obstacles to becoming economically self-sufficient and often benefit from receiving services from multiple program areas to address their varied needs. Research shows a clear role for such service integration, wherein welfare recipients benefit from goal-directed employment and training services infused into welfare programs (Hamilton 2012) and unemployed and low-skilled participants benefit from a coordinated set of support services accompanying employment and training programs (U.S. Department of Labor 2014). These low-income populations might further benefit from a program that offers financial education, which can help participants reduce debt and build assets (Hilgert and Hogarth 2003).

One step in integrating services is to break down barriers to participants' accessing services in different program areas. Although breaking down barriers might be necessary for participants to receive services in multiple program areas, it might not be enough. Participants might also need guidance in seeing the need for and seeking services in different program areas. Integration could be assured by organizations offering participants a set of standardized, integrated services, which we call *organization-driven* integration. However, the standardization in organization-driven integration might not meet the unique needs of all participants. Alternatively, *participant-driven* integration establishes processes that ensure that participants receive the services they need in different program areas (Moore 1992) and, as a result, tie service integration to each participant's unique needs.

This study develops a model for participant-driven service delivery as a way to integrate services across three program areas—employment, financial, and income supports. It uses survey data from 71 organizations to examine the two key components of the model: (1) offering participants a wide array of services in different program areas and (2) customizing and integrating services to meet participants' needs in a goal-directed manner. The results suggest that organizations use partners to offer participants a wide variety of services in different program areas, with partners especially important in providing access to more specialized services. The approximately 70 percent of organizations using a service integration process that is participant-driven assess the needs of participants seeking services and work with them to set goals within multiple program areas and select the services they need.

II. FRAMEWORK FOR INTEGRATING SOCIAL SERVICES

People needing social services often face a patchwork of service providers in different program areas (Schorr 1988). Each organization often has its own goals, rules, bureaucracies, funding mechanisms, and service delivery processes, which presents problems for those seeking services in addressing the many obstacles s to their becoming self-sufficient. One entity might provide job training or employment assistance, another might offer assistance with resolving credit problems, and multiple agencies might be needed to help with income enhancements and social service supports such as physical or mental health services, transportation or housing assistance, or dependent care. These siloed programs often serve the same populations but with little direct interaction, sharing of information, or coordination of service delivery.

Service integration

Research supports service integration as one strategy for overcoming the challenges of this siloed approach. In one example, the results from a randomized controlled trial of a pilot program in six developing countries that integrated asset training, basic food or cash support, coaching, health education, and a savings account support such integration (Banerjee et al. 2015); participants' receipt of integrated, multipronged services led to their working more, achieving better mental health, and improving decision-making abilities, compared to those not enrolled in the pilot program. In another study, a regression analysis of service receipt and participant outcome data from nine service providers showed that participants who received both employment services and financial coaching were more likely to report a lower debt-to-income ratio, a higher credit score, and increased savings than those receiving services in only one area (Hwang & Sankaran 2014).

The literature examining the process of integrating social services has generally defined the approach in terms of coordination of services offered to participants. Consider the following definitions of service integration:

- "Efforts to increase the coordination of operations within the human and social services system. The overall aim is to improve efficiency and client outcomes" (Gold and Dragicevic 2013).

- "Collaboration, partnerships or networks whereby different services that are usually autonomous organizations, work together for specific community residents" (Browne et al. 2004).

- "Multiple providers working together to service the same client (interdependence) in a consistent and continuous manner" (Bunger 2010).

- "Streamlined and simplified client access to a wide range of benefits and services that bridge traditional program domains" (Ragan 2003).

The differences that exist in these definitions are arguably overshadowed by their common focus on breaking down the barriers that participants face in accessing services in multiple program areas. Implicit in them is the assumption that improving access to services in multiple program areas will help participants with multiple obstacles to achieving economic self-sufficiency.

Breaking down barriers across service providers might be only one obstacle to overcome for integrated service delivery to help program participants. The participants also must understand and obtain the set of services that best meets their needs for moving toward economic self-sufficiency. Left on their own and faced with a multitude of services and programs from which they must choose, participants might not be able to determine the best course to follow. They might have difficulty, for example, determining which job training program best meets their needs or understanding how financial coaching might help them better use the monetary resources they have. These difficulties often stem from experiences of living in poverty. Adverse experiences in both childhood and adulthood can hinder cognitive skill development (Shonkoff et al. 2012; Mullainathan and Shafir 2013), and the stressors associated with poverty may hinder people's use of their cognitive skills (Kim et al. 2013; Blair and Raver 2016). Psychologists have

long argued that people have limited capacity or "bandwidth" for using their cognitive skills (Muraven and Baumeister 2000), and poverty can use up or tax some of that bandwidth (Mullainathan and Shafir 2013).

Goal-directed coaching services might help participants overcome these challenges by building confidence in decision making while they receive the specific set of services they need. Although the components for a strong coaching approach vary, generally accepted elements of a strong coaching intervention include (1) being collaborative and not directive—the coach does not tell the participant what to do—(2) using individualized coaching that is ongoing and solution-focused; (3) setting goals and developing action steps for meeting the goals; (4) helping participants learn the skills for setting goals on their own and work toward meeting those goals; (5) attempting to increase participants' motivation to meet goals; and (6) holding the participant accountable for outcomes (Grant 2012; Collins and O'Rourke 2012). Goal-directed coaching might also help participants receive an integrated set of services that best meets their unique needs, a proposition this study explores.

A participant-driven model of integrated service delivery

Figure 1 presents a model of service integration for engaging participants in a goal-setting process of integrating services across different program areas and helping move participants toward economic self-sufficiency. The figure illustrates how this integration would occur by using the three program areas—employment services, financial coaching, and income enhancements and work supports (referred to as income and supports [I&S]). It also describes the influences on the two key components of participant-driven integrated service delivery: (1) offering participants an array of services in each program area and (2) customizing services to meet each participant's needs.

The first column in Figure 1 depicts the three parts of an organization that influence the services in each program area the organization offers. First, an *organization's structure and culture* shape how it manages the service demands of its population, the external constraints imposed by its environment, and the internal constraints associated with accommodating multiple funding streams (Hasenfeld 2003, especially chapters 1 and 2). The ability to adapt services to populations and environments depends on resources, networks with affiliated organizations, and a supportive culture. An organization's size and experience in integrating service delivery are factors likely to be associated with its having a strong network that supports its ability to meet participants' needs (Grady and Chen 2006). Second, *partnerships* can support an organization with their complementary organizational strengths and capabilities (Lasker et al. 2001) allowing an organization to offer more specialized services within a program area or additional support services (Andrews and Entwistle 2010; Gulati et al. 2000). Third, an organization must have the *internal capacity* to provide the services, integrate services, and ensure that participants receive the services they need. For example, staffing needs would increase for organizations adopting a process in which coaches personalize their relationships with participants. Such a relationship would entail helping the participant to set goals based on their assessed needs, develop action steps to collaboratively meet those goals, and hold participants accountable for meeting goals by measuring and evaluating their progress (Collins and O'Rourke 2012; Grant 2012).

Figure 1. A conceptual model of participant-driven integrated services
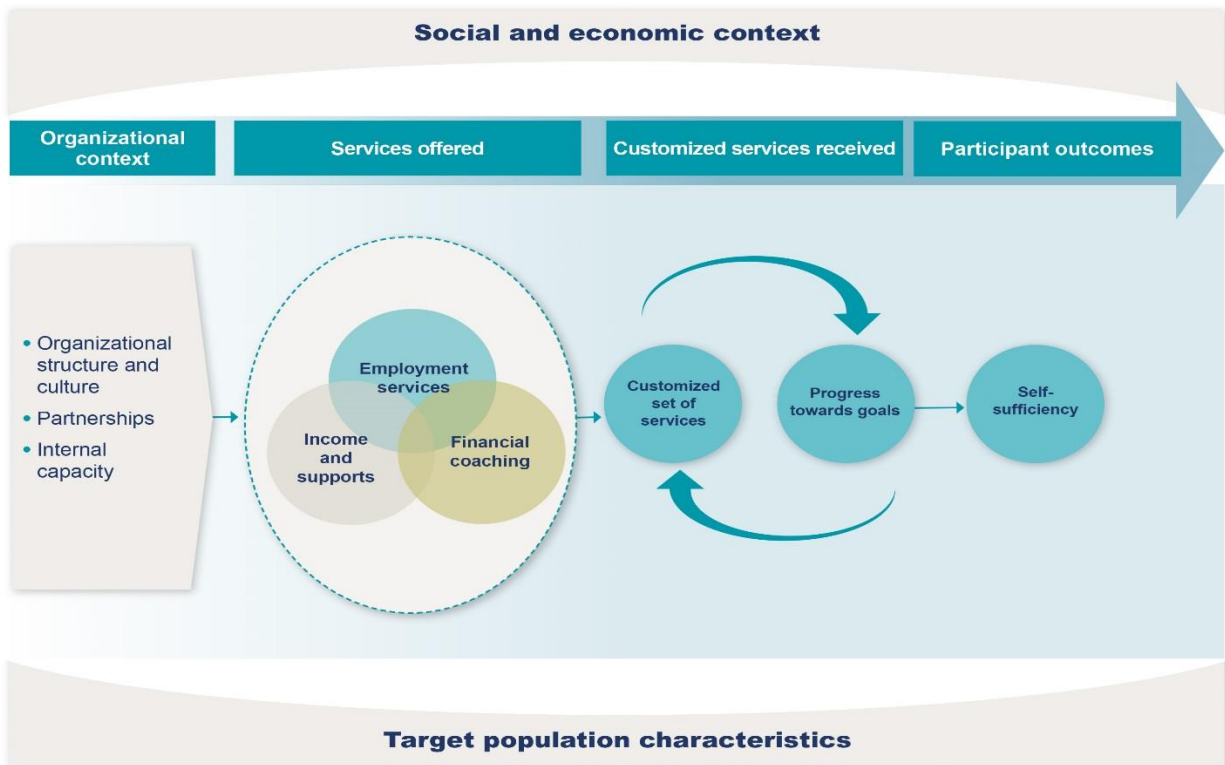
The central part of Figure 1 provides a visual representation of the two key components of a participant-driven model of integrating services. The oval with the dotted border of the model (second column) represents the need for organizations and their partners to offer an array of services in each program area. Failure to offer a wide variety of services might make it difficult to meet participants' needs because the needed services might not be available.

The oval highlights the seven different ways organizations can offer services, each of which we call a domain. It can offer services in each program area independently as the three nonoverlapping portions in the oval show. If an organization offers services in each program area, it would offer services in three different domains: (1) employment services (2) financial coaching and (3) I&S. If can also offer services that are integrated in two program areas, which includes three different domains: (4) employment services and financial coaching (5) financial coaching and I&S and (6) employment services and I&S. Finally, the organization can offer services integrated across all three areas (7), the last domain.

The domains in which the organization offers services depend, in large part, on whether it embraces a participant- or organization-driven model of integration. Offering services independently in each program area (domains 1 to 3) would be consistent with a participant-driven model of service integration, because each participant could receive a customized set of services in different areas to meet their particular needs. Alternatively, organizations might offer services in different program areas in a manner the organization chooses, domains 4 to 7. This organization-driven model would occur if organizations offered a standardized set of integrated services. For example, organizations might offer participants an employment program that

integrates financial literacy into its curriculum and provides care for their dependents during the hours they attend the program. Such an approach might be helpful for organizations that offer programs targeting a particular demographic group—such as ex-offenders or single parents—if the group members have similar experiences and programming needs.

The way in which an organization integrates services across program areas will determine the process by which they customize services that participants receive (the arrow between the services offered and customization of services columns). Organizations that use a participant-driven model of integrating services (Moore 1992) will establish a process to determine the services each participant needs and ensure that participants receive those services and move toward economic self-sufficiency (the fourth column in Figure 1). Such a process often includes assessing a participant's needs upon the first service request and setting goals with participants to give them a stake in their success and identify the services needed to reach those goals (ROMA Center 2014; Ragan 2003). This process is represented by the first circle in the "customized services received" column. Staff would integrate services by assessing a participant's needs in multiple areas and, based on the assessment, customizing a set of services across different program areas to meet those needs. In contrast to organization-driven integration, such a process would allow participants to opt out of receiving services in program areas they don't need help with. Participants facing obstacles to self-sufficiency in only one area would receive services only in that area, and participants with obstacles in two areas would receive services in only those two.

The goal-setting process should not only identify goals and the services needed to achieve them at the beginning of a program but also establish intermediate milestones (measurable activities) toward achieving those goals, as shown in the feedback loop in column 3 of Figure 1. Setting intermediate milestones is critical because research suggests that simply imagining a desired outcome is not enough to make a goal achievable (Gollwitzer and Oettingen 2012; Gollwitzer and Moskowitz 1996). Rather, a goal should also include the steps needed to achieve it, which involve identifying and addressing obstacles that may prevent goal attainment (Oettingen 2012). The re-evaluation of goals, including measuring progress toward attaining them and identifying and reflecting on successes and challenges in goal pursuit, can help people persist until their goals are achieved (Zelazo et al. 1997).

Coaching has long been used as an approach to monitoring a participant's progress toward goals and self-sufficiency (participant outcomes, column 4 of Figure 1). One role coaches can play is to help ensure that the conditions that facilitate persistence in pursuing goals are present. People are more likely to sustain their pursuit of a goal when three basic conditions for meeting psychological needs exist: (1) competence, or having control or mastery over an outcome; (2) autonomy, or being able to act as they desire; and (3) relatedness, or being able to interact with and connect with others (Deci and Ryan 2000). Coaches can help to foster these conditions for goal setting and pursuit using techniques such as scaffolding and developing trusting relationships with participants. Scaffolding is a supportive, individualized learning process that a coach can use to help participants pursue and eventually meet their goals by providing feedback, asking questions, offering hints to address gaps in understanding, modeling behavior, and prompting actions to help pursue goals (Dweck et al. 2014). The scaffolding process is designed to be temporary—as a person's abilities increase, the coach progressively withdraws support (Babcock 2012)—and eventually the person can complete tasks independently (Guare 2014).

Because scaffolding is intended to support participants' pursuit of their goals, the technique may provide them with feelings of competence, from completing the tasks entailed in pursuing their goals, as well as autonomy, because they are leading the effort, rather than being directed by their coach. In developing trusting relationships, coaches build rapport through conversation, encourage their participants to seek them out for advice, and use "a sincere and encouraging tone" to help participants feel more at ease (Prosperity Agenda 2016; Dominguez and Watkins 2003; Lowe 2012). Once they establish trusting relationships, coaches may be better able to provide scaffolding support as participants engage in goal setting and pursuit.

Both of the key components of the participant-driven model of integrating services, as well as the organizational context and outcomes, are influenced by the characteristics of the target population and the social and economic context in which the organization operates, as depicted by the bottom and top arches in Figure 1. Organizations will offer services in differing program areas to meet the needs of their target population (they might not offer immigration services if target populations have little need for them) and are consistent with conditions in their external environment (regional differences in governance structures, participant populations, politics and policies, economic conditions influencing service delivery) (Ragan 2003).

III. METHODS

We used survey data to examine how organizations implement the two key components of the participant-driven integrated service model presented in Figure 1—offering a wide variety of services in each program area and structuring a process for customizing and integrating services.

Data collection and sample

The survey was administered to organizations affiliated with the Working Families Success Network (WFSN). The Annie E. Casey Foundation began funding integrated service delivery in 2005, with the initiative branded as WFSN in 2013 through collaboration with other foundations and partners. WFSN works primarily with two community-based organizations, called A and B here, which serve as intermediaries between WFSN and the direct service organizations implementing integrated service delivery. Although organizations have flexibility in how to integrate services, the WFSN considers integration to have occurred if at least two, preferably three, program areas are involved: employment services, financial coaching, and I&S (Gewirtz and Waldron 2013). Because the WFSN funds a diverse set of community-based organizations around the country, survey information from those in the network provided an opportunity to assess the key components of customized service integration as it might be implemented in different communities and contexts.

In November and December 2016, the intermediaries identified 121 WFSN-affiliated organizations integrating services in the three program areas; these organizations received an e-PDF of the survey for completion. The decentralized nature of the WFSN meant that intermediaries could not identify all organizations that were part of the network; therefore, they asked their regional and local partners to forward the survey to additional organizations integrating services across these program areas. The typical respondent was a WFSN strategy director or other director-level staff member, and 71 unique organizations completed a survey, for an estimated 56 percent response rate.

Table 1 describes these organizations and shows how their organizational structures and environments varied. More than 40 percent had integrated services for more than five years; 10 percent had integrated services for one year or less. About 16 percent of the organizations served fewer than 100 participants in 2015, and about 18 percent served more than 1,000. Almost all (93 percent) used partners in offering services, and about 71 percent of staff integrating service delivery were full-time employees. With respect to environments, about 75 percent of organizations claimed a primary affiliation with one of the two main intermediary organizations, with nearly 10 percent not claiming a primary affiliation with any single intermediary. The organizations were located throughout the country. Target populations appeared to be more similar across organizations than were structure or environment—most organizations served participants living in poverty (72 percent).

Table 1. Sample characteristics

	Percentage of organizations
Organizational context	
Years using integrated service delivery	
One year or fewer	10.4
Between one and five years	49.3
More than five years	40.3
Size: number of participants served, 2015	
0–99	16.1
100–199	23.2
200–499	23.2
500–999	19.6
1,000+	17.9
Use partners to provide services	93.0
Full-time staff implementing integrated service delivery	71.2
Environment	
Intermediary	
A	40.8
B	35.2
Other	11.3
None	12.7
Region	
Midwest	36.6
South	31.0
Northeast	21.1
West	11.3
Target population characteristics	
Household has below-poverty income	71.9
Primary target population	
Unemployed workers	28.2
Low-skilled workers	19.7
Students	9.9
Low-income households	9.9
Single-headed households	7.0
Ex-offenders	5.6
Other	19.7
N	71

The survey instrument collected information in six areas: (1) the participants served and the services they received; (2) organizational characteristics, including staffing and partners; (3) services offered in each program area; (4) participant assessment and goal setting; (5) performance measures for both participants and the organization; and (6) challenges faced in integrating services. The survey was approved by the Health Media Lab Institutional Review Board and piloted with seven organizations, five of which participated in a debriefing to improve the instrument before it was used in the field.

Analysis

We used information from the survey to assess the two key components of the model outlined in Figure 1. Our analysis first addressed the extent to which organizations offer participants a wide variety of services and the processes developed to offer those services. Specifically, we looked at the role partners play in offering services and whether services in different program areas tend to be offered together, which might limit a case manager's or coach's ability to customize services for a specific participant. For this analysis, we used information from survey questions that asked organizations if they or their partners offered each of 15 different employment services and 22 financial coaching services and assistance in receiving each of 23 I&S services. The percentage of organizations offering each service provides an assessment of the breadth of service offerings; the percentage of those indicating that specific services were offered only by their partners assesses how partners augment the services offered.

We used a factor analysis to assess the extent to which organizations might implement an organization- or participant-driven model for integrating services. A factor analysis assumes the existence of a system of underlying constructs in the services organizations offer and uses the correlation of services offered to uncover these underlying patterns, called factors (Yong and Pearce 2013). We identified services offered together by examining services that load high on each factor (loading that falls above 0.5). The factor analysis would support an organization-driven model of service integration if the services with high loadings on each factor fell into more than one program area, which would suggest that organizations offer specific services in different program areas together, such as in a set curriculum. The factor analysis would support a participant-driven model of service integration if the services with high loadings on each factor fell in only one program area. This pattern in factor loadings would suggest that organizations offer sets of services together within a program area but do not drive integration across program areas. This pattern could arise if the services participants receive in different program areas are structured to meet each participant's unique needs. For example, all individuals seeking job training services might seek out an organization offering vocational training and credential programs, but the services needed in financial coaching or I&S among this group would vary.

Our factor analysis used a principal-components approach to extract the factors and then used the computed eigenvalue, which describes the strength of the factor, to determine viable factors (those with an eigenvalue greater than one). We included only 39 services and 47 organizations in the analysis because of missing data. To include as many organizations as possible (inclusion requires a complete set of information on all services in the analysis), we removed uncorrelated services or those close to perfectly correlated with other services.

After examining the services-offered component of the model, our analysis addresses the extent to which organizations actually integrate services across different program areas. For this analysis we used the information the organizations provided on the percentage of participants receiving services in each of the seven domains of service offerings indicated in Figure 1's oval: To help organizations estimate these percentages, the survey provided seven checkboxes, each indicating a specific range (0, 1–10 percent, 11–24 percent, 25–49 percent, 50–65 percent, 66–80 percent, and more than 80 percent). To ensure that the percentages of participants receiving services in the domains summed to 100 for each organization, we summed the midpoint of each category and divided the midpoint estimate for each domain by this sum. The percentage of participants receiving services in each domain showed the extent to which they received services in multiple program areas.

For organizations that integrate services across different program areas, we examined how they implemented a participant-driven service delivery approach to integrating and customizing services to participant needs. We first used descriptive statistics to assess the extent to which goal setting is done in multiple program areas and how much input participants have in setting goals and selecting what services they receive. We then estimated a series of ordinary least squares multivariate models to assess whether setting goals for participants in multiple program areas is associated with receipt of services in more than one area. These estimations captures the essence of the feedback loop in Figure 1—customized services received. The dependent variable in these analyses is the percentage of participants receiving services in more than one program area. Each estimation therefore estimates the factors associated with the percentage of participants receiving services in all three areas, whereas the other estimates the percentage receiving services in only two areas. The key independent variables capture whether goals were set in all three areas or in two areas (as compared to the omitted category of goals set in only one area). Positive and statistically significant ($p \leq 0.05$) coefficients support customizing service delivery through goal setting in multiple areas. Control variables in the estimations include the contextual factors shown in Table 1: organizational context, environment, and target population. Estimation models did not include whether partners provided services, because almost all organizations used partners.

We estimated these equations with and without organizational context variables, to assess whether organizational structure and context might interact with the goal-setting process. If coefficients on goal setting decrease in size or significance with the addition of organizational context variables, it suggests that the goal-setting process might be interrelated with the organization's context. If coefficients maintain their size and significance with the addition of organizational context variables, it suggests that goal setting is a strategy independent from the organization's context for customizing integrated services.

IV. RESULTS

Our analysis suggests that organizations implement the participant-driven model shown in Figure 1 to integrate services across different program areas. The results suggest that organizations offer participants a wide variety of services in different program areas, in part by using partners to offer more specialized services. The results also suggest that organizations customize services to participants' needs through a process in which staff work with the

participants to set goals in different program areas. Notably, about 30 percent of organizations appear, instead, to use an organization-driven model to integrate services.

Services offered

Taken together, the descriptive and factor analyses of the services that organizations and their partners provide suggest that they offer an array of services in multiple program areas, make partnerships with others to broaden the array of services offered, and do not integrate services in a consistent way.

The descriptive analysis of which services organizations offer suggests that they make available a wide variety in each program area (Table 2). Organizations generally reported offering all services listed in the survey, especially in the areas of employment services and financial coaching. For employment services, at least 95 percent offer job readiness services (for example, interview preparation/skill building, resume writing or review), job search services (for example, identifying job openings and referrals), workplace behaviors or soft skills training, and job applications and interview scheduling services. More than 75 percent offer the remaining services on the survey, with the exception of English as a second language and provision of workplace accommodations (each offered by about 60 percent of organizations).

For financial coaching, at least 95 percent of organizations offer services to help participants repair or improve credit scores and manage debt, and more than 75 percent offer services to help them open or maintain a bank account; access consumer credit; obtain or review credit reports; reduce credit card debt; identify credit report errors or theft; build assets (for example, using matched savings accounts); gain access to credit; access student financial assistance; address delinquent bills; and obtain information on loans, loan debt, and loan payments.

Greater variation exists in the services offered by organizations in the I&S category. Of the 23 services addressed in the survey, only "helping participants apply for or receive public supports" is offered by at least 95 percent of the organizations surveyed. At least 75 percent offer help with income tax preparation; receiving an earned income tax credit; or receiving assistance with rent or utilities, food (such as from a food pantry), legal aid, or transportation.

The descriptive analysis also suggests that organizations might rely on partners to provide more specialized services in each program area (Table 2). In at least 20 percent of organizations, partners are the only ones providing the employment services of computer skills, credentialing programs, adult basic education or literacy, preparation for a high school equivalency diploma, vocational training, English as a second language, and workplace accommodations—with the percentage increasing for more specialized training. (For example, in more than 50 percent of the organizations, only partners provide preparation for a high school equivalency diploma or English as a second language.) Financial coaching services show the same pattern. In more than one-third of the organizations, only partners provide specialized services such as debt consolidation, mortgage/home buying, bankruptcy/foreclosures, child support, small business loans, retirement accounts, and life insurance. Only 35 percent have their partners alone provide services in the I&S area—except for public supports and transportation assistance, which are provided by both the organizations and their partners. At least 70 percent of the organizations have only their partners provide specialized services, such as legal aid, mental health assessment, mental health care, and substance abuse treatment.

Table 2. Services offered

	Percentage offering services	Percentage with ONLY the partner offering services		Percentage offering services	Percentage with ONLY the partner offering services
Employment services			**Financial coaching**		
Job readiness	98.6	14.5	Credit score improvement	95.8	13.4
Job search	98.6	11.6	Debt management	95.6	18.5
Workplace behaviors	97.1	10.4	Bank account	94.4	33.3
Job applications/interviews	95.7	13.4	Consumer credit	94.3	23.1
Computer skills/literacy	90.8	23.7	Credit report receipt	93.0	19.7
Job placement	90.0	17.5	Credit card debt	93.0	20.0
Job retention	89.9	9.7	Credit report errors	91.4	17.2
Credential program	87.0	36.7	Asset building	90.0	20.6
Adult basic education/literacy	85.7	36.7	Access to credit	88.7	22.2
Preparation for a high school equivalency diploma	85.7	53.3	Student financial assistance	88.7	16.1
Vocational training	82.9	41.4	Delinquent bills	88.6	8.2
Skills/credential upgrading	82.4	17.9	Student loan debt	85.3	15.8
Customer service skills	76.8	17.0	Loans and loan payments	81.4	19.3
English as a second language	60.6	50.0	Debt consolidation	75.4	38.5
Workplace accommodations	57.6	21.1	Mortgage payments	75.0	21.6
Income & supports (I&S)			Mortgage/home buying	74.3	42.3
Public supports	95.5	12.5	Bankruptcy/foreclosure	71.4	42.0
Income tax preparation	92.8	35.9	Judgments	65.2	21.4
Earned income tax credit	88.1	37.3	Child support	63.8	38.6
Rent or utility assistance	79.7	45.5	Small business loans	53.0	48.6
Food assistance	78.3	70.4	Retirement accounts	50.7	35.3
Legal aid	77.9	45.3	Life insurance	30.3	40.0
Transportation assistance	77.9	24.5			
Clothing closet	74.2	38.8			
Subsidized housing	72.3	61.7			
Parenting classes	62.7	54.8			
Youth programs	62.3	48.8			
Child care subsidies	62.3	72.1			
Mental health assessment	61.8	54.8			
Mental health care	60.0	73.8			
Early childhood programs	59.4	56.1			
Domestic violence counseling	59.1	64.1			
Health insurance subsidy	57.1	63.9			
Substance abuse assessment	52.2	80.0			
Health/dental care	50.0	71.9			
Substance abuse treatment	50.0	78.8			
Child development (assessment)	49.3	60.6			
Child-support case	46.9	66.7			
Senior programs or care	46.3	54.8			
N	71				

The factor analysis suggests that organizations tend to offer a set of services together within a program area but do not tend to offer a set of services in different areas. Such a pattern would arise if organizations tailored services in different program areas to meet the unique needs of individual participants and not in a manner that has uniform integration across program areas, the latter of which would occur in an organization-driven model of integration.

Specifically, our results show that services with high factor loadings on each factor all fall within a single program area (Table 3); none of the 12 factors had high factor loadings for services in more than one program area. For example, the factor we labeled "dependent care" contains services such as child care subsidies, child development assessment, early childhood programs, senior programs or care, and youth programs—all of which fall under the I&S area. This finding is supported by the extremely small correlations (one at 0.038 and the rest below 0.020) between the 12 factor scores computed from the analysis shown in Table 3 and from separate analyses of services in each program area, which were undertaken to ensure robustness. Correlations of the factor scores computed from the separate analyses were all below 0.315. Results for both analyses are available on request.

Customizing services

Both the descriptive and multivariate analyses suggest that most organizations use a participant-driven model to customize and integrate services to meet their needs. About 85 percent of organizations reported setting goals for participants in all three program areas, with an additional 8.5 percent reporting they set goals in two areas (Table 4). In 85 percent of the organizations, all participants meet with staff to set goals, with assessment for program needs occurring before participants receive services in 92 percent of organizations. Participants are active partners in selecting the services they receive. In about 66 percent of the organizations (58.6 + 7.1 percent), participants have all or most of the input into what services they receive; in 21 percent, they have equal input with staff.

Perhaps as a result of this process, most participants receive services in more than one program area (Table 5). About 26 percent receive services in all three areas, and about 41 percent receive services in two areas. Only about one-third of participants receive services in only one area. When participants receive services in only one or two areas, the services are relatively evenly distributed across program areas.

The multivariate analysis suggests that organizations employing a goal-setting process might be more likely to have participants receiving services in more than one program area (Table 6). Coefficients on goal-setting variables are positively correlated with the percentage of participants receiving services in two areas, with coefficients statistically significant from zero. The results do not change when variables for organizational context are included in the estimation, suggesting that the influence of goal setting is independent from the broader organizational context in which it is done. Notably, the percentage of participants living below the poverty line is positively associated with the percentage of participants receiving services in two areas, whereas organizations associated with one of the two main WFSN intermediary associations and the percentage of full-time staff are negatively associated with it.

Table 3. Factor analysis of services offered

	Dependent care	Credit access	Job training	Credit scores	Income taxes	Loans	Job retention	Debt	Child support	Mental health	Asset building	Customer service skills
Employment services												
Adult basic education/literacy	0.208	0.018	0.259	-0.007	0.091	0.106	0.090	-0.121	0.079	0.091	0.069	0.137
Credential program	0.007	0.032	**0.894**	0.008	0.064	-0.001	0.182	0.041	0.071	0.105	0.054	-0.023
Customer service skills	0.127	0.127	0.042	-0.059	-0.026	0.041	0.030	0.095	0.101	0.052	-0.084	**0.936**
Preparation for a high school equivalency diploma	0.058	0.135	0.218	0.010	0.358	-0.101	0.198	-0.122	-0.009	-0.101	0.092	0.053
Job applications/interviews	0.044	0.427	0.217	-0.081	-0.068	-0.100	0.317	-0.084	0.069	0.059	-0.056	0.113
Job placement	0.114	0.077	0.295	0.037	0.041	-0.092	0.290	-0.050	0.136	0.184	0.118	0.158
Job retention	0.102	0.115	0.091	0.054	0.077	-0.012	**0.859**	-0.122	0.067	0.021	0.106	0.106
Skills/credential upgrading	0.138	0.104	0.424	0.039	0.070	-0.032	**0.801**	0.028	0.038	0.020	0.114	-0.084
Vocational training	0.134	0.282	**0.840**	0.085	0.098	0.107	0.176	0.097	-0.007	0.036	0.064	0.105
Financial coaching												
Access to credit	0.077	**0.898**	0.077	0.266	-0.083	0.032	0.052	0.019	0.151	0.010	-0.058	0.050
Asset building	0.113	-0.061	0.105	0.129	0.169	0.004	0.167	0.097	0.093	-0.071	**0.888**	-0.098
Bankruptcy/foreclosure	0.150	-0.003	0.055	-0.117	0.027	0.323	-0.084	0.447	0.320	0.107	0.021	-0.162
Child support	0.115	0.090	0.093	0.063	-0.142	0.188	0.144	0.268	**0.806**	0.137	0.132	0.142
Consumer credit	0.119	**0.929**	0.108	-0.023	-0.073	0.124	0.092	0.087	-0.026	0.024	-0.020	0.099
Credit report errors	0.026	0.254	0.116	**0.866**	0.099	0.100	0.058	-0.015	-0.026	-0.105	0.164	0.011
Credit report receipt	-0.087	0.044	-0.081	**0.918**	-0.077	-0.133	-0.067	-0.063	0.108	-0.027	-0.107	-0.054
Credit scores improvement	-0.010	-0.137	0.115	**0.692**	0.188	0.089	0.202	-0.051	-0.106	0.007	0.300	-0.082
Debt consolidation	0.029	0.159	0.078	-0.074	-0.028	0.188	-0.101	**0.903**	0.165	0.024	0.070	0.134
Delinquent bills	0.044	0.466	-0.145	-0.032	0.120	0.478	-0.102	0.202	-0.036	0.064	-0.089	0.025
Loans and loan payments	0.061	0.442	0.290	-0.071	-0.099	**0.593**	0.058	0.215	0.085	0.035	-0.130	0.108
Mortgage payments	0.157	0.123	0.018	0.022	0.117	**0.896**	-0.033	0.102	0.146	0.146	0.053	0.018
Mortgage/home buying	0.309	-0.012	0.227	0.033	0.270	0.268	-0.100	0.029	0.011	0.043	0.223	0.108
Retirement accounts	0.294	0.204	-0.060	0.022	-0.005	0.334	-0.145	0.245	0.474	0.264	-0.082	0.218
Student financial assistance	0.299	0.543	0.273	0.055	0.285	0.287	0.071	0.073	-0.185	0.125	0.103	-0.121
Student loan debt	0.062	0.482	0.084	0.067	0.019	0.233	0.158	0.137	0.117	0.061	0.092	0.164
Income & supports (I&S)												
Child care subsidies	**0.759**	0.171	0.106	-0.057	-0.002	-0.032	0.031	0.150	-0.078	0.284	0.142	-0.038
Child development assessment	**0.881**	0.110	-0.016	0.029	0.029	0.038	0.170	0.101	0.143	0.088	0.002	0.087
Early childhood programs	**0.842**	0.135	0.057	-0.073	-0.026	0.128	-0.005	0.141	-0.085	0.096	0.075	0.091
Earned income tax credit	0.156	-0.063	0.144	0.018	**0.896**	0.073	-0.002	-0.043	-0.112	0.025	0.033	-0.068
Food assistance	0.118	0.194	0.120	0.417	0.090	0.031	0.204	0.133	0.011	0.077	-0.020	0.242
Income tax preparation	0.018	-0.053	-0.002	0.064	**0.936**	0.034	0.103	0.029	0.014	0.105	0.127	0.031
Legal aid	0.189	-0.052	0.337	-0.007	0.121	-0.183	0.175	0.477	0.346	0.171	0.220	-0.046
Mental health assessment	0.213	0.040	0.154	-0.118	0.117	0.183	0.065	0.042	0.139	**0.785**	-0.048	0.054
Parenting classes	0.397	0.083	-0.037	0.022	0.154	0.151	-0.041	0.066	0.113	-0.002	0.079	0.014
Rent or utility assistance	-0.014	-0.148	0.159	0.195	0.012	0.105	0.026	0.083	0.099	0.161	0.028	0.104
Senior programs or care	**0.669**	-0.032	-0.046	0.190	0.248	0.004	0.208	-0.121	0.265	0.151	-0.223	-0.064
Substance abuse assessment	0.381	0.145	0.124	-0.112	0.282	0.218	-0.030	0.113	0.219	**0.560**	-0.181	0.109
Transportation assistance	0.165	-0.137	0.025	-0.029	-0.065	-0.019	0.107	0.045	0.154	0.199	0.205	-0.002
Youth programs	0.796	-0.002	0.156	-0.095	0.165	0.156	0.002	-0.237	0.101	-0.139	0.122	0.111

Notes: *C*olumns show the loading for factors with eigenvalues exceeding 1. **Bold** indicates factor loadings exceeding 0.5.

Table 4. Participant goal setting

	Percentage of organizations
Integrated goal setting	
Set goals in all three program areas	84.5
Set goals in two program areas	8.5
Set goals in one program area	5.6
Set goals in no program area	1.4
Staff involvement with goal setting	
All participants meet with staff	84.3
Some participants meet with staff	15.7
When staff first assess participant needs	
Before services received	91.6
After services received	5.6
At time services received	1.4
Not assessed	1.4
Participant input into selecting services	
Participant has most of the input, staff has some input	58.6
Equal staff and participant input	21.4
Participant has some input, staff primarily determine	8.6
Participant determines, no staff input	7.1
No participant input, staff determine	4.3
N	71

Table 5. Percentage of participants receiving services in each program area

	Received services in all three program areas	Received services in two program areas		Received services in one program area
Total	**26.0%**	**41.3%**		**32.8%**
	Program area	Financial	Income	Program area
Employment services	--	18.1%	11.6%	12.1%
Financial coaching	--	--	11.6%	13.3%
Income & support	--	--	--	7.5%
N	57			

Note: Numbers indicate the percentage of participants receiving services in all areas, in two areas, and in only one area. For the participants receiving services in two areas and only one area, the table identifies the areas. For example, 18.1 percent of participants received services in the financial coaching and employment services areas.

Table 6. Goal setting and integrated services receipt: Ordinary least squares

	Percentage of program areas receiving services in. . .			
	Three areas	Two areas	Three areas	Two areas
Goal setting and tracking (omitted category = setting goals in only one area or not setting goals)				
Setting goals in all three areas	-28.70	34.30***	-22.43	32.95**
	(20.81)	(7.332)	(18.99)	(12.48)
Setting goals in two areas	-50.92**	36.29***	-50.47**	42.32**
	(23.46)	(12.26)	(23.36)	(15.97)
Target population characteristics				
Percentage of participants with household income below poverty	0.025	0.227**	-0.151	0.361***
	(0.180)	(0.108)	(0.209)	(0.132)
Primary population (omitted category = other)				
Unemployed workers	-3.433	8.363	4.192	9.082
	(14.68)	(10.70)	(12.96)	(11.94)
Low-skill workers	2.349	7.818	10.19	1.640
	(14.37)	(12.12)	(14.76)	(12.95)
Students	-25.24	16.35	-18.37	13.25
	(13.05)	(11.70)	(14.26)	(12.39)
Low-income	-17.34	10.53	-19.82	12.09
	(14.74)	(10.16)	(13.64)	(10.91)
Single-headed households	-22.66	10.48	-18.04	21.78
	(19.90)	(12.42)	(20.89)	(17.11)
Ex-offenders	-22.12	12.13	-16.33	11.54
	(16.48)	(12.14)	(18.02)	(12.27)
Environment				
Intermediary (omitted category = none)				
A	7.790	-17.21	1.720	-11.98
	(10.56)	(9.107)	(13.32)	(9.659)
B	6.813	-19.80**	2.364	-17.14
	(11.22)	(9.159)	(15.13)	(9.421)
Other	-11.93	-9.046	-21.52	-0.322
	(14.38)	(10.09)	(15.95)	(10.56)
Region (omitted category = Midwest)				
South	-21.97**	11.51	-22.18	14.90
	(10.02)	(7.517)	(12.88)	(8.273)
Northeast	-13.51	6.182	-19.13	13.11
	(11.65)	(9.513)	(13.31)	(11.28)
West	-22.65	21.83*	-35.93	28.71**
	(18.38)	(11.17)	(17.95)	(12.64)
Organizational context				
Used integrated service delivery for more than 5 years	--	--	6.907	2.441
			(13.50)	(8.406)
Served 500 or more participants in 2015	--	--	-23.90**	11.56
			(11.72)	(10.26)
Percentage of full-time staff implementing integrated service delivery	--	--	19.68	-26.08**
			(17.54)	(12.41)
Mean dependent variable	25.95	41.25	25.95	41.25
Constant	66.68	-6.676	65.56	-6.682
R-squared	0.320	0.372	0.444	0.483
F	1.728	5.694	1.945	4.103
N	57	57	57	57

Note: Numbers are estimated regression coefficients with robust standard errors in parentheses. We used means for independent variables with a missing value and included indicators to show we imputed the value to maintain sample size. Only four variables had missing data: households with income below poverty (4 imputations), length of time using integrated service delivery (2 imputations), number of participants served (11 imputations), and percentage of full-time staff implementing integrated service delivery (6 imputations).

***$p < 0.01$.

** $p < 0.05$.

The multivariate analysis also suggests that using goal setting to integrate services might be less relevant when an organization has a high percentage of participants receiving services in all three program areas (Table 6). Neither of the estimations for the percentage of participants receiving services in all three program areas has a statistically significant F-statistic ($p \leq 0.05$), suggesting that none of the variables—goal setting, target populations, environment, nor organizational context—explain why participants receive services in all three program areas.

One potential reason for the inability of our estimations to support a model of participant service receipt in three areas is that organizations with a high percentage of such participants seem to drive how services are integrated. This explanation is supported by survey responses to the question: "What best describes how services in the three program areas are offered?" About 78 percent of organizations with more than half of participants receiving services in all three areas said they offer services either together (for example, in a single class that covers job searching, asset building, and the earned income tax credit) or in a predetermined sequence (for example, participants receiving financial coaching/literacy education services before income support services). Only 22 percent of organizations with more than half the participants receiving services in all three areas reported that participants choose the manner in which service integration occurs (Table 7). In contrast, about half of organizations with fewer than 25 percent of participants receiving services in all three program areas reported that participants choose how to receive integrated services.

Table 7. Offering of services to participants in all program areas

Percentage receiving services in all program areas	Percentage of organizations	Percentage offering services in the three areas			
		Together	Participant chooses	Set sequence	Other
50 percent or more	16.1	33.3	22.2	44.4	0.0
25 to 49 percent	25.0	21.4	35.7	35.7	7.1
Less than 25 percent	58.9	15.2	48.5	24.3	12.1
N	56	11	23	17	5

Despite the general quantitative support for adopting a customized, participant-centered approach to integrating services, organizations in our study reported encountering challenges in customizing integrated services to meet participants' needs. When the survey asked organizations to list the top three challenges (other than a lack of financial resources) to integrating service delivery, almost two-thirds (62 percent) cited participant-centered challenges, with more than 30 percent mentioning a lack of participant interest or retention in certain service areas. Some participants come into an organization seeking services in only one program area, even though services in other areas also could benefit them. Visits to eight organizations responding to the survey suggested that providing financial coaching is particularly challenging in this regard: Participants who come to an organization for employment assistance often do not see its relevance to them.

V. DISCUSSION AND IMPLICATIONS

Integrated service delivery has often been discussed in relation to breaking down barriers between entities so participants can more readily access services in different program areas. For participants with multiple obstacles to achieving economic self-sufficiency, breaking down barriers between entities seems to be a logical step in helping to overcome those obstacles. It may not be enough, however; organizations might also need to develop a process for working with participants to customize and integrate the services they need to move them toward economic self-sufficiency.

Our research uncovered four ways in which organizations used a participant-driven model to customize and integrate services. First, organizations use partners to offer participants a wide variety of services in multiple program areas. Partners were mostly used to expand access to more specialized services. Without a variety of services available in each program area, participants might not be able to obtain the services they need to move toward self-sufficiency.

Second, organizations do not appear to integrate services across different programs in a systematic fashion, although they seem to offer services together within each program area. The lack of a pattern in services offered together across program areas supports a participant-driven model of integrating services because, under such a model, the services received in different program areas would differ for each participant.

Third, organizations seem to customize and integrate services using a process of assessing needs and setting and tracking goals in each program area. Organization staff generally assess participant needs before services are received, give participants the majority—if not total—say in establishing their goals and selecting the services they receive, and periodically assess whether participants are meeting their goals. Such a process is consistent with goal-setting coaching.

Fourth, results show that organizations in which participant goals are set in more than one program area have a higher proportion of participants receiving services in more than one program area. However, results also suggest that organizations with a high percentage of participants receiving services in all three program areas do not see such an association, perhaps because they tend to follow an organization-driven model for integrating services, not a participant-driven model, in that a relatively high percentage appear to predetermine how integration occurs for all participants.

Although this study could not link participant-driven service integration through goal setting to improved self-sufficiency, research demonstrates that goal setting and goal pursuit can be two important components of achieving successful outcomes in a variety of settings (Burnette et al. 2013), including academic and job settings (Brown and Latham 2000; Latham and Locke 2007; Oettingen et al. 2001). Meaningful goal setting and pursuit have been linked to healthy psychological functioning, positive life outcomes, and successful academic and work performance (Diener et al. 1999; Koestner et al. 2002; Eccles and Wigfield 2002; Locke and Latham 2002). Encouraging people to set challenging yet realistic goals has been used successfully to foster improvements in health behaviors, academic performance, and job performance (Frayne and Geringer 2000; Mann et al. 2013; Landers et al. 2015).

Limitations

Although findings from this study indicate organizations' potential for implementing customized service integration and the value that goal-directed services might bring to helping participants set and achieve goals in different program areas, they are exploratory findings and have limitations. Arguably the most pressing limitation is that the research did not establish a link between participants' receiving a customized, integrated set of services and their improved economic self-sufficiency. Unless the model developed in this study and its components can be shown to improve economic self-sufficiency, its potential remains speculative. Furthermore, the exploratory nature of the research means that the process for implementing key components has been established only for a relatively narrow set of services in three program areas and for a small sample of 71 organizations not randomly selected. Whether implementation is feasible for a broader set of social services in different program areas, or for a different sample of organizations, is unknown.

In addition, the study was not designed to provide insights into the processes that allow organizations to offer the wide variety of services that seem to be needed to customize services to participant needs. The research conducted suggests that partnering might expand service offerings, especially those more specialized; however, the research did not delve into the mechanisms that would allow participants to fully access partners' services (for example, the use of service co-location and warm handoffs to make referrals between partners). Nor was the research designed to provide insights into the processes that might cause goal setting to facilitate integration of services across different program areas. The literature on coaching, goal setting, and goal pursuit contributes insights into how such processes might be developed, but no researchers have yet explored the potential use of these activities in integrating services to help participants overcome multiple obstacles to self-sufficiency.

Future research

The exploratory nature of this research opens the door for future research on effective processes of participant-driven integrated service delivery and their outcomes. Not only should further research confirm and expand on how coaching, goal setting, and goal pursuit play into integrated services, it should examine whether the process of customizing an integrated set of services actually leads to increased self-sufficiency. It might be difficult to pursue these two research needs simultaneously. Only implementing a strong model of participant-driven service integration will likely produce improved rates of self-sufficiency that can be documented through rigorous research. Weaker models may not show effects. However, without assurance that the general model presented here has the potential to remove barriers to receiving integrated services more efficiently and effectively than current programs do, building out the model could be a feckless endeavor. Rigorous research should continue on strong pilot programs with established integrated approaches; at the same time, such programs can also build an understanding of the processes that make them strong.

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