

Family-based Services:

Strategies for TANF Programs to Support Intentional and Healthy Family Planning

About This Resource

This tipsheet provides examples of strategies that Temporary Assistance for Needy Families (TANF) programs can use to support family economic security by helping TANF recipients make intentional and healthy decisions about their families. An unintended pregnancy can make it harder for TANF participants to improve their economic well-being and independence. Family-centered services, such as employment coaching, home visiting, mentoring, and access to family planning services, can support TANF participants in making intentional and healthy choices for their families. This resource is intended for state, county, and Tribal TANF leaders responsible for program design and resource allocation.

As birth rates decline and family structures evolve, new opportunities are emerging for TANF programs to support parents and children. The third statutory [purpose of TANF](#) seeks to reduce births outside of marriage and promote two-parent family stability. Although birth rates in the U.S. have declined, including among unmarried women,ⁱ about 40 percent of all births in the U.S. are still to unmarried women and about 40 percent of all births in the U.S. are covered by Medicaid.ⁱⁱ

Even with these downward trends, it remains important for TANF programs to focus on strategies that help reduce unintended pregnancies among participating families. The addition of a child can place significant economic strain on households:

- Mothers' earnings often decline in the months leading up to and following childbirth.ⁱⁱⁱ
- Childcare is often extremely expensive, forcing many parents with low incomes to leave the workforce, which can worsen their financial situation.^{iv}
- Less than one-fifth of families eligible for childcare subsidies actually receive them.^v
- Rates of food insecurity are higher for households with multiple children.^{vi}

The additional economic strain associated with the arrival of a new child may increase the chances of continued dependency on benefits. This may be especially true for mothers who are unmarried and have low incomes. Additionally, much research has shown that family economic well-being is important for healthy child development.^{viii}

Family-based services can help TANF participants consider their current family, education, and career goals. These services can help them determine whether having a child is compatible with these goals or whether it is better to wait until they are more financially independent. Family-based services take a broad perspective on family economic security and well-being.

What is Family Economic Well-being?^{vii}

Family economic well-being is defined as the degree to which a family's self-defined economic needs and goals align with their economic resources and enable them to limit financial stress. This might include a family's ability to:

- Meet and sustain basic human needs
- Have control over financial decisions
- Have present and future financial security
- Achieve security and satisfaction in employment





Consider How Family-based Services Might Support Participants in Your TANF Program

Reflection Questions



1. How do family-based services align with the goals of our program?
2. What groups of TANF participants could benefit most from family-based services (for example: all participants, young parents, returning TANF leavers, TANF participants with children under 2)? How will we identify these groups?
3. What partners may already offer similar services in local communities? Who would we need to engage to develop and deliver family-based services?
4. What additional resources do we need to provide family-based services?
5. What additional supports, if any, do case managers need to adequately provide or help participants access these services?
6. How might we measure and assess the use and outcomes of family-based services?

Innovative Family-based Services in the Field

Below are three examples of family-based services that may benefit the families your TANF program serves.



Setting Well-being Goals through Family-centered Employment Coaching

Employment coaching differs from traditional case management and offers opportunities to help participants reflect on how pregnancy may align with their future aspirations. Traditionally, case managers meet regularly with TANF participants to monitor compliance with work participation requirements and program rules, and case managers may also offer job search assistance services and referrals to other services.

In employment coaching, case managers work in a non-directive manner with participants to (1) set goals that are directly and indirectly related to employment, and (2) work to achieve the goals they set. The goal-setting areas can include topics such as basic needs, family and child services, financial services, education, and health—and could also cover family planning options and considerations.^{ix}

Overall, coaching aims to help participants build skills to overcome their challenges. TANF programs around the country have employed a range of different coaching models, including Family-Centered Coaching and [Goal4 It!](#)[™].

Example: Family-based Goal-setting Questions in Employment Coaching

The following questions are examples from the [Family-Centered Coaching](#) toolkit.*

- **Child Well-being and Parenting:** What are your hopes for your child? What would that look like?
- **Employment, Education, and Career:** How much do you need to earn to meet your expenses and goals?
- **Health and Well-being:** What needs to happen so you can make good choices for your health? Your child's health?
- **Family, Friends, Relationships:** What network can you count on when you're in a bind?

*Note: Family-Centered Coaching includes paid resources. We share this example for TANF leaders' awareness and further exploration. OFA does not specifically endorse or recommend these resources.



Home Visiting to Improve Employment and Child Well-being Outcomes

Early childhood home visiting programs might help TANF programs reduce the incidence of out-of-wedlock pregnancies by providing TANF participants with education, resources, and supports that promote informed decision-making and healthy family planning. [Early childhood home visiting](#) is a service delivery strategy in which a trained home visitor works individually with expectant parents and parents of young children to provide education and support to parents, conduct health screenings, and connect families to community resources. Home visitors can include nurses, social workers, community health workers, or other trained support specialists. Meetings between the home visitor and family typically take place in the family's home or a location of their choice so that the home visitor can observe parents' interactions with their children.



Many home visiting programs are federally-funded through the U.S. Department of Health and Human Services (HHS).^x As a part of these partnerships, TANF programs and home visiting providers may intertwine funding streams and establish memoranda of understanding (MOUs) to share data on participation and outcomes.

[Iowa's Family Development and Self-Sufficiency \(FaDSS\)](#) is a home-visiting program that serves TANF participants in Iowa who are at risk of long-term cash assistance receipt.^{xi} FaDSS participants:



- Receive regular case management services through TANF; and
- Meet with family development specialists in their homes to set and achieve goals around employment and economic stability, among other topics, that will meet their families' needs.

One of the program's goals is to build participants' self-regulation skills. FaDSS is funded through Iowa's TANF block grant and operated by the Iowa Department of Health and Human Services.

Evidence of Effectiveness: Early Childhood and Employment Home Visiting

HHS routinely reviews evidence on the effectiveness of early childhood home visiting models through the [Home Visiting Evidence of Effectiveness](#) (HomVEE) review. To date, there are 27 models with rigorous evidence of effectiveness in improving outcomes in eight categories (including child development, family economic self-sufficiency, and maternal and child health) for a range of populations.^{xii}

Iowa's FaDSS home visiting program is participating in a rigorous evaluation sponsored by HHS. Participants in FaDSS experienced increases in goal setting and attainment and decreased economic hardship in the short-term, nine months after enrolling in the study.^{xiii}

A home visiting program implemented in Nebraska had positive effects on participants' employment and job retention, particularly for participants with substantial employment challenges, such as a disability, a history of cash benefits receipt, or low educational attainment.^{xiv}

Providing Access to Mentoring and Family Planning

TANF programs may also support the goal of reducing out-of-wedlock births by connecting participants with free or low-cost family planning services. In both Virginia and Colorado, statewide initiatives make these services accessible to low-income individuals, including TANF participants, through partnerships with regional health providers.




[Virginia Resource Mothers](#) is a multi-generational mentoring program that aims to reduce teen pregnancies. Home visitors work with teen parents and their families—who may be participating in TANF—to provide infant care, health education, goal setting, and life skills training. Siblings of the teen parent are also referred to a mentoring program to encourage healthy choices. The Resource Mothers program uses an evidence-based curriculum, *Aim 4 Teen Moms*. It has been shown to increase the use of contraception and reduce repeat pregnancies among participating teen mothers.^{xv}





[Virginia's Contraception Access Initiative](#) was launched in 2018 in response to findings that over 40 percent of births in the state were unintended. The initiative aims to expand access to reproductive health services by providing no-cost contraception to individuals and families with incomes below 250 percent of the federal poverty level, including TANF participants. Through a statewide network of health providers, the program supports family planning across the state.



[Colorado's Family Planning Program](#) (FPP) aims to improve reproductive health access for families. Colorado's FPP provides a range of family planning, contraceptive, and reproductive health services on a sliding scale based on patient income. Since 2008, the FPP has included expanded access to low- or no-cost Long Acting Reversible Contraceptives (LARCs). Research suggests this expansion has contributed to increases in college completion among women^{xvi} and decreases in the state's rates of teen births, abortions, and unintended and rapid repeat pregnancies. Researchers also estimated that the initiative saved Colorado nearly \$70 million in public assistance costs.^{xvii}

From Reflection to Action

Increasing family-based services in your TANF programming may help families work together toward greater economic independence and intentional family planning decisions. Reflect on the examples provided in this tipsheet and consider these questions to help you identify opportunities for meaningful progress in your program.

- How are we currently measuring family outcomes related to reducing out-of-wedlock pregnancies? How might family-based services help us achieve those outcomes?

- What examples or ideas from this tipsheet feel the most feasible for our team to adopt or adapt?
- How can we tailor existing or future family-based services to our participants' unique needs?
- What additional partnerships could we explore to expand family-based services?



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End Notes

- i Osterman M.J.K., Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2023. National Vital Statistics Reports; vol 74, no 1. Hyattsville, MD: National Center for Health Statistics. 2025. <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf>.
- ii Osterman M.J.K., Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2023. National Vital Statistics Reports; vol 74, no 1. Hyattsville, MD: National Center for Health Statistics. 2025. <https://www.cdc.gov/nchs/data/nvsr/nvsr74/nvsr74-1.pdf>.
- iii Stanczyk, A.B. The Dynamics of U.S. Household Economic Circumstances Around a Birth. *Demography* 57, 1271–1296 (2020). <https://doi.org/10.1007/s13524-020-00897-1>
- iv “Childcare Costs, Reduced Work, and Financial Strain: New Estimates for Low-Income Families | U.S. Department of Commerce.” U.S. Department of Commerce, 27 June 2024, <https://www.commerce.gov/news/blog/2024/06/childcare-costs-reduced-work-and-financial-strain-new-estimates-low-income>.
- v US Department of the Treasury. (2021). The economics of child care supply in the United States. <https://home.treasury.gov/system/files/136/The-Economics-of-Childcare-Supply-09-14-final.pdf>
- vi Ullmann H, Weeks JD, Madans JH. Children living in households that experienced food insecurity: United States, 2019–2020. NCHS Data Brief, no 432. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: <https://dx.doi.org/10.15620/cdc.113966>
- vii Eddins, K., Sama-Miller, E., Forrester, E., Gemignani, J., Manzer, J., Avellar, S., & Childress, L. (2023). Defining, Measuring, and Supporting Family Economic Well-Being in Early Childhood Home Visiting: A Review of Research and Practices. OPRE Report 2023-117. *Administration for Children & Families*. <https://eric.ed.gov/?id=ED629139>
- viii Berger, L. M., Paxson, C., & Waldfogel, J. (2009). Income and child development. *Children and youth services review*, 31(9), 978-989. <https://www.sciencedirect.com/science/article/abs/pii/S0190740909001108?via%3Dihub>
- ix Derr, M., McConnell, S., & Gardiner, K. (2024). Providing employment coaching to families receiving TANF benefits: Lessons learned (OPRE Report No. 2024-126). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://acf.gov/opre/report/providing-employment-coaching-families-receiving-tanf-benefits-lessons-learned>
- x Administration for Children and Families. (2025). Home visiting. Office of Planning, Research & Evaluation. U.S. Department of Health & Human Services. <https://acf.gov/opre/topic/home-visiting>
- xi Schwartz, D., Gardiner, K., Joyce, K., McConnell, S., & Saunders, C. (2020). Family Development and Self-Sufficiency (FaDSS): Implementation findings from the evaluation of employment coaching (OPRE Report No. 2020-177). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://acf.gov/opre/report/family-development-and-self-sufficiency-fadss-implementation-findings-evaluation>
- xii Office of Planning, Research, and Evaluation. (2024). Early Childhood Home Visiting Models: Reviewing Evidence of Effectiveness. (OPRE Report No. 2024-326). U.S. Department of Health and Human Services, Administration for Children and Families. <https://homvee.acf.gov/sites/default/files/2025-02/homvee-summary-brief-nov2024.pdf>
- xiii Moore, Q., Wu, A., Kautz, T., Kent, C., McConnell, S., McInnis, N., Patnaik, A., & Schochet, O. (2024). An employment coaching program using home visiting had limited effects on TANF participants’ outcomes: Impacts of FaDSS at 21 months (OPRE Report No. 2024-119). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/opre_fadss_21_months_june2024.pdf
- xiv Sama-Miller, E., & Holcomb, P. (2023). The potential of home-based employment coaching to support economic stability (OPRE Report No. 2023-300). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://acf.gov/opre/report/potential-home-based-employment-coaching-support-economic-stability>
- xv Covington, R. D., Luca, D. L., Manlove, J., & Welti, K. (2017, February). Final impacts of AIM 4 Teen Moms. U.S. Department of Health and Human Services, Office of Adolescent Health. <https://opa.hhs.gov/sites/default/files/2020-07/ppa-aim-4-teen-moms-final-impacts.pdf>
- xvi Yeatman, S., Flynn, J. M., Stevenson, A., Genadek, K., Mollborn, S., & Menken, J. (2022). Expanded Contraceptive Access Linked to Increase in College Completion Among Women in Colorado. *Health Affairs*, 41(12), 1754-1762. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00066>.
- xvii Colorado Department of Public Health and Environment. (2017). Taking the unintended out of pregnancy: Colorado’s success with long-acting reversible contraception (LARC). <https://cdphe.colorado.gov/fpp/about-us/colorados-success-long-acting-reversible-contraception-larc>