

Finding Holistic Prosperity

Examining the Effects of a Community Designed, Culturally Relevant Self-Care and Mental Health Model on the Wellbeing of Low-Income Mothers and Their Families

Springboard to Opportunities



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Introduction

In 2020, the world as we knew it got turned upside down. From illness and healthcare access to school closures and job layoffs, the effects of the COVID-19 pandemic changed the landscape of our nation and with the harshest effects falling squarely on the shoulders of low-income communities of color.

Congress and policymakers worked early on to develop an economic response, creating financial packages that included cash payments to households, temporary holds on student loan payments, rental assistance programs, and eventually the Child Tax Credit—the closest policy the United States has developed to a guaranteed income since Nixon’s Negative Tax experiments. These policies were essential and kept many families afloat in the time of crisis. Research throughout the pandemic clearly showed the importance of cash payments for families and creating a sense of stability within a time of little certainty.¹

Springboard To Opportunities—an organization in Jackson, Mississippi working with families who reside in federally subsidized housing to help them reach their goals in school, work, and life—saw firsthand both the devastating effects of the pandemic on low-income families and the power of cash for families, particularly in crisis. Springboard had begun a guaranteed income pilot, The Magnolia Mother’s Trust, in 2018 and had launched a second cohort of 110 Black mothers, who were each receiving \$1,000 per month for 12 months the same day that social distancing measures went into place in Mississippi. Like the national results found in the Rapid Survey Project, families who were a part of the guaranteed income program experienced greater stability, an enhanced sense of self-efficacy and agency, and the ability to meet their family’s material needs.

While these outcomes were significant, as a radically resident-driven organization dedicated to centering the voices and experiences of families themselves, Springboard recognized through conversations with families and being present in community that there continued to be gaps in what cash alone could provide. Beyond financial difficulties, the pandemic brought additional trauma into communities that were already experiencing the trauma of poverty and long-standing

consequences of systemic racism in the United States. As residents worried about the health and safety of their families, experienced less time for themselves and their own needs, and became increasingly isolated from friends, family, and other relationships due to social distancing guidelines and safety measures, residents also expressed a need for mental health support and a trusted community to lean on in the midst of crisis, even if they were already receiving cash benefits.

This naturally raised questions about the actual definition of prosperity and what it means to families to feel supported and secure. While often linked simply to economic security, a more holistic definition of family prosperity might also recognize the importance of mental health and wellness in helping families thrive. While Springboard was already actively answering questions and showing the benefits of regular, no-strings-attached cash payments for families, it became clear that there were other questions worth asking, as well.

Can improved mental health and wellness allow for growth in other metrics that cash shows less improvement on? What effect does a self-care intervention for parents have with a two-generation lens and supporting children? Is a mental health intervention just as important and necessary as the cash infusions in helping families be able to cope and really move toward prosperity, especially in times of ongoing crisis?

¹ Rapid Survey Project, <https://rapidsurveyproject.com/our-research>

The Process

To answer these questions, Springboard partnered with Blooming Willow² to co-create, with Springboard community members, a culturally relevant toolkit and curriculum that would support low-income Black mothers in developing self-care routines with an emphasis on community support and healing. Over the course of several months, a group of Springboard mothers and Blooming Willow coaching staff met virtually to develop the toolkit as well as an accompanying four-week program that could increase connections and build community amongst participants. The result of these conversations became the MISS Model—a community created toolkit and program intended to support growth, healing, and leadership amongst participants. MISS was an acronym representing both the “Doing” & “Being” of the program—Motherhood & Mindfulness, Information & Introspection, Sisterhood & Small Groups, Sharing & Support.

Seven individuals, two Springboard residents, three Springboard staff, and two Blooming Willow coaches, received training to facilitate the fourweek program that accompanies the toolkit. From June 2021-July 2022,

Springboard implemented six separate cohorts of the MISS Program that included 46 total residents. Three of these cohorts were conducted virtually due to high rates of COVID transmission during their assigned time and three of the cohorts were held in person.

Before the cohort began, each participant was asked to take a survey with comparable metrics to the baseline survey given to participants in The Magnolia Mother’s Trust. These metrics included poverty index measures, physical and mental health, and child and family well-being. After completing the four-week curriculum, each participant was asked to implement a self-care strategy they had taken up during the program regularly over the course of the next month. After that month, participants were sent a follow-up survey with the same metrics and some additional evaluative and post-reflective questions to better understand the effects and outcomes of the MISS Model, their individual self-care practice, and the specific factors led to those outcomes. Each participant was compensated \$500 for their time and contribution to the research.

2 Blooming Willow is a Black Woman owned Coaching and Training firm that was created to support ChangeMakers to grow and heal as they design futures that invite individual and collective liberation. Learn more at <https://www.bloomingwillow.com/>

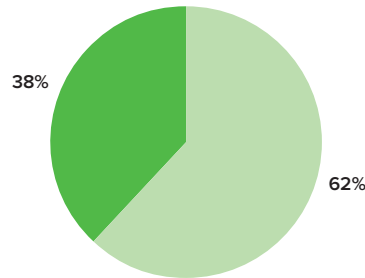


The Population

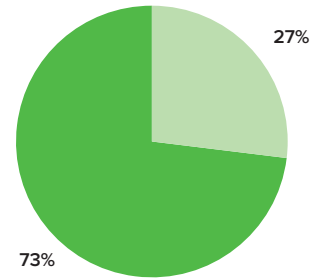
The 45 women who participated in the cohort were all Black mothers with at least one child under the age of 18 residing in a federally subsidized apartment community in Jackson, Mississippi. The mothers were between the ages of 26 and 42 at the time of completion of the program with an average age of 32. For 67% of the participants, the highest level of school they had completed was a high school diploma or equivalent. 15% had an associate degree, 7% had completed technical training, and 4% had a bachelor's degree. Another 7% had not completed high school.

In addition, participants reported other stressors occurring in their lives during the program. 40% were unemployed; 40% reported not having enough space in the house for all family members; 58% were not able to pay all their bills on time without borrowing money; and 58% reported having

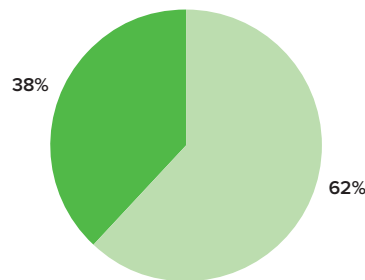
Can you pay any household bills without borrowing money?



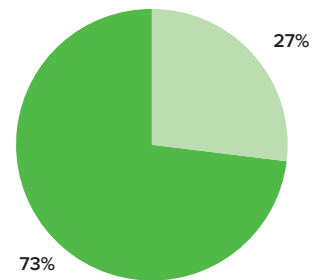
Do you experience any pain that limits activities?



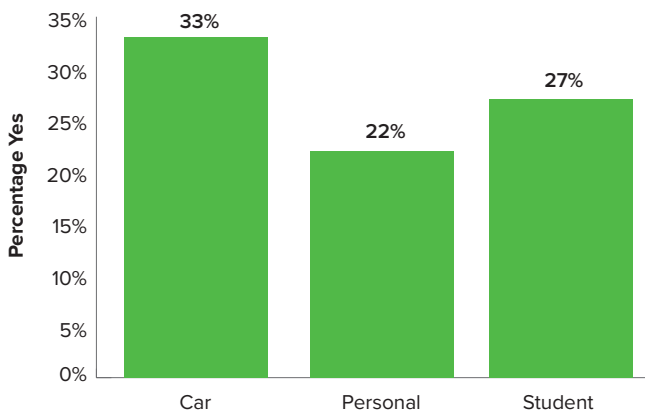
Space in your house for the # of people who live in it



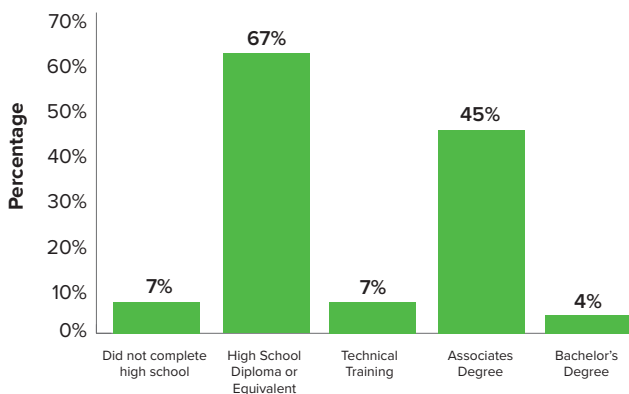
Are you currently employed?



Do you have any of these loans?



Highest Level of Education



some outstanding debt or loan such as a car note, student loan, or other personal loan. 31% of participants had pain that limited their physical activity and 60% of participants rated their physical health as three or lower on a scale of one to five before beginning the program.

Additionally, 62% of participants reported regularly experiencing difficulties with mood or mental health before the program started. 42% reported feeling worried or anxious more than five days per month and only 60% reported feeling happy or excited five or more days during the month.

In an effort to recognize the effects of a program like this on children, as well as mothers, participants were also asked similar questions about their children's health and well-being. 22% of participants ranked their children's health as three or lower on a scale of one to five before starting and 16% reported that their children regularly experienced difficulties with mood or mental health issues before the program.

What We Learned

After completing the four weeks of the MISS Model and a month of a self-care activity, participants reported significant improvement in being able to manage mood and their mental health as well as decreases in stress and worry. The number of participants who reported regularly experiencing difficulty with mood or their mental health decreased from 62% to just 27%. Additionally, the number of participants who reported feeling worried or anxious five or more days per month decreased from 42% to 22% and the number who reported feeling happy or excited five or more days per month increased from 60% to 78%. Participant children's mental health showed less dramatic changes, but the percentage of participants who reported their children regularly having trouble with mood or mental health did decrease from 16% to 9%.

What's more, the percentage of participants who rated their physical health as a three or lower decreased from 60% to 20% with 47% rating their physical health as a five out of five at the end of the program (as opposed to just 22% before the program). While participants had already rated their children's physical health more positively than their own before the program, the percentage who rated their children's physical health as a three or below still decreased from 22% to 9% (all ranked as threes with no ones or twos) and there was an increase from 56% to 69% in participants who ranked their child's physical health as a five.

Participants also reported making time for healthy coping mechanisms at the end of the program. 89% of participants reported using exercise and setting aside specific time to relax as a coping strategy. 87% reported helping someone in their community and 84% connected socially with friends or family at least once a week. 71% reported using meditation as a coping strategy at least once per week.

Interestingly, there was also a decrease in participants who said they were utilizing title loans, payday loans, or pawn shops (33% were utilizing them before the program and only 13% were after completing the program). While more research would be needed to determine the cause of this drop, it is worth examining if decreases in stress levels and healthier coping mechanisms also support families in being able to make more measured, long-term decisions around their finances instead of feeling out of options or pressured into using predatory lending practices.

When asked to share more about what parts of the program were most meaningful, several mothers mentioned the importance of having a group of other women with shared experiences. One participant noted it was meaningful "to come together and discuss topics that I thought I alone was going through." Another expressed she appreciated, "just knowing that I'm not the only woman who struggles to talk." She continued, "I loved this program so much; it really gave me something to look forward to, and I genuinely loved talking to the ladies in the group. I mean just knowing I'm not the only person feeling anxious, stressful, depressed and just lonely sometimes." And as another participant put it, "Knowing that there are others going through the same issues as you, and there is hope."

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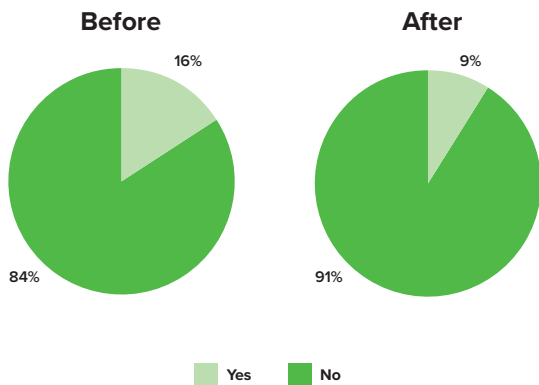
Knowing that there are others going through the same issues as you, and there is hope.”

Still other mothers noted that this was the first time someone had given them permission to take care of themselves and center their needs. One participant stated that the program "show[ed] me that without talking things out, [and] taking time for yourself that we a hurting ourselves and we don't realize it." Many noted that self-love and self-care were new concepts for them, but now recognize that without caring for themselves, they are not able to care for all the other people around them. They especially appreciated being able to learn coping mechanisms and self-care ideas from the other participants in the program.

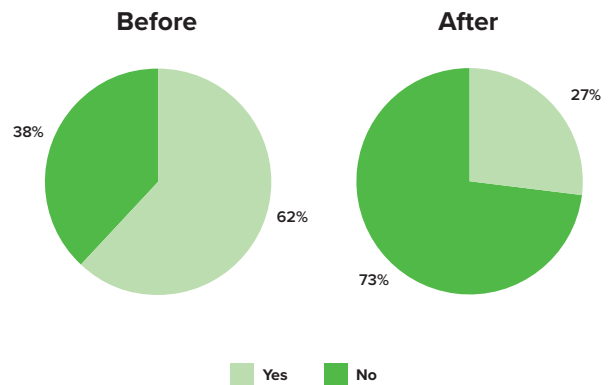
Several mothers noted how the MISS Model and implementing self-care strategies shifted their thinking patterns and their ability to respond to situations. One mother said, “The entire program was helpful; it actually made me change my thinking process and the way I view and approach things. I’m learning to be calmer.” Another said specifically in response to her new meditation practice, “It helped me to be more mindful of my reactions to my everyday situations. By taking the space to breathe and consider things, I was able to find a new place of calmness to deal with my life.” Others talked about calmer and clearer thoughts, having improved memory, and having more patience with others around them. Some spoke of having more energy and sleeping better. One participant summed it all up saying that her practice, “made me feel like myself again.”

“
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Do you regularly experience difficulty with mood or mental health?



Do your children regularly experience difficulty with mood or mental health?



89%
Made time to relax



89%
Exercised



87%
Helped others in community



84%
Connected socially



71%
Meditated

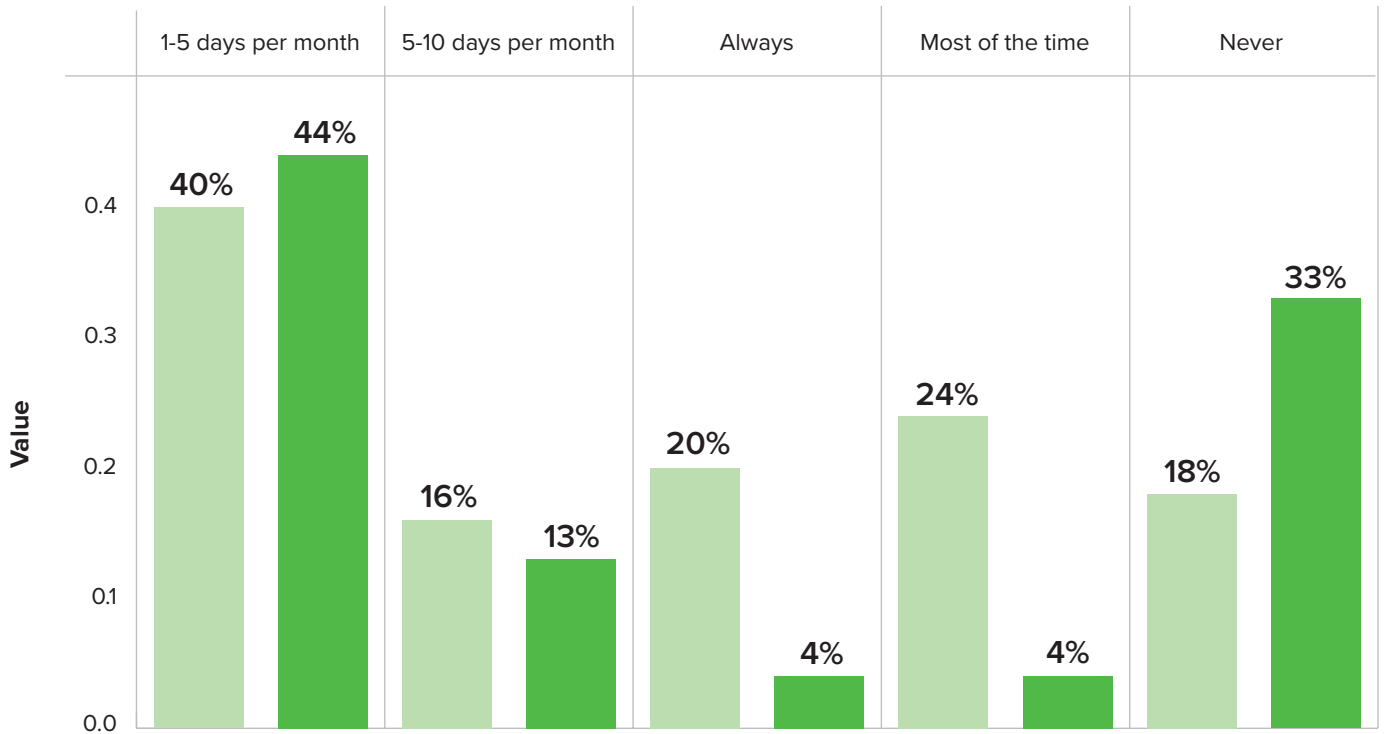


60%
Received help from others

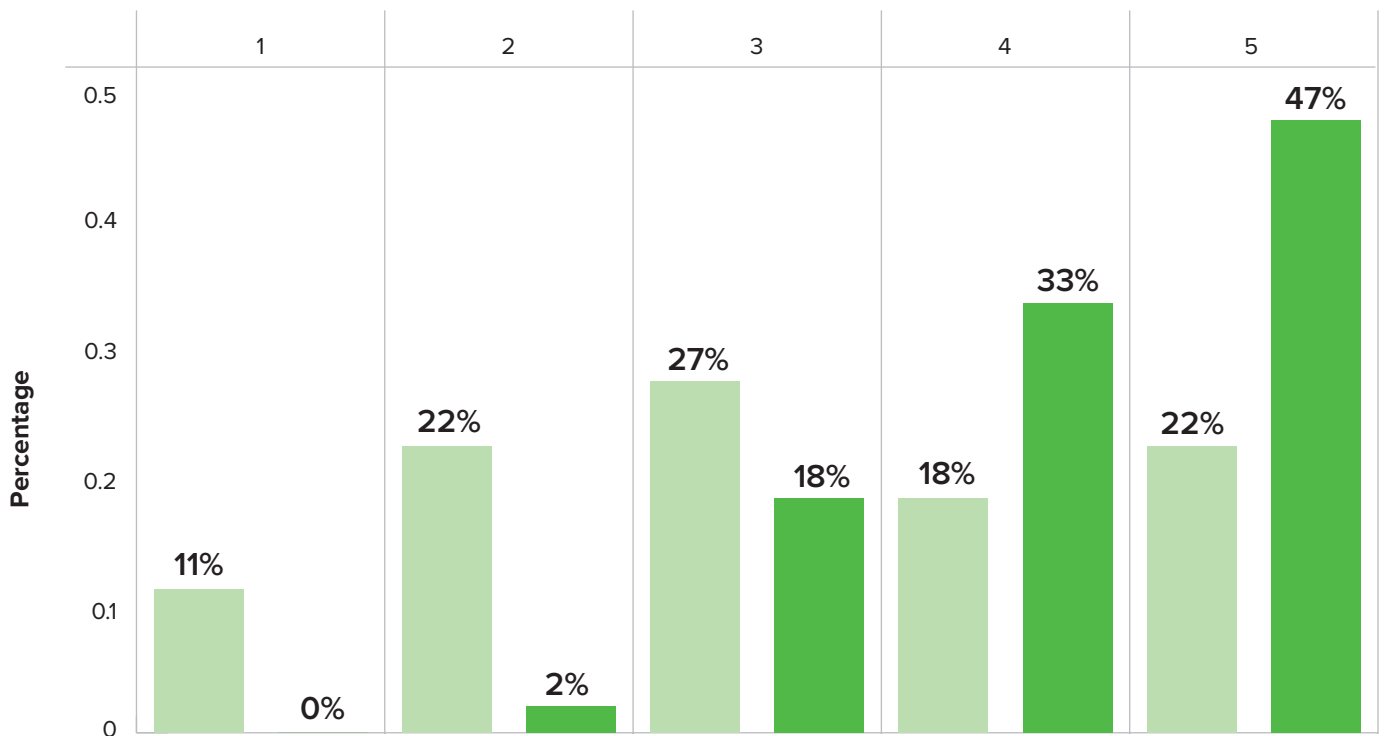
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Before the MISS Program After the MISS Program

How often do you feel worried or anxious?



How would you rate your physical health?



Guaranteed Income Comparison

The results of this work become even more meaningful when looked at in tandem with evaluation reports from The Magnolia Mother's Trust, Springboard's guaranteed income work. While past guaranteed income studies have shown increases in a family's ability to meet their basic needs and have resulted in participants overall feeling more hopeful about their future, cash assistance alone has not been shown to make significant improvements when it comes to day-to-day mental or physical health. In fact, many of the same metrics that saw significant growth and movement through the MISS Model were the metrics that only saw minor or not statistically significant changes from baseline to endline surveys during The Magnolia Mother's Trust program.

Mothers in The Magnolia Mother's Trust have also reported feeling less stressed and having more time to relax, but this is often connected to being able to work a reasonable number of hours to make ends meet, rather than several part-time jobs. Most often, mothers report spending that additional time and energy on their children. In fact, consistently in Springboard's guaranteed income work, mothers have noticed changes in their children's lives and well-being before their own, because they are often choosing to spend the funds and additional resources they receive on their children.

In contrast, the MISS Model showed more significant gains in a mother's health and well-being, likely because she was intentionally creating strategies and time to care for herself. This raises the question of what kind of gains in health and wellbeing could be seen for families if these strategies were combined? When taken together, there is a possibility for a strong two-Generation approach that sees increases in prosperity for whole families.

Mothers in The Magnolia Mother's Trust have also reported higher rates of obtaining health insurance and going to the doctor when sick during the program but have not shown statistically significant gains in physical health. However, the MISS Model did show these gains, likely due to decreased stress and anxiety and implementing healthy coping strategies like getting enough sleep and exercising. Again, this shows the importance of both these bodies of work. Neither cash nor self-care on its own can produce perfect health outcomes, but when put together could we see both improved health and improved access to healthcare options for whole families?

Recommendation

The data is clear that these two strategies, unrestricted cash plus community-driven and developed mental health supports, complement each other and create a more holistic vision of family prosperity that ensures all members of a family across generations are able to thrive and reach their full potential. While we often focus on one intervention or strategy at a time, these findings push toward the idea that holistic programs that combine strategies and recognizes the needs of a whole person, could be much more powerful than any one intervention on its own. If both these programs could produce such promising results in isolation, how much more powerful could it be if guaranteed income or cash assistance programs were combined with culturally relevant self-care curriculums? What might be possible if community healing was intentionally integrated into cash-based policies?

Current cash-based policies, like TANF, and other social safety net supports often are accompanied by paternalistic requirements like parenting classes or life-skills training. The cultural assumption is that low-income families, particularly low-income Black women, do not know on their own how to care for their children or that they are too angry or lack the patience or emotional stability to hold a job or properly support their families. However, these biased assumptions fail to recognize the immense amounts of stress and trauma that low-income families are facing on a regular basis. Both the community and self-care centered strategies that were implemented in the MISS Model proved to support individuals in emotional regulation, decision making, and feeling more equipped to take on the tasks of everyday life.

What if individuals had the option to attend community groups where mothers were able to share their lives and stories with each other and learned self-care and self-love strategies in conjunction with receiving TANF or cash benefits instead of demeaning classes and requirements?

Participants in the MISS Model stressed how important it was to know the similar struggles between participants and learn new coping strategies from other mothers in the group. Who could be better to support a struggling mother than another mother who has gone through a similar situation?

Rather than being focused on content and knowledge transfer, programs—in conjunction with cash benefits—can prioritize being community-centered, providing space for connection and learning from each other in the group. It is community, relationships, and self-care that led MISS participants to better outcomes rather than learning new content or information.

Additionally, guaranteed income programs and pilots across the country should consider including community building and connection along with culturally relevant self-care programming as a part of their initiatives. While these additional offerings do not have to be required or take away from the no-strings-attached promise of guaranteed income programs, adding an opt-in program for community building and support has the potential to multiply the effects that cash already has for family prosperity. While participants could be initially resistant to an additional program or commitment, the number one piece of feedback received during the evaluation of the MISS Model was that participants wanted it to last longer or be offered again. Despite any initial hesitations, when individuals recognized the healing and support that came with community and practicing self-care, they wanted to keep returning to that group, even when it was no longer required.

It is important to recognize that this study took place with a specific population (Black mothers in low-income housing in Mississippi) and with a limited number of participants. The toolkit also was developed by and for this specific population, but the process of developing it could easily serve as a model for other communities and populations interested in creating similar initiatives. The promising nature of the results also indicate that it is worth testing with other populations and on a larger scale. As we continue to work together to create an economy and society that works for all people, may we not lose sight of the potential that cash combined with mental health supports and community building truly has for moving toward a more holistic understanding of family prosperity.

ABOUT SPRINGBOARD TO OPPORTUNITIES

Springboard To Opportunities connects families living in affordable housing with resources and programs that help them advance themselves in school, work and life. We do this by working directly with families, as well as by establishing strategic partnerships with other organizations that help residents achieve their goals. To learn more, visit springboardto.org. This report was produced as a part as a part of Springboard's work as a member of Ascend at the Aspen Institute's Family Prosperity Innovation Community, a community working to develop strategies and solutions to improve employment opportunities, economic security, and health and well-being for families with low incomes.

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