

# Family Service Use and Outcomes for Youth With Disabilities

Career Development and Transition for  
Exceptional Individuals  
1–14

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## Abstract

Families of youth with disabilities often access services to promote youth's transitions to adulthood. Such services can be oriented toward the youth or family. Using descriptive statistics and regression modeling of survey and administrative data, we explored patterns of service use and the association between outcomes for 9,013 youth with disabilities who enrolled in a demonstration project. Those randomly assigned to a treatment group used family services more frequently than those in a control group, and youth in families using family services were more likely to use services themselves. The use of family and youth services together was associated with better youth employment. Because few programs offer family services, policymakers and practitioners might consider ways to connect families to such services.

## Keywords

youth with disabilities, youth transition, family engagement, services, Supplemental Security Income

Postsecondary outcomes for youth with disabilities lag behind those of their peers without disabilities. Youth with disabilities—particularly those with significant health conditions, who come from low-income households, or are not white—have lower educational achievement and poorer employment outcomes as young adults (Shandra & Hogan, 2009; Sima et al., 2015). Youth receiving Supplemental Security Income (SSI)—a federal income support program for people with significant health conditions who have limited income and assets—might face additional challenges in transitioning from high school to young adulthood related to their disability severity, household reliance on public benefits, overrepresentation of racial and ethnic minority backgrounds, and lack of knowledge on SSI work incentives, leading to poorer outcomes relative to other youth with disabilities (Davies et al., 2009; Levere, 2021, U.S. Government Accountability Office, 2017).

A large body of research identifies evidence-based practices and services that can improve the outcomes of youth with disabilities during their transition to adulthood (Mazzotti et al., 2021; National Technical Assistance Center on Transition: The Collaborative [NTACT:C], 2023; Rowe et al., 2021). One such practice is family involvement, wherein family members (such as parents or guardians, foster parents, siblings, and extended family members) “are active and knowledgeable participants in all aspects of transition planning” (Rowe et al., 2015). Family involvement might occur, for example, through participating in the transition process, receiving training and information about the

youth's disability, and networking with other families. NTACT:C rated this practice as promising for employment based on two studies showing the potential for interventions to improve parent knowledge of transition practices or planning (Rowe & Test, 2010; Young et al., 2016). Neither examined long-term outcomes or effects of the practice on youth outcomes.

In this study, we provide new information about the association between family services and youth outcomes by leveraging data from an evaluation of a federally funded initiative intended to improve the transition outcomes of youth receiving SSI. The Promoting Readiness of Minors in SSI (PROMISE) initiative enrolled about 13,000 youth receiving SSI who were ages 14 to 16, along with their families, across 11 states. Through a random assignment process, about half of the youth and their families were offered PROMISE services, including employment, case management, and other services (the treatment group); the other half could access the usual services available in their communities (the control group). Using data collected for the evaluation, we documented service use by family members

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other than the youth and analyzed the association with selected short-term youth outcomes, including employment, earnings, SSI receipt, self-determination, and expectations. To benchmark these findings, we also documented service use by youth and analyzed the association with the same short-term youth outcomes.

### *The Role of Families in Youth Transition*

Families play multiple key roles in the lives of their youth across home, school, and community activities and settings. They set expectations for their youth's future, connect youth with school and community organizations, support relationships, monitor progress toward goals, and help youth take care of personal needs (Carter et al., 2012; Hirano et al., 2016; Hirano & Rowe, 2016). Thus, families can be a critical support in a youth's transition to young adulthood to help youth achieve their goals. Families are also important because school staff expect families to be a part of the transition planning process while youth are in high school. This process includes developing an individualized education program (IEP) that specifies the youth's goals and associated transition services, along with the youth and their parents or guardians attending transition-related meetings (U.S. Department of Education, 2020). The evidence shows a positive association between family involvement in transition planning and youth outcomes, though this evidence is correlational rather than causal. For example, family involvement in transition planning is associated with youth's postsecondary success (Haber et al., 2016; Mazzotti et al., 2021; Test et al., 2009).

Despite the benefits, families report multiple challenges with participating in the transition planning process and accessing services for their youth. Some struggle with attending IEP meetings because they have conflicts with scheduling, misunderstand the purpose of the IEP meeting, or do not feel that school staff hear their voices (Cavendish & Connor, 2018; Hirano et al., 2018; Martinez et al., 2012). Others want more information about the transition process, more opportunities for engagement, or more contact with school personnel (Alverson & Yamamoto, 2019; Hirano et al., 2018; Martinez et al., 2012). Underlying the above-mentioned issues, some families encounter racism and discrimination when connecting with staff either for themselves or on behalf of their children (Hirano et al., 2018).

Families of youth receiving SSI can face additional challenges with participating in the transition process. Children who meet specific medical and financial criteria can receive SSI, which includes a monthly cash payment and (for most) Medicaid health coverage. The Social Security Administration (SSA) reassesses a youth's eligibility for SSI at age 18 using adult criteria (i.e., having a health condition that prevents substantial employment, rather than the child criteria of a health condition that results in marked and severe functional

limitations; Social Security Administration [SSA], 2022). Many families rely on their youth's SSI payments for support; among families with youth receiving SSI, SSI payments comprise almost half of all family income (Bailey & Hemmeter, 2015).

### *Services to Support Families With Their Own Goals*

Family members of youth receiving SSI have varying needs around disability, education, and employment issues; and so could potentially benefit from targeted supports to address those needs. While dated, the best data on some of these characteristics come from a survey conducted in 2001 to 2002. For example, half of all youth receiving SSI lived with at least one other family member with a disability (Davies et al., 2009), and more than 20% lived with an adult also receiving SSI (Bailey & Hemmeter, 2015). The educational attainment of parents of youth receiving SSI is low: only about 65% have completed high school (Rupp & Ressler, 2009). Their employment rates are also low. In two-parent households with a child receiving SSI, only 53% of fathers and 26% of mothers had any earned income, while the rate for single mothers was 38% (SSA, 2022). Because eligibility for the child SSI program considers parental income, it is not surprising that most youth receiving SSI live in households with low earnings and income. Many families with youth receiving SSI might therefore benefit from additional supports in tandem with the direct supports provided to their youth.

Providing employment and education supports to family members of youth receiving SSI might benefit both the family members themselves and the youth. Youth with disabilities have better employment and education outcomes if their parents have higher income and educational attainment (Wehman et al., 2015). Studies of youth with specific disabling conditions show similar positive connections between these parental characteristics and youth outcomes (e.g., Chiang et al., 2013). These connections might be attenuated, however, for youth with severe disabilities (Carter et al., 2012).

To our knowledge, no studies have directly examined the association between the provision of family-directed education and employment services and the outcomes of youth with disabilities. However, outside the disability field, research on families participating in welfare programs generally finds no relation between parent service use and youth outcomes. For example, youth whose parents were subject to employment requirements to retain income support had outcomes similar to those of youth whose parents were not subject to such requirements (e.g., Hamilton et al., 2001; Michalopoulos et al., 2002).

However, parent employment requirements and supports in the context of welfare programs do appear to be associated with improved outcomes for younger youth.

For example, Bloom et al. (2002) found positive effects of parent employment requirements on the behavior of youth who were ages 3 to 9 at study enrollment but found negative effects on school performance for youth ages 10 to 16. Further, the negative effects of parental employment requirements were more pronounced among older youth with younger siblings, suggesting that parental employment may increase these youth's caregiving responsibilities and leave less time for academic pursuits (Gennetian et al., 2002).

### *The PROMISE Approach to Family Services*

The PROMISE initiative sought to support youth with disabilities by promoting positive change in the lives of youth ages 14 to 16 who were receiving SSI and their families. Two features of PROMISE were hypothesized to make it more effective: (a) strong partnerships between the agencies that provide services to youth receiving SSI and their families, and (b) an individual- and family-centered approach to case management and service delivery. The core required components included the following: formal partnerships between state agencies, case management, benefits counseling and financial education, career and work-based experiences, and parent training and information.

Six programs implemented PROMISE, each of which had significant leeway to determine the most effective way to offer required partnerships and components. The six programs included one program in five different states (Arkansas, California, Maryland, New York, and Wisconsin) as well as one consortium of states implemented across Arizona, Colorado, Montana, North Dakota, South Dakota, and Utah. In addition to required services, programs could also offer other services, such as supporting families at school meetings and providing parents with information about and assistance with guardianship issues. Parts of our analysis leveraged the geographic variation across and within programs.

Family services were a critical aspect of PROMISE. Although many programs for youth might offer enhanced case management, employment, or education services, PROMISE required that specific services also be offered to the families of youth receiving SSI. In addition to addressing the economic self-sufficiency and limited means of the families that qualify for SSI, this aspect of the initiative was based on the premise, supported by the literature, that intentionally involving the family in services for the youth and offering services to address family members' own needs would benefit the youth. PROMISE provided case management services to parents and other family members; developed service plans that incorporated the employment and education goals of parents; offered training to parents and family members on issues specific to the youth, such as secondary and postsecondary

education, employment, benefits, and information about their disability; and referred family members to needed services.

Our analyses centered around three research questions that collectively sought to address the association between family service use and youth outcomes: (a) To what extent did PROMISE affect family and youth service use? (b) What is the association between family service use and youth outcomes? (c) Did places with large impacts of PROMISE on family service use also experience large impacts on youth outcomes? Our analysis tested two hypotheses. First, access to PROMISE services increased families' service use, both for their youth and themselves. Second, the use of family services, whether through PROMISE or usual services, was positively associated with the youth's short-term employment, earnings, self-determination, expectations, and reliance on SSI.

## **Method**

### *Participant Characteristics*

In total, 12,584 youth enrolled in the evaluation. However, we used random sampling to limit the population eligible for the survey to 11,487 youth (Because California enrolled significantly more people than were needed, we randomly sampled about two thirds of youth in California to manage costs). Among this group, youths' average age was 15.46 (youth had to be between ages 14 and 16 to enroll). About one third were female. In terms of primary disability, 45% had an intellectual or developmental disability, 36% had some other mental impairment, 14% had a physical disability, and the remainder had another disability. By definition, all youth had a disability by nature of receiving SSI.

The sample for this study includes 9,013 PROMISE families that responded to both the parent and youth 18-month surveys and provided the necessary information to identify families' use of youth-oriented family services (YFS) and family-oriented family services (FFS). The study sample represents 78% of the PROMISE enrollees who were eligible for the surveys; 19% did not respond to both of the surveys; and another 2% did not respond to all the questions required to conduct the analyses. Youth and parents were not required to respond to the surveys, though were offered a small financial incentive for doing so. The rates of those in the analysis sample were approximately equal between treatment (79.8%) and control (77.2%) groups.

We used SSA data to assess the differences between survey respondents and non-respondents, finding small differences between the groups. For example, the average age for youth respondents was 15.46, while the average age for nonrespondents was 15.48 ( $p = .072$ ). We also found significant differences between respondents and

nonrespondents in terms of preferred language, primary disability diagnosis, youth and parent receipt of disability benefits, parent age, SSI duration, age at time of SSI application, and total benefit amount. However, even when the differences were statistically significant, they were generally small. The extent and magnitude of the differences suggested that the respondents were not markedly different from the non-respondents (see Supplemental Table 1 for a comprehensive comparison of respondents and non-respondents). We also used survey non-response weights to make the survey respondent sample more representative of the full research sample and to minimize the potential for bias in the estimated impacts.

### *Data Collection*

We used surveys of youth and parents conducted for the national PROMISE evaluation and SSA administrative data. We surveyed youth and their parents (using separate instruments) 18 months after they enrolled in PROMISE to gather information about the use of services, outcomes, and youth and family characteristics. SSA administrative data provided information on SSI and Old-Age, Survivors, and Disability Insurance (OASDI) payments and youth demographic characteristics, such as age, sex, and primary impairment. See Mamun et al. (2019) for more information.

### *Measures*

Our analysis first relied on measures of family and youth service use. In the survey, we asked parents about whether or not they or their child used each of an array of services during the first 18 months after PROMISE enrollment. Importantly, the service use measures captured only whether a family used the service, but not the intensity of service use, such as the frequency or time period over which services were used.

We constructed two types of family service measures to represent services provided to family members other than the youth receiving SSI. We define YFS to include benefits counseling, networking and support, and parent training and information on their youth's disability provided to family members other than the youth receiving SSI. We defined FFS to include case management, education or training supports, employment-promoting services, and financial education services provided to family members other than the youth receiving SSI. We classified families into three subgroups based on YFS and FFS use by family members other than the SSI youth: (a) families that did not use any YFS or FFS, (b) families that used any YFS, and (c) families that used any FFS. The second and third categories are not mutually exclusive—many families used both types of family services. Among those using YFS, just under half also used FFS. Among those using FFS, about three quarters also used YFS.

We also measured whether the youth used any of the services PROMISE programs were required to offer to youth for themselves: case management, benefits counseling, financial education, and employment-promoting services. We assessed youth's use of services to provide context for the associations between family services and youth outcomes, to demonstrate how youth and family services often are used in tandem, and to control for the use of these services in estimating the connections between the use of family services and youth outcomes.

We also used information from the survey and administrative data to construct seven measures of youth outcomes. Four of these outcomes are indicator variables based on the response to a single question in the survey: (a) whether the youth was employed in a paid job in the year before the survey; (b) whether the youth received any job-related training after enrolling in the demonstration; (c) whether the youth expected to be employed at age 25; and (d) whether the parent expected the youth to be employed at age 25. Additional survey questions captured the total earnings from all jobs in the year before the survey. We also constructed a self-determination score designed to capture the extent to which the youth acted autonomously, initiated and responded to events in a "psychologically empowered" manner, and acted in a self-realizing manner. This measure is based on 20 survey questions from the ARC Self-Determination Scale (Wehmeyer, 1996). The youth had to answer at least five of the seven questions on autonomy, four of the six questions on psychological empowerment, and five of the seven questions on self-realization to receive a score. Finally, we used SSA program records to measure the amount of SSI payments the youth received since enrolling in the demonstration. These outcomes represent those that PROMISE intended to affect based on its underlying logic model.

### *Analyses*

Our analyses center around the three research questions listed above that collectively seek to address the association between family service use and youth outcomes. The first research question allowed us to test the hypothesis that access to PROMISE services increased families' service use, while both the second and third research questions allowed us to test the hypothesis that the use of family services was positively associated with an array of youth outcomes.

#### *Research Question 1: To What Extent Did PROMISE Affect Family and Youth Service Use?*

To conduct these analyses, we tabulated the shares of families that used each type of family service and compared these statistics by the family service use category and PROMISE assignment group (treatment or control). We also conducted similar analyses of the youths' use of



services by whether the family members used YFS, FFS, or no family services.

We performed chi-square tests to assess whether differences across service use categories and differences between PROMISE assignment groups were significant. The statistical tests compare means for single variables (e.g., the use of youth case management services) and distributions for categorical variables (e.g., the number of youth services).

In addition, we assessed whether youth and families with specific characteristics were more or less likely to use YFS and FFS. We conducted these assessments separately by PROMISE assignment group. We used separate logistic regressions on indicators for the use of YFS or the use of FFS based on a variety of youth and family characteristics (see Supplemental Table 2 for the complete list and data source for each measure). We used *t*-tests to compare whether youth or families with the characteristic were more or less likely to use YFS or FFS relative to a comparison group without that characteristic.

### **Research Question 2: What Is the Association Between Family Service Use and Youth Outcomes?**

We compared youth outcomes across family service use categories by PROMISE assignment group, using a linear regression model to account for differences in family characteristics. Equation 1 estimates how outcomes  $y_i$  differed for those who used YFS and FFS separately relative to those who did not use that type of family services. In addition, we also included a control variable for an indicator of whether the youth used services ( $YS_i$ ), which both provided context and controls for the fact that youth in families using YFS and FFS were more likely to use services for themselves (as discussed in the results below). A positive coefficient for  $\beta_1$  or  $\beta_2$  indicated that average outcomes are higher for youth whose families used YFS or FFS, respectively, than for youth whose families did not use that type of family service. We control for youth and family characteristics listed in Supplemental Table 2 in  $X_i$ . When outcomes were missing, the individual was excluded from the analysis. If any of the youth and family characteristic controls were missing, we used mean imputation to assign a value.

$$y_i = \alpha + \beta_1 * YFS_i + \beta_2 * FFS_i + \theta * YS_i + \gamma * X_i + \varepsilon_i \quad (1)$$

### **Research Question 3: Did Places With Large Impacts of PROMISE on Family Service Use Also Experience Large Impacts on Youth Outcomes?**

We leveraged the random assignment design and the variation in the outcomes observed across local geographic areas to compare the impacts of PROMISE on the use of YFS and

FFS with the impacts of PROMISE on youths' use of services and other selected youth outcomes. We followed the methods described in Mamun et al. (2019). We estimated linear regressions of both family service use and youth outcomes on an indicator if the youth were assigned to the treatment group, controlling for several youth and family characteristics. Given the randomized design, the coefficient on the treatment group indicator represents the causal impact of PROMISE on family service use and youth outcomes. Subsequently, we used these coefficients to estimate another linear regression of the estimated *impacts* on the youth outcome on the *impacts* on family service use. The goal of this analysis was to assess whether greater impacts on youth outcomes tended to occur in geographic locations where there were also greater impacts on the likelihood of families using either YFS or FFS. If so, the results provide evidence that family service use is positively associated with improvements in youth outcomes.

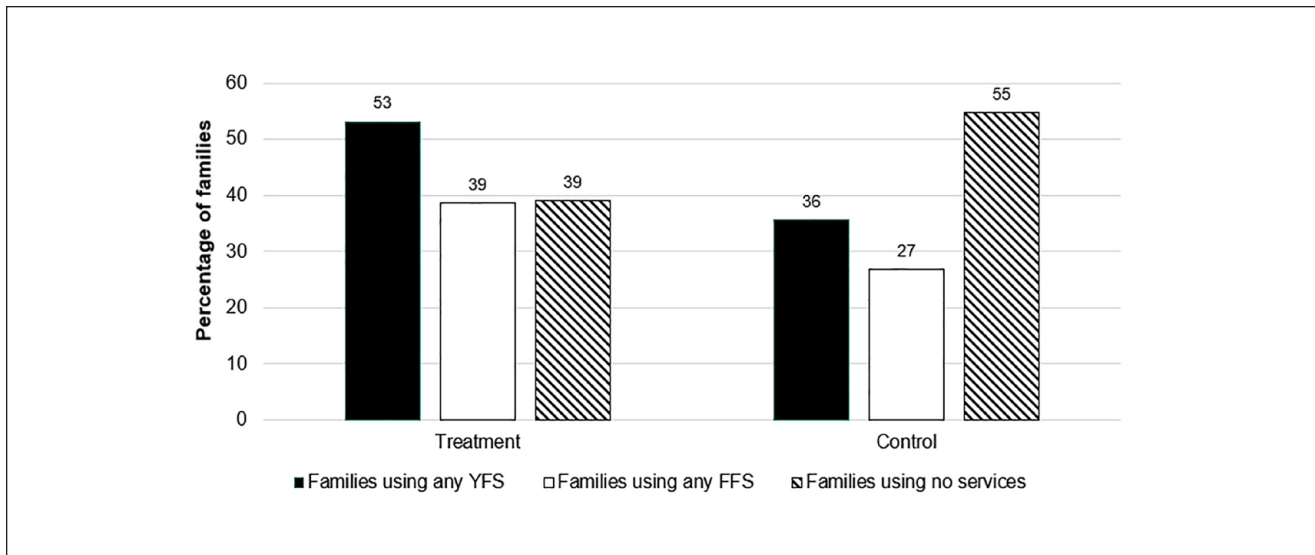
For this analysis, we estimated the impacts of PROMISE at the local level (i.e., for regions within a PROMISE program). All the PROMISE programs except for the one in Maryland were organized into service delivery regions, which we use to estimate the local-level impacts. To estimate impacts on the likelihood of YFS or FFS use and youth outcomes with reasonable precision, where necessary we combined regions within programs to ensure that each had at least 150 youth, resulting in 25 separate regions for the analysis.

After estimating the local-level impacts on the likelihood of using YFS or FFS and youth outcomes, we estimated the correlation between these impacts. These correlations, estimated through a linear regression, show whether larger impacts on YFS or FFS were associated with larger impacts on youth outcomes. If the given type of family service use positively affects youth outcomes, it should follow that regions where PROMISE more substantially increased the share of families using that type of service would also experience larger improvements in youth outcomes. We consider the evidence to be qualitative because we lack a large enough sample to be confident of the statistical precision of the findings. Although we tested whether the estimated correlation was statistically significant, we are more interested in the direction and magnitude of the correlation.

## **Results**

### **Research Question 1: PROMISE Affected Family and Youth Service Use**

Our first set of analyses presents the counterfactual environment for family services, or what occurs normally for families of youth receiving SSI who volunteered for PROMISE, and how PROMISE programs affected service use. This



**Figure 1.** Percentage of Families Using Services, by PROMISE Assignment Group.

Note. Data come from the PROMISE 18-month survey. Numbers do not sum to 100 within the treatment and control group because families could use both YFS and FFS. FFS = family-oriented family services; YFS = youth-oriented family services.

descriptive analysis of families' use of YFS and FFS found that use of both services were more common under PROMISE, and that when families used these services, their youth used services for themselves at higher rates.

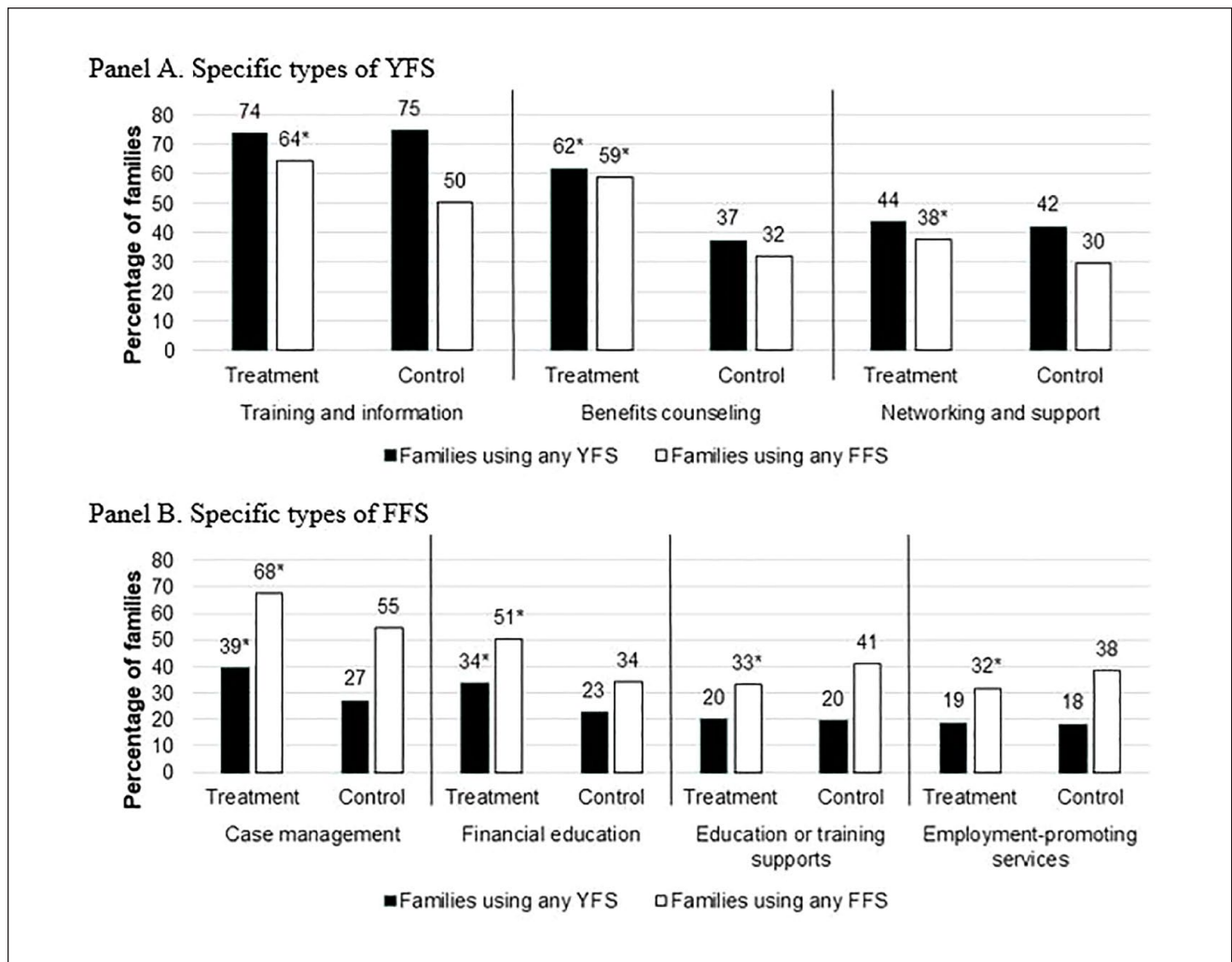
Families in the treatment group obtained more YFS and FFS than families in the control group. Specifically, 53% of those in the treatment group reported using YFS compared to 36% of those in the control group (see Figure 1). Use of FFS was lower than YFS for families in both the treatment and control groups (39% and 27%, respectively), with the rates for the treatment group being higher than the control group. In addition, the magnitude of the increases differed across the six PROMISE programs. For example, the difference across the treatment and control groups in the shares of families using YFS ranged from nine percentage points in New York State to 28 percentage points in Arkansas. We exploit this variation in family service use for our analysis by comparing local-level impacts on the use of YFS and FFS with local-level impacts on youth outcomes.

PROMISE increased the proportion of families using YFS, particularly through benefits counseling services (see Figure 2). A larger proportion of YFS families in the treatment group (62%) used benefits counseling than their control group counterparts (37%). Among families using any YFS, the use of training and information services and networking services was similar between the treatment and control groups, with the training and information services being more common than the networking services (see Figure 2). Families that used FFS also frequently used YFS, indicating the substantial overlap between those using these two types of family services.

The pattern of FFS use differed for FFS families by treatment and control group status (see Figure 2). Family-oriented family services families in both the treatment and control groups more frequently used case management services than other services, and the use of case management and financial education services was higher for FFS families in the treatment group than those in the control group. However, though PROMISE increased the absolute number of families using FFS, conditional on using FFS, families in the control group used education or training supports and employment-promoting services at higher rates than those in the treatment group. Finally, a substantial proportion of treatment and control group families that used YFS also used FFS, although the rates were not as high as for FFS use observed among YFS families.

Youth were more likely to use the required PROMISE services when their families also used services. Among treatment group youth, the most commonly used services were case management and employment-promoting services (see Figure 3). For youth whose families used YFS or FFS, at least three-quarters of them used each of these services, with no sizable differences between YFS and FFS families. Among youth whose families did not use services, 51% used case management and employment-promoting services for themselves. Overall, more than 90% of youth in treatment group families using any YFS or FFS used any youth services. In contrast, only 69% of youth in treatment group families that did not use YFS or FFS used these youth services.

Families self-select into services, as evidenced by the differences in characteristics (see Supplemental Table 3; a description and source for the characteristics considered are



**Figure 2.** Use of Specific Types of Family Services, by Family Service Use Category and PROMISE Assignment Group.

Note. Data come from the PROMISE 18-month survey. FFS = family-oriented family services; YFS = youth-oriented family services.

\* Significantly different from the value for the corresponding control group service use category at the 5% level.

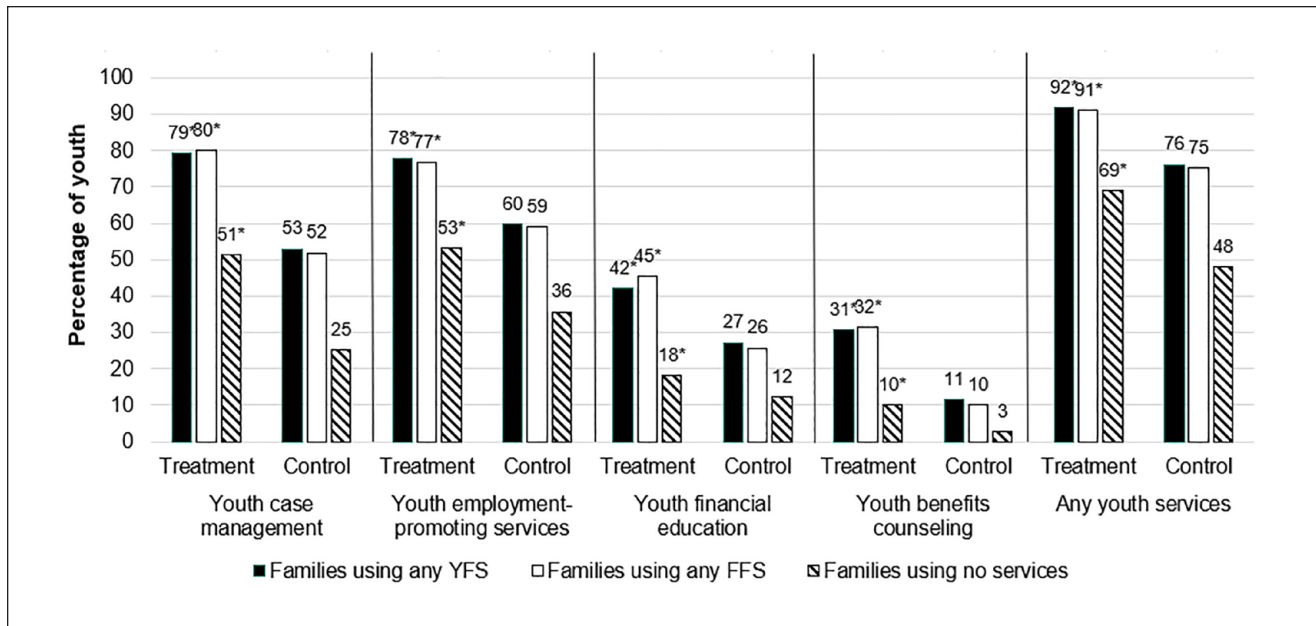
in Supplemental Table 2). Service needs and education in particular seemed to be important factors. For example, with both treatment and control group families, those with a youth who received educational accommodations or had a 504 plan were more likely to use YFS. Among treatment group families, parents who had some level of postsecondary education were more likely to use YFS, relative to parents who did not have a high school diploma or equivalent. In contrast, the education level of parents in the control group was not associated with YFS use.

### Research Question 2: Family Service Use Is Associated With Better Youth Outcomes

Family service use, particularly YFS, is associated to some extent with improved youth outcomes, although the results

are not consistently positive and significant. In contrast, youths' use of services had a strong positive correlation with youth outcomes. The analysis controlled for differences in the characteristics of families who use YFS and FFS, as well as differences in the youth's use of services. We assessed the association between family service use and the seven youth outcomes: (a) annual employment, (b) annual earnings, (c) job-related training, (d) self-determination score, (e) youth employment expectations, (f) parent employment expectations for the youth, and (g) SSI payment amounts.

Treatment group families' use of services oriented to their youth is associated with better youth employment-related outcomes (see Table 1). Youth employment outcomes were slightly better for those whose families used YFS than those whose families did not use YFS. Such youth were four percentage points more likely to be employed and



**Figure 3.** Use of Specific Types of Youth Services, by Family Service Use Category and PROMISE Assignment Group.

Note. Data come from the PROMISE 18-month survey. FFS = family-oriented family services; YFS = youth-oriented family services.

\* Significantly different from the value for the corresponding control group service use category at the 5% level.

five percentage points more likely to use job-related training than youth in families who did not use YFS, controlling for youth and family characteristics and youth use of services. However, the use of YFS was not correlated with youth's earnings: annual earnings for youth in families in the treatment group who did and did not use YFS were similar. The use of YFS was not associated with additional improvements in other outcomes unrelated to employment.

Treatment group families' use of FFS was not associated with most youth outcomes. With the exception of job-related training, average employment-related outcomes were not statistically different for those youth in families that did and did not use FFS (see Table 1). In addition, parental expectations of youth employment were slightly higher in families that used FFS relative to families that did not use it.

The association between the use of youth services and youth outcomes in the treatment group was substantially larger than the associations between family service use and youth outcomes. This association provides context on findings related to family service use and youth outcomes. Typically, youth who used services had significantly better outcomes than youth who did not (the exception being SSI payments). For example, in the treatment group, the annual employment rate for youth who used services was 18 percentage points higher than for youth who did not, a rate that was more than four times larger than the gap between those who used either type of family service and those who did not (see Table 1). For a more detailed regression table, see Supplemental Table 4.

In the control group, outcomes were similar for youth regardless of family service use. Similar to patterns in the treatment group, youth who used youth services had substantially better outcomes than youth who did not use those services. However, the differences between groups of youth that did and did not use youth services were often smaller in the control group than in the treatment group. Selection bias likely plays an important role in these estimates; we cannot, however, pinpoint the direction of the bias. Characteristics associated with service use, such as higher service needs and higher education, point to different directions of selection bias, which muddles the interpretation of the associations we observe between family service use and youth outcomes. For a more detailed regression table, see Supplemental Table 5.

### Research Question 3: Places With Large Impacts of PROMISE on Family Service Use Also Experienced Large Impacts on Youth Outcomes

The regions with greater impacts on the use of YFS also had greater impacts on youth employment. By impact, we mean the estimated difference between an outcome achieved by youth in the PROMISE treatment group and that achieved by youth in the control group. To depict the relation between impacts on YFS and impacts on youth outcomes, Figure 4 plots the pairs of estimated impacts for each region on a graph, along with a linear trend line that shows the direction of the association. Positive associations between YFS and



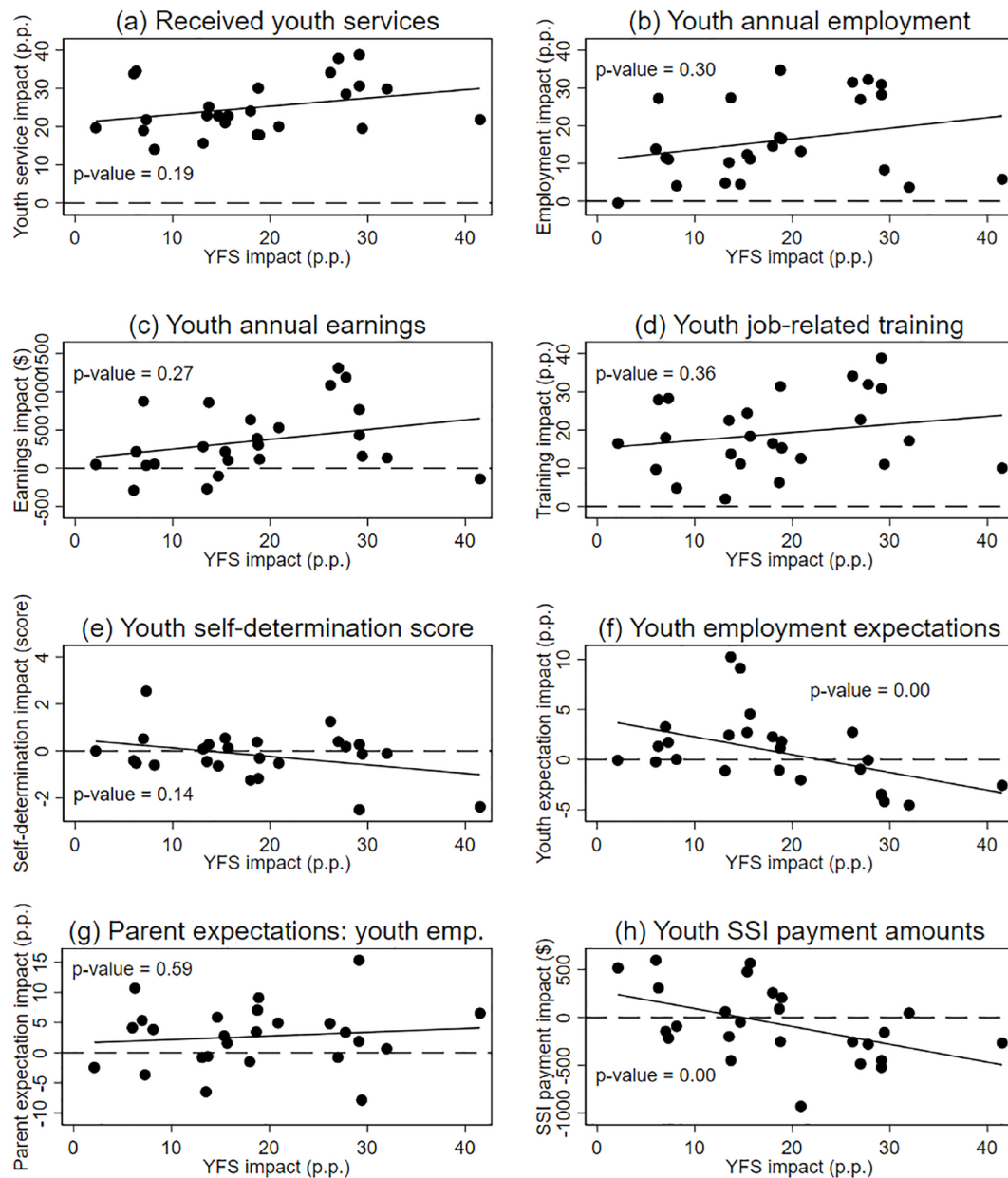
**Table 1.** Mean Differences in Selected Youth Outcomes Between Those Who Did and Did Not Use a Service, by Type of Family Service Use.

Family service use	Youth annual employment	Youth annual earnings	Youth job-related training	Youth self-determination score	Youth employment expectations	Parent employment expectations for youth	Youth SSI payment amounts
<b>Treatment group</b>							
Families using any YFS	3.7*† [1.5]	127 [86]	5.4* [1.5]	0.3 [0.4]	0.3 [1.0]	0.4 [1.1]	-28 [66]
Families using any FFS	1.5 [1.6]	94 [91]	3.8* [1.5]	0.3 [0.3]	0.0 [0.9]	2.4* [1.1]	28 [67]
Families with youth using services	17.6*† [1.5]	433*† [108]	21.6*† [1.4]	1.6* [0.5]	2.5 [1.3]	8.9* [1.5]	-36 [78]
Families using no services mean	24.8	715	23.4	48.7	93.2	85.3	6,486
<b>Control group</b>							
Families using any YFS	-1.2 [1.3]	-39 [67]	2.9* [1.3]	-0.3 [0.3]	-1.7 [1.1]	-2.5 [1.3]	40 [68]
Families using any FFS	-0.7 [1.4]	81 [82]	0.2 [1.4]	0.2 [0.3]	0.4 [1.1]	0.6 [1.3]	-98 [76]
Families with youth using services	8.5* [1.1]	186* [65]	13.4* [1.0]	0.5 [0.3]	2.6* [1.0]	7.1* [1.2]	70 [66]
Families using no services mean	16.3	518	12.2	49.2	93.8	84.7	6,532

Note. Data come from the PROMISE 18-month survey. The unbracketed statistics show coefficients representing the difference in the mean between those who used that type of service and those who did not, controlling for youth and family characteristics. We estimated the mean differences using linear regression models estimated separately by the PROMISE assignment group. Statistical significance is based on a p-value for a test that the coefficient is different from zero, using standard errors that are robust to heteroscedasticity (shown in brackets). SSI = Supplemental Security Income; YFS = youth-oriented family services; FFS = family-oriented family services.

\* Significantly different from zero at the 5% level.

† Significantly different from the coefficient for the corresponding control group service use category.



**Figure 4.** Relationship Between Impacts on YFS and Impacts on Youth Outcomes.

*Note.* Data come from the PROMISE 18-month survey. The 25 points represent regions within PROMISE programs. We estimated the impact of assignment to PROMISE services on the likelihood of YFS use and the impact of the youth outcomes shown in each region, controlling for key characteristics (Mamun et al., 2019). The solid line fits a linear trend across these points. The dashed line represents 0. p.p. = percentage points; SSI = Supplemental Security Income; YFS = youth-oriented family services.

outcome impacts are indicated by upward-sloping trend lines, as in panel (b) of Figure 4. On average, a one percentage point larger impact on the use of YFS was associated with a 0.3 percentage point larger increase in the youth

annual employment rate (the slope of the line in panel [b] of Figure 4), although the result was not statistically significant ( $p = .30$ ). A likely reason for the lack of statistical significance of this finding and others is the small number of

data points; as noted previously, only 25 regions were used in the regression correlating the YFS and FFS impacts with the impacts on annual employment. However, the goodness of fit, as measured by the  $R^2$  from the regression, is only .069, indicating that the data are only somewhat related.

Youth-oriented family services also impacted favorable associations with impacts on the youth's use of services, annual earnings, job-related training, and SSI payments, but not with the other outcomes we examined (see Figure 4). The estimates indicate that a one percentage point larger impact on the likelihood of YFS was associated with a \$13 increased impact on earnings ( $p = .27$ ) and a \$19 decreased impact on SSI payments ( $p < .01$ ). The two findings are likely related because after a small earnings disregard and other exclusions, SSA reduces SSI payments by \$1 for every \$2 of earnings. Similarly, a one percentage point greater impact on YFS was associated with a 0.2 percentage point greater impact on the use of job-related training ( $p = .36$ ). For other outcomes, such as youth self-determination scores and parental expectations of youth employment, the correlation between impacts on YFS and impacts on outcomes was small (and essentially zero).

The patterns for the connection between impacts on FFS and impacts on youth outcomes were mostly similar to those shown for YFS (detailed results available from the authors). One exception is that the FFS impacts had a stronger association with the impacts on youth earnings than did the YFS impacts. The estimated slope is larger (a one percentage point larger impact on FFS was associated with a \$33 increased impact on earnings [ $p < .01$ ], whereas the same impact on YFS was associated with a \$13 increased impact on earnings). The estimated fit of the data also is substantially stronger (the  $R^2$  for the FFS correlation is .273; for the YFS correlation, it is .080).

## Discussion

Consistent with our hypotheses, PROMISE increased the use of some family services among treatment group families, which was associated with an increase in youth's use of services and moderately better youth employment outcomes 18 months after program enrollment. The findings suggest that services that help family members better understand the needs of their youth, and help family members address their own needs, can have positive effects on the youth. Because most families who used one type of family service also used the other, it is not possible to disentangle the effects of YFS and FFS, especially because the PROMISE programs likely delivered both types of family services concurrently, along with youth services. In addition, patterns suggest that families select service use along multiple dimensions, which makes it challenging to interpret basic comparisons of average

outcomes across groups. Families of youth receiving SSI often choose to use YFS or FFS based on the needs of their youth and the needs of family members, and not all families offered services will want or need to take up those services.

Because youth in families that used YFS and FFS also were significantly more likely to have used services for themselves (see Figure 3), an important way that family services could have improved youth outcomes is through the channel of increasing the youth's use of services. The estimates shown in Table 1 are independent of the use of youth services. Consistent with findings in the literature discussed earlier, we find substantial differences in the outcomes of youth who used services for themselves compared with the outcomes of youth who did not. However, the additional contribution of family service use to these differences in employment outcomes is small (YFS) or not significantly different from zero (FFS).

The PROMISE model entailed staff meeting with youth and families to set goals, plan for services, and make referrals for or directly deliver those services. Our findings confirm and extend prior research on practices to improve parent knowledge of transition practices (Rowe & Test, 2010; Rowe et al., 2021; Young et al., 2016) and correlational research connecting parent involvement with outcomes (Haber et al., 2016; Mazzotti et al., 2021; Test et al., 2009). To our knowledge, this study is the first to directly establish the connections between family service use, either for their youth or themselves, and youth outcomes.

The relations between family service use and youth outcomes were weak, which might diminish the perceived value of offering family services in programs designed to improve the employment and education outcomes of youth receiving SSI. Although PROMISE services were intended to improve outcomes for both youth and families, most existing transition service providers focus solely on the youth. For these providers, offering family services in addition to youth services might be unattractive because it requires different resources and staff skills, is infeasible because of the regulations governing how the programs receive state or federal funding, or falls outside a program's mission.

Although we found the relation between family service use and youth outcomes to be weak, youth in families that used family services were more likely to use services themselves. This finding underscores the potential importance of family services as an indirect channel because youth services were associated with substantial improvements in outcomes. Nonetheless, the challenges to offering family services might outweigh the potential benefits for programs that focus only on improving youth outcomes and do not seek to improve the economic self-sufficiency of families, a goal of PROMISE.

### **Limitations**

This study has important limitations to consider in interpreting and extending its findings. First, though our analysis of the second research question shows how outcomes differ by family service use, we cannot establish a causal relation between family services and youth outcomes. Families could choose whether to use the various services available to them, either through PROMISE (for treatment group members) or the community (for both treatment and control group members). The possibility of self-selection into family service use categories means that we cannot definitively attribute differences in outcomes between those who did or did not use YFS or FFS to the use of family services. Although we account for differences in some observed characteristics, we cannot account for unobserved differences, such as need, motivation, or initiative. Nonetheless, this analysis provides suggestive evidence of the role of family services in improving youth outcomes.

Second, we did not consider the quality or intensity of YFS and FFS in our assessment. The available data only allowed us to assess relatively broad measures of whether the family used any YFS or FFS. Third, we examined youth outcomes within 18 months of their enrollment in PROMISE. Effects of family services might take longer to manifest, particularly if the connection is indirect, and could also have beneficial effects on family members (which this study did not examine). Fourth, our local-level analysis relies on a small sample size ( $N = 25$ ), so readers should interpret the results of this analysis cautiously. Despite the study's limitations, the findings are consistent with a conceptual model suggesting that family services (beyond the defined practice of family involvement related to transition planning) can have a favorable influence in promoting the transition of youth with disabilities to adulthood.

### **Implications for Future Research**

Researchers might consider exploring the relation between family service use and youth outcomes in three ways. First, given the limitations noted above, a more nuanced approach to assessing family services—such as through the number of service episodes, the duration of service use, or specific services—and examining effects beyond 18 months could provide more insight into the associations between family services and youth outcomes. Second, specific tests to offer family services could identify ways to improve the take-up of family services broadly and for specific types of families. Third, because our findings rely on a demonstration project that enrolled youth receiving SSI—who have both low income and significant disabilities—analyses of family service use for other populations of youth with disabilities, such as those from specific racial and ethnic backgrounds or a broader population of students receiving special

education, are warranted to see if the results found in this study are similar for those populations.

### **Implications for Policy and Practice**

Few programs for youth and their families are similar to PROMISE in offering both youth and family services. This study has shown the potential value of offering family services, whether oriented to youth or family members. Policymakers and practitioners involved in youth transition might consider how to connect families to services if they do not provide them directly. PROMISE offered family members education about their youth's health needs, assistance with the transition process, benefits counseling in relation to the youth's or their own employment, referrals to a wide array of services, and formal and informal collaborations between youth and adult service providers. Such connections, provided in tandem with specific services for youth, might benefit both the youth and their families. Transition staff in secondary schools, for example, could solicit information from families on potential needed services for their children or themselves as part of the transition process, then work with them to identify appropriate local providers, such as Centers for Independent Living or workforce centers, that offer such services.

The findings show the demand for family services oriented to both youth and families among families of youth receiving SSI—which is especially important to consider given the families' low assets and resources. The PROMISE programs offered families assigned to the treatment group services to help them with their youth's needs and with their own needs. That more than 60% of families took that offer and used some type of family services—compared with about 40% of families in the control group—could reflect a combination of the value that families place on such services and the general lack of awareness of the availability of similar existing services among families (or the lack of similar existing services in some communities). When school or program staff are unable to offer families direct services, they might be able to collaborate with and refer families to other programs—such as parent information and training centers and workforce centers—so that families could use services similar to those offered through PROMISE.

### **Authors' Note**

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### Supplemental Material

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