

Children and Caregivers in TANF Child-Only Cases: Identifying Unique Characteristics, Circumstances, and Needs

Reader Note: The essential feature of a literature review is its identification of the most recent, relevant, and rigorous research in order to categorize what is known, to date, about an area of interest. It focuses on the past in order to inform the future. It does not address the present in which emerging and promising practices are currently being implemented by practitioners. However, these current practices do not yet have the benefit of either formal evaluations or the availability of published reports on the nature of the activities, lessons learned, or research findings. As a result, a literature review is designed to foster critical thinking about current practices, but it is not designed to stop or derail current efforts to experiment with new approaches designed to meet the needs of children and families in areas where research is lacking.

A specific kind of search strategy was used for this review. Formal published and unpublished research studies were identified through a structured process that involved predetermined search terms and research resources. This type of review facilitates a more thorough and less biased selection of materials than does a standard narrative literature review (A detailed description of the search strategy is provided in the full report available at www.bassc.net).

Introduction

Child-only cases are an increasingly important consideration in the implementation of the Temporary Assistance for Needy Families (TANF) program. “Child-only” are cases under the TANF program in which the adult is not included in the benefit calculation and aid is provided only to the child(ren). The most recent TANF report to Congress indicates that approximately 802,541 TANF cases receiving aid are child-only.¹ Although the overall TANF caseload has dramatically decreased within the last ten years, the proportion of child-only cases within TANF caseloads shows an increasing trend. The national percentage of child-only families increased from 14.8% to 36.6% between 1992 and 2002.² In some states the increase is even more significant. As the proportion of child-only cases continues to climb, research, policy, and practice interest in the implications of child-only cases also grows. Important questions about the characteristics of the children and families in these welfare-to-work cases as well as more complex questions about the well-being of the children have been raised by county administrators, child advocates, and other professionals concerned with child welfare policy and practice.

Of particular concern in the implementation of TANF are the most needy children and families. Given the policies and circumstances that create child-only cases, there is reason to suspect that many children and caregivers in child-only cases have significant unmet needs. The concern about the growing proportion of child-only cases coupled with the lack of data on the characteristics, circumstances, and needs of the children and care providers in these cases serves as the impetus for this structured review of the existing literature.

How Does a Case Become Child-Only?

Child-only cases—those cases in which only the child is receiving cash aid—are generally categorized as either parental or non-parental. In parental child-only cases, parents care for the child in their own home and receive the cash grant for the child. Non-parental child-only cases are cases in which the child’s biological parents are not present in the household. These cases make up over half of the national child-only caseload.³

There are several ways in which a TANF case can become a child-only case. Parental caregivers may be excluded from the grant due to sanctions, Supplemental Security Income (SSI) receipt, time limits, or immigration status. Sanctions, defined and enforced by individual states, include non-compliance with work requirements or failure to assist in child support procedures. In 2000, official counts of child-only began excluding cases in which the parent was sanctioned and no longer receiving assistance; therefore many studies and reports written before this distinction include sanctioned cases in the child-only discussion. In addition, disabled or elderly parents receiving SSI are ineligible for TANF because they already receive a cash grant. A child-only case can form if the parent receiving SSI applies for assistance for their child(ren). Also, while federal policy indicates a time limit of five years for assistance, state responses differ. Some states such as California apply time limits only to the parent, creating a child-only case when the time limit is reached. Finally, other parents who do not qualify for TANF grants include undocumented immigrants or documented immigrants who have been in the United States for less than five years.

Another type of child-only case occurs when the child is living with a non-parental caregiver. Children in non-parental child-only cases are not in the custody of the state child welfare agency but the parents are unable to care for the child. The formation of non-parental child-only cases can stem from varying causes, including substance abuse, criminal activity, lack of resources, and mental health problems.⁴ In most of these cases, the relative (usually a grandparent, aunt, or uncle) agrees to care for the child and either receives no assistance or the child-only TANF benefit.

Child-Only National Trends

Overall TANF caseloads decreased after the shift from AFDC to TANF in 1996; however, the decrease was less dramatic for child-only cases. Table 1 compares trends in the child-only caseload with overall TANF caseloads. While child-only cases show an overall decline in absolute number since 1996, the decline is much slower than that of the overall TANF caseload, resulting in an increase in proportion within the caseload. Representing only 14.8% of the overall national caseload in 1992, child-only cases rose to 36.6% in 2002. There are a variety of reasons for the increasing percentage of child-only cases and they include:

- 1) an increase in sanctions for non-compliance, 2) an increase in the number of individuals eligible for SSI, 3) an increase in the number of ineligible immigrants, and 4) an increase in non-parental caregivers.⁵ While the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) requires that welfare recipients participate in such work-related activities as

Table 1. National Trends in TANF Caseload and Child-Only Cases

Fiscal Year	Total TANF Caseload	Child-Only Cases	Percentage Child-Only
1992	4,769,000	707,000	14.8
1993	4,981,000	787,000	15.8
1994	5,046,000	869,000	17.2
1995	4,873,000	923,000	18.9
1996	4,553,000	978,000	21.5
1997	4,058,000	919,000	22.7
1998	3,176,000	743,000	23.4
1999	2,648,000	770,000	29.1
2000*	2,269,000	742,000	32.7
2001*	2,120,000	749,000	35.3
2002*	2,060,000	753,000	36.6

*Excludes cases with a sanctioned parent
Source: HHS (2004)

Major Findings

job searching and educational and training activities, non-compliance often leads to the creation of a child-only case. The expansion of eligibility in the SSI program, especially for individuals with mental health needs, also greatly impacted the rise in child-only cases. In most states, parents who receive SSI (though not eligible themselves for TANF) may apply for child-only support for their children.

Immigration trends may also contribute to the rising proportion of child-only cases. Since 1996, documented immigrants are ineligible for TANF until at least five years of residence in the United States however their children, if United States citizens, may receive assistance (Farrell et al., 2000). Undocumented immigrants, ineligible themselves for assistance, may also apply for assistance for citizen children. Between 2002 and 2002, about 3.3 million documented and undocumented immigrants entered the United States (Camarota, 2002).

Finally, the growing number of children in relative care contributes to the rise of child-only cases. The 2000 U.S. Census data report that about six million (8.4%) of all children under 18 are in relative care in the U.S.—4.5 million live with grandparents, an increase of 30% between 1990 and 2000.⁷ Caregivers may have gained awareness of cash assistance for the children in their care, thus increasing the number of child-only cases.

Child-Only Trends in California

California has seen a particularly steep rise in child-only cases, with the doubling of the child-only caseload between 1989 and 1993.⁸ Based on an analysis of the major influences in caseload trends across one-parent, two-parent, and child-only cases, it is clear that the rise in child-only cases results from California's CalWORKs policy rather than other effects related to the economy, immigration, or birth rates.⁹ Under CalWORKs, time limits and sanctions are applied only to the adult. In such cases, children may continue to receive aid when the parent has been removed from the rolls. The Safety Net program for children of timed-out adults increased from approximately 5,300 in 2003 to 40,000 in 2005 as adults reached their time limits and were removed from aid.¹⁰

Recent research highlights the diversity that exists within child-only cases given the considerable variation in characteristics and potential service needs in different categories.¹¹ A study commissioned by the U.S. Department of Health and Human Services (HHS) reports that child-only families with parents constitute approximately 50% of all child-only families nationwide.¹² The proportion of parental child-only and non-parental child-only varies considerably by state due to implementation of policy at the state level as well as county demographic variation.¹³ During the life of a case, adverse parental circumstances may cause the movement from one category to another, such as a sanctioned parent becoming unable to care for the child thus shifting the case from parental child-only to non-parental child-only. Given the unique circumstances confronting families in poverty, research findings regarding caregivers in child-only cases are discussed within the broad categories of parental or non-parental cases and the sub-categories within these two groups.

Parental Child-Only

In parental child-only cases, the parent is not included in the benefit calculation but lives with the child in the household. The reasons for parental exclusion include immigration status, time limit, sanction, drug felony conviction, fraud, and SSI benefit. The factors leading to the majority of national child-only cases are SSI benefit (43.9%), unknown citizenship (38.5%), and other/unknown (17.6%).¹⁴ While parents receiving SSI benefits represent the largest exclusion group at the national level, the proportion of SSI benefit, citizenship, and other reasons for parental exclusion varies considerably by state. For example, Alaska, Arizona, California, and Texas have a much higher percentage of citizenship cases when compared to all other states. While some state differences are the result of both demographic variation and state policy, others are largely policy driven.

Time Limits. Under PRWORA, families are no longer eligible to receive TANF funds after a period of 60 months (5 years). The time limit policy does not prohibit States from using other funds to support families after the 5 years or applying the time limit to the parent only, thus converting the case to child-only.¹⁵ In addition, exemptions from the time limit can be applied for up to 20% of the TANF caseload for families experiencing hardship. Figure 1 summarizes the major findings from studies focusing on families reaching time limits.

Figure 1. Characteristics of Parents Reaching Time Limits

Major Highlights
<ul style="list-style-type: none">• Parents reaching time limits tend to fall into three general categories:<ol style="list-style-type: none">(1) Hard-to-serve recipients with multiple barriers to self-sufficiency who are long-time recipients or who cycle on and off assistance;(2) Employed recipients in states with earnings disregard policies or other make-work-pay policies who remain eligible for cash assistance because their earnings are not adequate to achieve self-sufficiency; and(3) Long-time recipients with little evidence of employment barriers, but no success in securing employment.¹⁶• The needs of these different groups may vary from assistance with basic needs and intensive job preparation services to ongoing job training or social service intervention.¹⁷• Factors predictive of recipients reaching the time limit include:<ol style="list-style-type: none">(1) Having a young child (under 3)(2) Never being married(3) Lack of a high school diploma(4) No work experience(5) Being of a young age.¹⁸• 92% of long-time TANF families have one or more substantial barriers (such as involvement in the child welfare system, disability or health problems, and conviction of a crime); 37% have four barriers.¹⁹

The most recent account of cases in California indicates that approximately 105,000 adults were removed from the benefit calculation after reaching the 60-month time limit between January 2003 and December 2005.²⁰ Under California's Safety Net program, children on these timed-out cases continue to receive aid. A number of characteristics of Safety Net families have been identified. First, Safety Net families tend to have more children when compared to all CalWORKs families, however the children are generally older. Further, Safety Net families tend to have slightly higher employment rates than other CalWORKs families but little difference in earnings. Safety Net families also tend to remain on assistance longer than other families with aided adults. Lastly, the proportion of Asian and African American families is higher in the Safety Net program than in the CalWORKs program.²¹

Immigration Status. Parents who are non-qualified immigrants (e.g., undocumented individuals) generally cannot receive federal TANF benefits although their children, if they are United States citizens, may receive assistance. Further, TANF benefits do not apply to most qualified immigrants (i.e., refugees, asylees, permanent residents, and other individuals granted conditional entry) who entered the United States after August 1996 for five years after entering the country.²² Figure 2 provides the major highlights of studies focusing on immigrant and refugee families in the child welfare system.

Receipt of Supplemental Security Income (SSI).

As one would expect, parental disability can have negative effects on parental employment and general financial stability. While parents receiving SSI share some characteristics with other parents in child-only families, such as barriers to employment, a number of unique features are also present. Figure 3 summarizes findings from studies of characteristics among SSI recipients in child-only cases.

Sanctions. Although there is considerable variation in the implementation of sanction policies, PRWORA requires states to sanction families for noncompliance with federally defined program requirements, including work participation and child support. States, however, have discretion regarding the specific implementation of sanctions. For example, as a maximum sanction, California removes the parent from the benefit calculation and continues assistance for the child (i.e., partial sanction) while Florida institutes a loss of the entire grant (i.e., full family sanction). Mississippi is one of five states that issues a lifetime sanction as a result of multiple instances of non-compliance.²³ Sanction policies may be used by states to work with "hard-to-serve" families and some states have implemented programs to work with clients in jeopardy of a sanction as well as those recently sanctioned. Figure 4 summarizes the characteristics of sanctioned recipients.

Figure 2. Characteristics of Immigrant and Refugee Families

Major Highlights
<ul style="list-style-type: none">• Immigrant and refugee families in the child welfare system face a number of challenges, including:<ol style="list-style-type: none">(1) Higher rates of poverty (more than 25% for immigrant children compared to approximately 20% of native born);(2) A lower likelihood of receiving public benefits; and(3) A greater likelihood to be uninsured.²⁴• Specific challenges include insufficient interpretation/translation services, negative experiences in the home country, a general misunderstanding of rights and responsibilities, and differing cultural norms and parenting practices.²⁵• Challenges can lead to inaccurate or insufficient communication of crucial information and may also create barriers and distrust of governmental agencies.²⁶• Many immigrant families lack essential resources, including quality health care, federal income (i.e., TANF, SSI, and food stamps), and employment supports.²⁷• Undocumented or recently documented immigrants may be hesitant to access certain services such as food stamps or TANF on behalf of their children due to concerns about legal and immigration consequences.²⁸

Figure 3. Characteristics of Supplemental Security Income (SSI) Recipients

Major Highlights
<ul style="list-style-type: none">• SSI cases have longer case histories with welfare than other child-only subgroups. Specifically, parental SSI child-only cases average 41.5 months on welfare compared to 13.6 months for regular TANF child-only cases.²⁹• Parental SSI child-only families tend to have older parents and older children than other TANF families.³⁰• Given the context of a disability, SSI parents in child-only cases have less work history and spend more time on welfare than other TANF families.³¹• Although SSI parents in child-only families tend to have slightly higher incomes and are less likely to live in extreme poverty than other TANF families, rates of food insecurity are higher.³²• Parental SSI child-only families have more barriers to obtaining food security that may be related to the disability, including difficulty obtaining and preparing food and financial demands related to health problems.³³• SSI and immigrant families are more financially vulnerable when compared to other child-only families.³⁴

Figure 4. Characteristics of Sanctioned Recipients

Major Highlights
<ul style="list-style-type: none"> • Many sanctioned recipients have significant barriers to employment and generally more complex life circumstances when compared to non-sanctioned recipients.³⁵ • Barriers may include substance abuse, mental health problems, domestic violence, health problems, disabilities, few job skills, low levels of education, and economic/resource issues such as difficulty finding childcare.³⁶ • Younger, less educated, never married, or African American recipients are more likely to be sanctioned in Illinois and New Jersey when compared to non-sanctioned recipients.³⁷ • Some studies report that sanctioned parents are less likely to be employed and more likely to become involved in the welfare system again when compared to non-sanctioned parents.³⁸ • Shook (1998) identified higher rates of child placement with the welfare system for sanctioned families. • Sanctioned clients may experience greater difficulty in understanding rules and sanction policy.³⁹

Despite differences in demographics, parents in child-only cases often share a similar profile when it comes to barriers to employment. A variety of personal, logistical, and family barriers that impact parental employment are noted in Table 2 and can exacerbate an already difficult situation. For example, mental health problems can impact relationships and support systems as well as a parent’s ability to generate resources and problem-solve. Such factors contribute to difficulty obtaining and maintaining employment and perpetuate poverty.

Table 2. Barriers to Employment for Parents in Child-Only Cases

Human Capital Deficits
No diploma or GED
Limited work experience
Logistical Barriers
Lack of transportation
Lack of childcare
Personal and Family Challenges
Mental health
Domestic violence
Alcohol and drug problems
Physical health
Learning disability
Chronically ill or disabled child
Involvement with CPS
Criminal conviction
Clinical depression

Non-Parental Child Only

As with parental caregivers, the characteristics and needs of non-parental caregivers and the children in their care vary considerably by the circumstances that created the child-only case. Given the oversight of the child welfare system in some cases, considerably more information is available about the well-being of caregivers and children in formal kinship care (relative foster care) situations.⁴⁰ Limited information is available about the children and caregivers in informal kinship care arrangements.

Kinship care arrangements range from formal to informal agreements and reflect a variety of financial circumstances and relationships with the TANF and child welfare systems. When parents are unable to care for a child, non-parental caregivers may respond to care for the child in a variety of ways; namely, relative foster care, informal relative caregiving through a private agreement with the parent with financial assistance, or relative caregiving without any public assistance, though many of these individuals may be eligible.⁴¹ The hesitation among relative caregivers to seek needed public assistance may include the stigma associated with receiving welfare and concerns about involvement from the child welfare system based on the parental circumstances that led to the need for kinship care.⁴²

The options for relatives in kinship care include applying for TANF assistance for themselves and/or the child. If the caregiver chooses to apply for assistance on behalf of the child (caregiver is not included in the benefit calculation), the TANF time limits and work require-

ments do not apply. When the child is in the custody of a child welfare agency as a result of abuse or neglect, non-parental caregivers may receive kinship foster care benefits from either TANF child-only or the Federal Title IV-E foster care program. Many states are in the process of creating special programs given the needs of relative caregivers and the child. Depending on individual state decisions about the financing of such programs, some of these cases may be counted as TANF child-only.⁴³

Generally accepted best practices involve placement with a relative to enhance the child's identity formation, preservation of family connection, and increased visitation.⁴⁴ Since the mid-1990's, state decisions to place children with relatives reflect this belief, with preference given to relatives when out-of-home placement is required.⁴⁵ Figure 5 summarizes findings from studies focusing on caregivers in non-parental cases.

Children in Child-Only Cases

While most studies focus on the caregivers, several studies highlight children in child-only cases. A study of child-only cases in three counties in California, Florida, and Missouri, found that the typical child-only case consists of two children receiving cash aid.⁵⁵ The children tend to be older and less likely to be in a household with other children when compared to those in regular TANF cases. The same study found that the children generally shared the same ethnicity as the caregiver in both parental and non-parental caregiver cases. The majority of children in relative care are African-American.⁵⁶

Children in child-only cases have varying financial resources. While many studies suggest that relative care offers stability,⁵⁷ others argue that children in relative care can experience significant economic hardship.⁵⁸ Children living with elderly grandparents who have

Figure 5. Characteristics of Caregivers in Non-Parental Child-Only

Major Highlights
<ul style="list-style-type: none"> • Non-parental caregivers tend to be older when compared with parents. In a study in Maryland, non-parental caregivers had an average age of 52 years compared to sanctioned parents (34 years), SSI parents (28 years), and immigrant parents (32 years).⁴⁶ In New Jersey the average age of non-parental caregivers was 51.6 in contrast to the average age of 31.9 for adults heading regular TANF cases.⁴⁷ • Non-parental caregivers are generally more likely to be married than parental child-only and traditional TANF caregivers.⁴⁸ • Many non-parental caregivers in child-only cases suffer from poor physical health.⁴⁹ • Relative caregivers in TANF child-only cases typically provide greater placement security than the child welfare system; Wood and Strong (2002) found that non-parental caregivers in child-only cases in New Jersey provided more effective long-term and stable living arrangements for children. In South Carolina, 90% of relative caregivers indicated that they planned to care for the child until age 18.⁵⁰ • Relative caregivers in child-only cases generally experience financial hardship despite fewer disadvantages when compared to typical TANF cases.⁵¹ • Relative caregivers in TANF cases receive less money and fewer services than traditional foster care situations, despite the similar reasons identified for the child living with the relative. Many relative caregivers are involved with children as a result of abuse or neglect, parental mental illness, or substance abuse.⁵² • A national study found that financial and support service needs of kinship care families include financial assistance, information and emotional support, mental health needs, child and respite care, and legal assistance.⁵³ • Unmet needs for relative caretakers in child-only cases include: <ol style="list-style-type: none"> (1) Money for the TANF child(ren), especially for clothes and school expenses (2) Food stamps or more food stamps (3) Health coverage for adults in the household and/or assistance with prescriptions (4) Counseling for the TANF child(ren) (5) Child care, after-school care, summer programs (6) Support groups, home visitors, and/or respite care.⁵⁴

physical health problems may be at greater risk for poverty. Others studies comparing non-parental child-only cases with regular TANF cases indicate that children living with relatives are more financially stable. For example, Gibbs and colleagues (2004) found that children living with relatives who receive a child-only grant have lower participation in most public assistance programs, live in better housing conditions, and have lower rates of food insecurity compared to children in other out-of-home care. Figure 6 summarizes physical, behavioral and emotional, and educational outcomes for children in child-only cases. Outcomes are closely tied to the financial stability of caregivers.

In sum, children in child-only cases can have a variety of experiences that impact psychological, social, and physical development. Many of these experiences

can be attributed to the financial stability of families. Children in parental child-only cases may be raised by parents struggling to maintain economic stability, food security, and adequate housing in light of sanctions, SSI receipt, time limits, and immigration status. Children in non-parental child-only cases who are separated from parents for a long period of time can experience trauma as a result. While placing children with relatives can alleviate negative impacts, there are considerable barriers to well-being when compared to children living with parents, especially when placed with elderly grandparents or great-grandparents who must care for the children on a fixed income. Children in child-only cases with either parental or relative caregivers may have physical, behavioral and emotional, as well as educational challenges.

Figure 6. Characteristics of Children in Child-Only Cases

Major Highlights
<p>Physical Well-Being</p> <ul style="list-style-type: none"> • One study of families who accessed health care in hospital emergency rooms across six cities indicates that 60% of families who had TANF sanctions were more likely to experience food insecurity than non-sanctioned families.⁵⁹ • Of those families that were sanctioned, 90% of young children were more likely to report fair or poor health and 30% were more likely to report a history of hospitalizations than children in non-sanctioned families. • Children living with parents who receive SSI also experience food insecurity. Despite high levels of food stamp receipt, 81% of parents on SSI in New York reported having problems obtaining enough food.⁶⁰ • Wood & Strong (2002) found that one in four immigrant-parent families live in severely overcrowded housing conditions. <p>Behavioral/ Emotional Well-Being</p> <ul style="list-style-type: none"> • Chase-Lansdale, Coley, Lohman, & Pittman (2002) found that both adolescents and preschoolers whose families had been sanctioned had more behavioral problems when compared to non-sanctioned families. • Results from a six-item survey assessing behavioral and emotional problems among children 6 to 17 years old indicated that 13% of children in relative care had high levels of difficulties compared to 7% who were living with parents. However, children with high behavioral and emotional problems were comparable to children living in low-income households, both with relatives and with parents.⁶¹ <p>Educational Achievement</p> <ul style="list-style-type: none"> • Billing, Ehrle, & Kortenkamp (2002) found that 26% of youth ages 12 to 17 in relative care were suspended or expelled from school during the survey years (1997 and 1999) compared to 13% of youth living with their parents. Among teenagers in New Jersey, 43% have been suspended or expelled from school and 12% have had police involvement. • Participation in school activities is low among children living with relative caregivers. Approximately one-third demonstrate low levels of school engagement and 26% are not involved in any school activities compared to children living with parents who had 20% non-engagement and 17% of non-involvement.⁶²

Addressing the Needs in Child-Only Cases: Implications for Policy and Practice

As the major findings indicate, child-only cases represent a complex set of characteristics and service needs that require unique interventions. Given that child-only cases are “much less likely to escape dependency through work”⁶³ when compared to the rest of the TANF caseload, a number of counties and states are beginning to develop programs to address aspects of identified need. Efforts to serve child-only cases are relatively recent.⁶⁴ Due to the wide range of family structures and circumstances within child-only cases, the process of developing programs to address needs is complex. In many cases, the innovations reflect collaborations between the TANF and child welfare systems and often involve public and private funding. This section highlights several innovative state and local initiatives that seek to meet unique geographic and policy needs.

Community Outreach and Education

Financial need is a primary consideration for many child-only families. A number of studies suggest that many eligible children may not be receiving benefits, including TANF child-only grants, food stamps, and Medicaid.⁶⁵ Increasing community education about eligibility through benefits outreach may increase appropriate enrollment for those needing services. To better serve children of immigrant parents, states can develop outreach campaigns to provide information about public resources to immigrant families in their native languages. Additional outreach and benefits enrollment can be valuable to all families receiving child-only grants. Families may be unaware of other programs or their eligibility for more assistance. In addition to information about eligibility, education efforts could address underlying concerns of relative caregivers about receiving welfare assistance. Several states such as New Jersey have initiated programs such as the Kinship Navigator program highlighted below, to address the need to educate families on available services.⁶⁶

Some states have addressed financial need by providing additional cash benefits or supplemental payments for child-only cases. For example, six states provide a one-time supplemental payment to non-parental caregivers while eight states offer monthly supplemental payments.⁶⁷ Additional cash benefits or supplemental payments may be funded via TANF, maintenance-of-effort (MOE), and state funds.⁶⁸ While competition for limited funds may rule out or limit additional cash benefits or supplemental payments, a number of states such as Ohio, report the use of other supports such as legal assistance, clothing, and respite care to ease a family’s financial needs.

Therapeutic services also enable children in child-only cases to overcome emotional, behavioral, and educational difficulties. Attention at the state level to policies and programs that address the developmental needs of children in child-only cases may help to ensure that children receive appropriate services (e.g., mental health counseling can contribute to family communication and individual coping strategies during times of stress). Programs such as the KinShare Pilot Program in Alabama connect kinship care providers and the children in their care with a host of services.⁶⁹

Cross-System Collaboration

Given the limits on available funding through TANF and the policy restrictions in some states, several innovative approaches to meeting the needs of TANF child-only cases include creating or strengthening collaborations within public systems and between public and private funding sources. A growing recognition of cross-over cases, those cases in which families receive services from the TANF and child welfare systems, has recently drawn attention to the need for cross-system collaboration. Despite often being located within the same human services building, the two systems have historically been viewed as distinct and separate.⁷⁰

Kinship Navigator Program. In response to findings from a statewide study of child-only in New Jersey, the Kinship Navigator program was created to provide information and referral services designed to help kinship caregivers obtain government services. Recognizing the complexity of programs such as TANF and Medicaid and the unmet needs of many kinship families, the program seeks to help families “navigate” services and find local community supports.

Ohio Resource Guide. In a study of kinship caregivers, the state of Ohio found that 2,100 of the 3,700 individuals identified as kinship caregivers received financial assistance and the majority receiving assistance did not find the amount adequate. The Ohio Department of Job and Family Services (2004) created a statewide resource guide to assist kinship caregivers in identifying services. The guide provides information on how to get financial, medical, legal, and educational assistance. In addition, the guide explains the role of child protective services and other entities in ensuring the safety and health of children in need.

KinShare Pilot Program. In response to a high percentage of child-only cases, specifically a high number of non-parental cases, the Alabama Department of Human Resources created the KinShare Pilot Program. The program, piloted in one county in 2000, currently provides support services to kinship care families statewide. With a focus on low-income and vulnerable families in which the child(ren) are at risk of involvement with the foster care system, KinShare provides “comprehensive support services” including assistance finding child care, respite care services, household needs such as clothing and furniture, and payment for emergency items. Other support services include referrals as needed for support with legal, medical and mental health, and financial needs. Designed to provide situation-specific assistance, the KinShare Program is implemented at the county level and administered by the State.

The Urban Institute national survey indicates that only two states had a combined TANF and child welfare staff unit to work with non-parental cases in 2001.⁷¹ Initiatives such as the one in El Paso County, Colorado may become more common with growing recognition of the needs of these families.⁷²

Cross-system collaborations can be implemented throughout the life of a case. For example, Wisconsin Kinship Care Support Services focused on prevention of child welfare involvement by mobilizing collaborative efforts between the child welfare and TANF systems during intake.

Service integration between child welfare and TANF programs can provide a holistic approach to improving outcomes for children in child-only families.⁷³ When the well-being of the child is the priority,

programs to support care providers and children share a common goal.

Community Partnerships

Many counties currently have strong collaborative ties with community-based organizations that provide a range of services to children and care providers involved in the child welfare systems. Community-based organizations are well positioned to reach out to many of the adult care providers in child-only cases. Access to individuals in their own communities provides community-based organizations with the capacity to deliver services in a less intimidating environment than governmental agencies.⁷⁴ Recognizing the value of such collaborations, the Tennessee Department of Children’s Services initiated a program for children and relative caregivers.

Child-Only Kinship TANF. El Paso County created a special unit within TANF to identify and support the needs within child-only cases. Integrating child welfare and TANF, the program provides services via a team of social workers from both units with a common goal to prevent poverty and entry into the welfare system. One example of practical services includes recognition that obtaining legal guardianship is necessary to access other services, thus the unit established a relationship with probate court. An additional innovation includes hiring an experienced relative caregiver as a “grandparent advocate” to assist in child-only kinship cases. A focus on providing information and support services within TANF through flexible use of funds and creative collaborations underscores the program.

Kinship Care Support Services. In an effort to connect children with the “child-focused expertise and resources of the child welfare system while still maintaining the autonomy of the relative caregiver” (O’Dell, 2005, pg. 6), Wisconsin counties and tribes determine need within child-only relative care cases early in the application process. Kinship care support services are targeted for at-risk children and youth in relative care. Involvement of a kinship caseworker in assessing the needs of the child allows for support services to be implemented and perhaps prevent involvement with child protective services.

Relative Caregiver Program. The state of Tennessee initiated a public-private collaboration in 2000 that utilizes the resources and expertise of private agencies in the county regions targeted for the Relative Caregiver Program. In an effort to prevent state custody of the children, the program provides supportive services including respite, advocacy, counseling, and emergency financial services. The state establishes eligibility guidelines and provides the funding while the private agencies deliver the services in the local communities. The program has drawn attention to the serious financial needs of relative caregivers and the state is currently exploring other funding sources.

In summary, states and counties have initiated a number of innovative program approaches to address the needs of children and care providers in child-only

cases. Such programs reflect a response to the characteristics, circumstances, and needs of children and care providers in diverse family settings.

Conclusion

As the proportion of child-only cases increases within TANF caseloads, a growing concern for children and caregivers has emerged. This report provides an analysis of the literature on child-only cases. The report began with a discussion of legislation and policies that affect child-only cases. Findings from major national, state, and county studies are presented to illustrate the demographics and characteristics of caregivers and children in child-only cases. Three major findings emerge from the literature and are summarized below.

Finding #1: Children in child-only cases have limited financial resources that impact physical, behavioral and emotional, and educational outcomes.

- Physical health of children is significantly impacted by food insecurity. Food insecurity is high among children whose parents have been sanctioned or receive SSI. Children in undocumented families also face extreme disadvantages in addition to food insecurity and poverty, such as overcrowded housing.⁷⁵ Additionally, 14% of children living with relatives in child-only cases reported having a limiting condition and 7% of children reported being in fair or poor health.⁷⁶
- Financial stability impacts the behavioral and emotional well-being of children in both parental and non-parental child-only cases. In one study, children whose parents were sanctioned exhibited more behavioral problems than children of non-sanctioned parents.⁷⁷ Children in non-parental low-income households also demonstrate emotional and behavioral problems, with rates as high as 13%.⁷⁸
- Billing and colleagues (2002) also found that 26% of youth in non-parental child-only cases ages 12-17 were suspended or expelled from school. In New Jersey, 43% were suspended or expelled from school and 12% had police involvement.

Finding #2: States and counties nationwide have developed innovative strategies designed to assist caregivers in child-only cases.

- Strategies include creating a special unit of experienced professionals to specifically support the needs of child-only caregivers; establishing relationships with social workers, courts and other collaborators that address child-only caregiver needs; and targeting assistance for sub-populations in the child-only caseloads such as at-risk youth and elderly caregivers.

- Assistance for caregivers includes information and referral services; financial, medical, legal, and educational assistance; and comprehensive support services for situation-specific assistance.

Finding #3: Despite these programs, child-only caregivers continue to lack support services to raise the children.

- Several studies indicate that eligible children may not be receiving benefits such as TANF child-only grants, food stamps, and Medicaid.⁷⁹
- Parental child-only caregivers are faced with significant financial barriers. Parents may be excluded from the assistance unit due to sanctions, SSI receipt, or immigration status. Sanctioned parents may face barriers such as substance abuse, domestic violence, mental and physical health problems, low levels of education, and few job skills that inhibit their ability to properly care for their children.⁸⁰ Parental caregivers receiving SSI need additional resources to decrease levels of food insecurity in their households.⁸¹ Immigrant families receiving child-only grants tend to live in substandard, overcrowded housing to save money.⁸² These conditions have negative impacts on the mental and physical well-being of children.
- Non-parental child-only caregivers also face significant barriers in caring for children in their households including: lack of money for clothes and educational expenses; food stamps; health coverage for caregivers; counseling services, child-care, after-school care, or summer programs; and support groups, home visitors, and/or respite care for older adults caring for children.⁸³

This structured review of the child-only literature shows a need for additional research in several areas. First, the increasing number of children cared for by relatives in both the TANF and the child welfare systems raise concern about the unique needs of these families.⁸⁴ Studies examining the needs of relative care providers and the children in their care also suggest that additional research is needed to determine the impact of policies on this subgroup within child-only cases. Second, further research examining the overlap between the TANF and child welfare systems, the needs of children and care providers in cross-over cases, and reluctance among some care providers to seek out certain services can contribute to establishing and strengthening effective collaborations. Third, the complexity of child-only cases suggests that counties and states need to first examine the policies and demographics that impact the trends in

child-only cases before creating programs to address needs. Finally, many of the innovations summarized in this report are a direct response to pilot studies in local areas. The impact of such programs should be monitored so that states may learn from one another in a shared concern for the welfare of needy children. In particular, studies highlighting the similarities and differences between state policy and program implementation allow states with similar policies and demographic variation to consider an approach that may have implications for their local area.

Endnotes

- ¹ U.S. Department of Health and Human Services (HHS), 2004
- ² HHS, 2004
- ³ Gibbs et al., 2004
- ⁴ Wood & Strong, 2002
- ⁵ Farrell, Fishman, Laud, & Allen, 2000; Gibbs et al., 2004
- ⁶ Camarota, 2002
- ⁷ Child Welfare League of America, 2006
- ⁸ MaCurdy, Mancuso, & O'Brien-Strain, 2000
- ⁹ MaCurdy et al., 2000
- ¹⁰ Smilanick, 2006
- ¹¹ Farrell et al., 2000; Hetling, Saunders, & Born, 2005
- ¹² Gibbs et al., 2004
- ¹³ Farrell et al., 2000; HHS, 1999
- ¹⁴ HHS, 2004
- ¹⁵ Farrell et al., 2000
- ¹⁶ The Finance Project, 2005
- ¹⁷ Kaplan, 2001
- ¹⁸ Duncan, Harris, & Boisjoly, 1997
- ¹⁹ Social Research Institute, 1999
- ²⁰ Smilanick, 2006
- ²¹ Smilanick, 2006
- ²² Farrell et al., 2000
- ²³ HHS, 1999
- ²⁴ Lincroft, Resner, Leung, & Bussiere, 2006
- ²⁵ Lincroft et al., 2006
- ²⁶ Lincroft et al., 2006
- ²⁷ Lincroft et al., 2006
- ²⁸ Capps, Fix, Ost, Reardon-Anderson, & Passel, 2004
- ²⁹ Hetling et al., 2005
- ³⁰ Wood & Strong, 2002
- ³¹ Wood & Strong, 2002
- ³² Wood & Strong, 2002
- ³³ Wood & Strong, 2002
- ³⁴ Dunifon, Hamilton, Hamilton, & Taylor, 2004
- ³⁵ Cherlin et al., nd; Kramer, 1998
- ³⁶ Kaplan, 2004
- ³⁷ Pavetti, Derr, Kirby, Wood, & Clark, 2004
- ³⁸ Pavetti, Derr, & Hesketh, 2003
- ³⁹ Fein & Karweit, 1997; General Accounting Office, 1998
- ⁴⁰ Gibbs et al., 2004
- ⁴¹ HHS, 1999
- ⁴² Farrell et al., 2000; Gibbs et al., 2004
- ⁴³ Farrell et al., 2000
- ⁴⁴ HHS, 1998
- ⁴⁵ Edelhoich, Liu, & Martin, 2002
- ⁴⁶ Hetling et al., 2005
- ⁴⁷ Wood & Strong, 2002
- ⁴⁸ Edelhoich et al., 2002
- ⁴⁹ Wood & Strong, 2002
- ⁵⁰ The Forum, 2002
- ⁵¹ Farrell et al., 2000; Hetling et al., 2005; Wood & Strong, 2002
- ⁵² Gibbs et al., 2004
- ⁵³ Ehrle & Geen, 2002
- ⁵⁴ Edelhoich et al., 2002
- ⁵⁵ Farrell et al., 2000
- ⁵⁶ Gibbs et al., 2004
- ⁵⁷ Dunifon et al., 2004; Farrell et al., 2002; Gibbs et al., 2004; Wood & Strong, 2002
- ⁵⁸ Billing, Ehrle, & Kortenkamp, 2002
- ⁵⁹ Children's Sentinel Nutrition Program, 2005
- ⁶⁰ Dunifon et al., 2004
- ⁶¹ Billing et al., 2002
- ⁶² Billing et al. 2002
- ⁶³ HHS, 2004, p. 1-7
- ⁶⁴ Kaplan & Copeland, 2001
- ⁶⁵ Geen et al., 2001; O'Dell, 2005
- ⁶⁶ NJ Department of Human Services, n.d.
- ⁶⁷ Geen et al., 2001
- ⁶⁸ O'Dell, 2005
- ⁶⁹ AARP, 2006; Kaplan & Copeland, 2001
- ⁷⁰ Prince & Austin, 2004
- ⁷¹ Geen et al., 2001
- ⁷² Gibbs et al., 2004; O'Dell, 2005
- ⁷³ O'Dell, 2005
- ⁷⁴ Kaplan & Copeland, 2001
- ⁷⁵ Billing et al., 2002; Dunifon et al., 2004; Wood and Strong, 2002
- ⁷⁶ Gibbs et al., 2004
- ⁷⁷ Chase-Lansdale et al., 2002
- ⁷⁸ Billing et al., 2002
- ⁷⁹ Geen et al., 2001; O'Dell, 2005
- ⁸⁰ Kaplan, 2004
- ⁸¹ Gibbs, et al., 2004; Wood and Strong, 2002
- ⁸² Gritz, Mancuso, Lieberman, & Linder, 2002; O'Dell, 2005
- ⁸³ Edelhoich et al., 2002
- ⁸⁴ Billing et al., 2002

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This structured review of the literature is sponsored by the eleven county social service agencies that are members of the Bay Area Social Services Consortium (BASSC) located in the Northern California region surrounding the San Francisco Bay. It is partially funded by the Zellerbach Family Foundation and the VanLobenSels/RembeRock Foundation and is part of a BASSC Series on Evidence For Practice developed by the following members of the BASSC Research Response Team:

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