

TANF CHILD-ONLY CASES TRENDS AND ISSUES

Leanne Charlesworth, Ph.D. ♦ Jeanette M. Hercik, Ph.D. ♦ Courtney J. Kakuska

Overview

In recent years, a significant change in the TANF caseload is the growth, proportionally speaking, of child-only cases.¹ Child-only cases are typically defined as those TANF cases in which no adult recipient is included in the TANF cash grant. Child-only cases are classified as either parental or non-parental. Parental child-only cases are those cases in which a parent is present in the household, but is ineligible for TANF receipt due to a sanction, time limit, SSI receipt or alien status. Non-parental cases are those cases in which no parent is present; the children are residing with a relative or other adult with legal guardianship or custody.² A small number of cases are in child-only status for unique reasons.³

Trends

Beginning in 1996, the absolute number of child-only cases declined, but because the general TANF caseload declined even more rapidly, their proportion within the caseload increased (see Table 1). The most rapid growth in child-only cases occurred between 1989 and 1993, when child-only cases increased by 97% (from 399,700 to 786,700). From 1988 to 1994, parental child-only cases increased by 209%, compared to a 56% increase in non-parental cases. This

growth in child-only cases (or failure to decline as rapidly as might be expected) is thought to be due to increased use of sanctions, time limits, increased number of adults eligible for SSI, increased number of non-qualified aliens, and an increase in general in the number of non-parental caregivers of children (data indicate a corresponding increase in kinship care nationwide between 1983 and 1993).⁴

According to Fiscal Year 2002 data, the proportion of child-only cases within State caseloads ranges from a low of under 20 percent in New Mexico, the Virgin Islands, Alaska, Vermont, Hawaii, and Rhode Island to over 50 percent in Alabama, North Carolina, South Dakota, Wisconsin, Florida, Wyoming and Idaho. As Table 2 indicates, there is also wide variation among States in recent trends in the adult-headed TANF caseload.

Table 1: Child-Only Cases: National Trends⁵

Fiscal Year	Total TANF Families	Total Child-Only Families	Percentage Child-Only Families
1990	3,976,000	459,000	11.6
1992	4,769,000	707,000	14.8
1994	5,046,000	869,000	17.2
1996	4,553,000	978,000	21.5
1998	3,176,000	743,000	23.4
1999	2,648,000	770,000	29.1
2000	2,269,000	782,000	34.5



Table 2: Recent Caseload Trends

	Percent Change in Adult-Headed TANF Cases, October 2001 to July 2002	Percent Child Only Cases, Fiscal Year 2002 Average
Alabama	-8	50.7
Alaska	+11	18.1
Arizona	+9	44.0
Arkansas	-6	42.3
California	-3	37.7
Colorado	+17	38.2
Connecticut	-16	35.1
Delaware	-1	46.6
District of Columbia	+13	28.0
Florida	-9	59.7
Georgia	+4	46.0
Guam*	0	--
Hawaii*	-11	18.8
Idaho	-4	72.0
Illinois	-20	43.2
Indiana	+8	20.2
Iowa	-3	24.9
Kansas	+4	32.4
Kentucky	-8	44.7
Louisiana	-17	49.0
Maine	+8	24.0
Maryland	-10	33.7
Massachusetts	+1	37.2
Michigan	-6	33.2
Minnesota	+3	25.6
Mississippi	+7	45.6
Missouri	-6	25.8
Montana	+6	22.9
Nebraska	+7	32.6
Nevada	+19	35.4
New Hampshire	+6	28.7
New Jersey	-8	38.7
New Mexico	-6	0.4
New York	-39	36.4
North Carolina	-11	51.9
North Dakota	+2	26.1
Ohio	-5	46.2
Oklahoma	-4	43.1
Oregon	+10	42.8
Pennsylvania	-6	34.8
Puerto Rico*	+2	24.6
Rhode Island	-8	19.7
South Carolina	-12	38.3
South Dakota	-4	56.8
Tennessee	+3	46.5
Texas	-12	38.2
Utah	0	32.1
Vermont	-3	18.5
Virgin Islands	-10	11.8
Virginia	+2	40.9
Washington	-7	33.4
West Virginia	-8	28.9
Wisconsin	+15	57.3
Wyoming	-10	70.3

The composition of the child-only caseload varies by State as well. For example, in 1999, in Jackson (Missouri) and Duval (Florida) counties, non-parental caregiver cases comprised approximately two-thirds (64% and 63%, respectively) of the child-only caseload; most of the remaining were in the child-only status due to parental SSI receipt (28% and 27% respectively).⁶ Similarly, in 2001 in New Jersey, non-parental cases represented 63% of the child-only caseload, SSI cases represented 25%, and immigrants/aliens represented 10%.⁷ However, in Alameda County (based on 1999 data), non-parental caregivers represented only 28% of the child only caseload, followed by sanctioned parents (25%), SSI recipients (23%), and aliens (16%).⁸

Available Resources

The most recent federal publication on this topic is the 2000 ASPE report entitled “Understanding the AFDC/TANF Child-Only Caseload: Policies, Composition and Characteristics in Three States.” This report reviews national data through 1998 and focuses on the status of child-only cases, and relevant policies, in Alameda, Jackson, and Duval counties. Also relevant is Mathematica’s recent report entitled “The Status of Families on Child-Only TANF Cases”

(May 2002), which focuses specifically on New Jersey. Several other States such as South Carolina and Washington have also recently conducted studies of their child-only caseloads; reports or similar documents are or will soon be available.

In addition, available through the Welfare Information Network is an April 2001 publication entitled “Addressing the Well-being of Children in Child-Only Cases.” The Urban Institute has released a number of indirectly relevant publications, such as “Collaboration between State Welfare and Child Welfare Agencies” (2002), “Children Cared for by Relatives: What Services Do They Need?” (2002), and “Before and After Reform: How Have Families on Welfare Changed?” (2001).

Characteristics

The recent study of child-only cases in New Jersey found that non-parental child-only families have higher incomes, fewer disadvantages, and fewer hardships when compared to other TANF families. For example, the average income of such families is twice that of other TANF families in New Jersey. However, these families are not well-off; seven in 10 have incomes below 200% of poverty. Seventy percent of non-parental caretakers, in

New Jersey, are grandparents or great-grandparents, and academic and behavior problems among children are common. Among child-only cases in which the adult is a SSI recipient, income remains slightly higher than that of other TANF families, but food insecurity is a significant issue. The authors speculate that food insecurity may be an issue among these families due to disability-related challenges associated with shopping and food preparation. Among child-only cases in which the adult is an immigrant, income is extremely low, parents have little work history, and housing problems (overcrowding) are very common.⁹

In South Carolina, research conducted by the State indicates that, compared to adult-headed work-mandatory cases, caretakers in child-only cases generally have fewer years of education, fewer and older children in their care, and are more likely to be older and married. Parental desertion, substance abuse, and other forms of child maltreatment are the most common reasons children have come to reside with the relative caretaker. Many of these children have had prior involvement with Child Protective Services, including foster care placement. An additional common reason for relative care is parental incarceration.¹⁰

Examination of child-only cases in Alameda (California), Duval (Florida), and Jackson (Missouri) counties revealed several interesting and generally consistent findings about such cases. Within the child-only caseloads in these counties, there are again fewer children, on average, in non-parental cases than in parental cases. Unlike race and ethnicity, the age of child-only caregivers is not reflective of the total TANF population in each county. Generally, these caregivers are older than payees in regular TANF cases. Among child-only cases, non-parental caregivers are substantially older and more likely to be married and employed than parental caregivers. Non-parental caregivers also generally have higher total incomes than parental caregivers. Among parental caregivers, sanctioned adults are likely to have been sanctioned for not meeting work requirements, SSI recipients may have disabilities preventing work, and non-qualified aliens may not be able to work for legal reasons or may be working but do not report employment. Parental caregivers are more likely to be receiving food stamps.

Within these three counties, children in child-only cases, as compared to those in regular TANF cases, are older on average. Among child-only cases, children residing with non-parental caregivers are

older than children residing with parental caregivers. Many children in non-parental cases have had multiple caregivers. Approximately two-thirds of non-parental caregivers are grandparents; common reasons children have come to live with non-parental caregivers again include desertion, substance abuse, incarceration, and other types of child maltreatment.¹¹

Children within child-only cases typically face a number of substantial challenges.¹² In some cases, children may be living with parents who place them at current risk of child abuse or neglect. In non-parental families, many children have suffered prior abuse or neglect combined with traumatic desertion by, or separation from, parents. These children therefore typically possess a variety of service needs. Unfortunately, research on kinship care families in general suggests that children in kinship care often do not receive appropriate services, even when they are eligible for these services. Children living with relatives as a result of child welfare involvement typically receive more services than children without such involvement.¹³ In SSI and immigrant families, unique service needs may exist. In virtually all cases, these are children living in extreme poverty.

Policy and Program Issues

Policy makers have expressed two primary concerns about non-parental child-only cases: (1) relatives caring for children not already involved with child welfare may seek out child welfare involvement in order to obtain more services and higher payment and (2) relatives caring for children involved with child welfare but who receive child-only payments may not be able to provide adequate care with the lesser payment, and the child may be returned for placement in traditional non-kin foster care.¹⁴ In order to avoid such scenarios, many child welfare-TANF collaborations exist across the nation. These agency linkages either directly or indirectly benefit child-only cases. In addition, States and localities are experimenting with a number of policies and programs focused explicitly on TANF child-only cases, including both parental and non-parental families.

For example, in a recent national survey conducted by the Urban Institute, eight states reported offering monthly supplemental payments to non-parental caregivers (seven statewide and one at the county level) and six states reported provision of a one-time supplemental payment. Several other states indicated

that although they do not provide supplemental financial assistance, they do offer other types of support such as the provision of clothing and legal assistance. A number of other states noted that they have implemented foster care prevention programs and two states stated that they have created a combined unit of TANF and child welfare staff to work with non-parental cases. Many states described the variety of services that they have made available to non-parental cases, such as in-home assistance, respite care, and support groups.

States and localities must make a number of relevant decisions when developing and implementing policies and strategies focused on this population. These decisions include:

- ◆ Whether to subject such cases to work requirements or time limits, and how such policies contribute to the creation of child-only cases
- ◆ Use of funds to provide financial assistance to parental cases; for example, qualified aliens
- ◆ Use of funds to supplement TANF payments to relative caregivers
- ◆ Use of funds to provide supportive services to parental and/or non-parental cases

- ◆ Assignment of child support
- ◆ Treatment of parents who have drug felony convictions
- ◆ Nature of collaboration with relevant agencies; including child welfare, aging/adult, education, and mental health

Although many States and localities are engaged in innovative efforts with their child-only populations, many ongoing challenges and issues exist. These include:

- ◆ How to fund supplemental payments for relative caregivers or other types of assistance and support in a time of fiscal distress
- ◆ Appropriate policies, programs, and services for parental child-only cases, particularly alien and SSI cases
- ◆ Strategies for engaging relevant partner agencies and logistics of collaboration and departmental/staff responsibility
- ◆ How to meet the diverse service needs presented by children in child-only cases

States and localities that have developed innovative policies and programs in this topical area include:

Alabama. Alabama has historically had a high percentage of TANF child-only cases; the State estimates

that currently, approximately one-half of the caseload is child-only. Most child-only cases in Alabama are non-parental. After piloting its Kinship Care (KC) program in 16 counties, the State is now expanding the program statewide. The target population for the program includes non-parental child-only cases that are experiencing difficulties which, if not addressed, could result in the breakdown of the child's placement. The program provides short-term, situation-specific services such as counseling, respite care, child care, assistance with court costs, assistance with emergency expenses (for example, car repairs, food assistance), and a basic needs payment which can be used to meet children's needs such as clothing, household furniture, baby products, or educational needs. The program is administered by the State with each county responsible for the implementation of the policy, so staff arrangements and program procedures may vary. Contact: Jackie Moffitt, 334-242-1979, jmoffitt@dhr.state.al.us

El Paso County, Colorado. El Paso County has created a special unit within its TANF administration to provide services for child-only cases. This unit, the Family Support Team (FST), is staffed by four professional MSWs, three employment technicians,

and one supervisor. The FST identifies and supports the needs of child-only cases, in-line with the objectives of TANF. One of their first steps was to conduct a needs assessment in order to inform policy and programmatic directions. Because legal guardianship is necessary to access Medicaid and education services (i.e. residency for school placement), the Unit has a relationship with the probate court to facilitate these proceedings in a non-adversarial environment that supports children, caregivers, and parents. El Paso County is also providing a number of other services to relative caregivers, including support groups, a “grandparent advocate” to help grandparents access information and services (this person is a grandparent caregiver as well), and a 24-hour warm line to respond to requests. Contact: Roni Spaulding, 719-444-5210, RoniSpaulding@elpasoco.com

Nevada. Child-only cases comprise approximately 32% (n = 4,059) of Nevada’s TANF caseload, and the vast majority of these cases are non-parental. The State has several programs and services in place for child-only cases. In the State’s Non-needy Caregiver Program, families receive a supplemental payment; for example, the monthly TANF payment for a family with two children is \$289, but families in this program receive \$476. The Family Preservation

Program is administered in partnership with the State’s mental health agency and serves children with mental retardation and/or children under age 6 with developmental delays. The income threshold for these families (who often incur extraordinary medical and other expenses) is 500% of the Federal Poverty Index and the monthly benefit is \$350 per child. In the State’s Kinship Care program, the caregiver must be at least 62 years old and have legal guardianship of the child(ren). This program contracts with local attorneys to cover legal expenses associated with obtaining legal guardianship. The payment rate for these families is 90% of the State foster care rate for the oldest child plus \$100 for each child thereafter and, mirroring foster care, the payment structure allows for higher payment rates for older children. Nevada contracts with several nonprofit organizations to support child-only caregivers, providing access to respite care, parenting classes and hosts of other services. Caregivers have a choice about which program to enter into (depending on eligibility) and, while no such requests have been made to date, have the option of changing programs if their needs change. Contact: Leslie Danihel, 775-684-0663, ldanihel@welfare.state.nv.us.

New Jersey. New Jersey recently commissioned a study of its child-only caseload. The

resulting report can be accessed at <http://www.mathematica-mpr.com/PDFs/wfnjchild.pdf>. This study indicated that relative caregivers, SSI recipients, and immigrants present quite distinct issues and needs. New Jersey has a number of programs in place that serve relative caregivers and is considering strategies to assist parental child-only cases. The State’s Kinship Navigator Program provides toll free phone assistance to relative caregivers; phone lines are staffed by social workers who attempt to provide as much case management as possible via the phone. New Jersey also provides wrap-around services to relative caregivers; those that are income-eligible are provided with assistance of up to \$1,000. to address needs that are unmet by other forms of assistance (such as educational supplies or baby furniture). In addition, New Jersey operates a Kinship Child Care Program. Relative caregivers that are income eligible may receive a child care subsidy; those caregivers over age 60 or disabled do not have to be employed. More recently, New Jersey initiated a Legal Guardian Program; through this program, caregivers can receive a financial subsidy if they have legal guardianship of the child. Wrap-around funds are offered to help relative caregivers obtain legal guardianship and, for income-eligible families, the State will pay for associated

costs. New Jersey's TANF and child welfare agencies are collaborating to ensure the needs of relative caregivers are met. Children placed with relatives by the child welfare agency may receive a financial subsidy at the time of placement; legal guardians of children placed by child welfare can receive an ongoing financial subsidy. Contact: Jean Strauss, 609-588-2171, Jean.Strauss@dhs.state.nj.us.

Ohio. In Ohio, local child welfare staff and kinship navigators inform relative caregivers of their potential eligibility for TANF assistance. The State recently conducted a study of kinship caregivers. Approximately 3,700 kinship caregivers were surveyed; of these 3,700 individuals, 2,100 were in receipt of financial assistance. Most (55%) reported that the amount of assistance is inadequate. Several counties provide subsidized guardianship payments to caregivers to partially cover the discrepancy between TANF

and foster care rates. However, the overwhelming majority of Ohio's 88 counties cannot afford to provide a subsidized guardianship payment, from local funds, in addition to the TANF payment. Contact: Barbara Turpin, (614) 466-9274, turpib@odjfs.state.oh.us.

South Carolina. Using telephone interviews and administrative data, South Carolina has conducted extensive research on its child-only caseload. Faced with a 20% increase in the overall TANF caseload over the past 18 months, the proportion of child-only cases has dropped approximately 50%, but the population is still significant. South Carolina's research indicates that most relative caregivers in the State are African American (80%) grandparents or great-grandparents (75%). The vast majority (91%) of these relative caregivers would like to raise the child(ren) in their care to the age of 18. Major challenges cited by caregivers

include paying for clothes and education-related expenses. Most caregivers described the child(ren) in their care as doing well but indicated a need for additional financial assistance and supportive services. Contact: Marilyn Edelho, 803-898-7474, medelho@dss.state.sc.us

Washington. The Washington State Legislature recently mandated a study of kinship care cases within the State. The resulting report (produced by the Washington Public Policy Institute) was then reviewed by a workgroup consisting of relative caretakers, their advocates, and representatives from TANF, child welfare, and aging and adult services. Based on this review, the workgroup presented a series of recommendations which are currently being considered by the Legislature. The report, currently being finalized by the State, will soon be available to the public. Contact: Phyllis Lowe, (360) 902-7784, lowepm@dshs.wa.gov.

- ¹ Moffitt, R.A. & Stevens, D. (2001). *Changing Caseloads: Macro Influences and Micro Composition*. Baltimore: Johns Hopkins.; Oellerich, D.T. (2001). *Welfare Reform: Program Entrants and Recipients* (Draft). Washington, DC: US Department of Health and Human Services.
- ² Farrell, M., Fishman, M., Laud, S. & Allen, V. (2000). Understanding the AFDC/TANF Child-Only Caseload: Policies, Composition, and Characteristics in Three States. Washington, DC: US Department of Health and Human Services. <http://aspe.hhs.gov/hsp/child-only-caseload00>
- ³ For example, the age of the parent (minor status) or the parent's drug felony conviction.
- ⁴ Farrell, M., Fishman, M., Laud, S. & Allen, V. (2000). Understanding the AFDC/TANF Child-Only Caseload: Policies, Composition, and Characteristics in Three States. Washington, DC: US Department of Health and Human Services. <http://aspe.hhs.gov/hsp/child-only-caseload00>
- ⁵ U.S. Department of Health and Human Services, various years, Characteristics and Financial Circumstances of TANF Recipients. <http://www.acf.dhhs.gov/programs/opre/particip/index.htm>.
- ⁶ Ibid.
- ⁷ Wood, R.G. & Strong, D.A. (2002). The Status of Families on Child-Only TANF Cases. Princeton, NJ: Mathematica Policy Research, Inc. <http://www.mathematica-mpr.com>
- ⁸ Farrell, M., Fishman, M., Laud, S. & Allen, V. (2000). Understanding the AFDC/TANF Child-Only Caseload: Policies, Composition, and Characteristics in Three States. Washington, DC: US Department of Health and Human Services. <http://aspe.hhs.gov/hsp/child-only-caseload00>
- ⁹ Wood, R.G. & Strong, D.A. (2002). The Status of Families on Child-Only TANF Cases. Princeton, NJ: Mathematica Policy Research, Inc. <http://www.mathematica-mpr.com>
- ¹⁰ Edelhoich, M., Liu, Q., & Martin, L. (2002, June). Surveys with relative caretakers in South Carolina Child-Only Cases. Administration on Children & Families Research Conference, Washington, D.C.
- ¹¹ Farrell, M., Fishman, M., Laud, S. & Allen, V. (2000). Understanding the AFDC/TANF Child-Only Caseload: Policies, Composition, and Characteristics in Three States. Washington, DC: US Department of Health and Human Services. <http://aspe.hhs.gov/hsp/child-only-caseload00>
- ¹² Kaplan, A. & Copeland, I. (2001). Addressing the Well-Being of Children in Child-Only Cases. Welfare Information Network Issues Notes, 5(6). <http://www.welfareinfo.org/childonlycaseissuenote.html>
- ¹³ Ehrle, J. & Geen, R. (2002). Children Cared for by Relatives: What Services Do They Need? New Federalism: National Survey of America's Families, Series B, No. B-47.
- ¹⁴ The Welfare Peer TA Network's recent conversations with State administrators suggest these issues are particularly salient; Also, see: Andrews, C., Bess, R., Jantz, A. & Russell, V. (2002). Collaboration between State Welfare and Child Welfare Agencies. New Federalism: Issues and Options for States, Series A, No. A-54.



**U.S. Department of Health and Human Services,
Administration of Children and Families,
Office of Family Assistance,
Welfare Peer Technical Assistance Network**

Web Address

<http://www.calib.com/peerta>

Contractors

AFYA, Inc.
peerta@afyainc.com
(new email address)

Caliber Associates
peerta@calib.com